State: *New York* **Filing Company:** *HealthNow New York Incorporated*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard*
Product Name: *CH1C4F0452*
Project Name/Number: *CH1C4F0452/CH1C4F0452*

Filing at a Glance

Company:	HealthNow New York Incorporated
Product Name:	CH1C4F0452
State:	New York
TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI:	HOrg02G.004D Small Group Only - POS Standard
Filing Type:	Off Exchange NG Forms & Rates
Date Submitted:	05/22/2013
SERFF Tr Num:	HLTH-129040132
SERFF Status:	Assigned
State Tr Num:	2013050184
State Status:	
Co Tr Num:	CH1C4F0452
Implementation Date Requested:	07/01/2013
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *HealthNow New York Incorporated*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard*
Product Name: *CH1C4F0452*
Project Name/Number: *CH1C4F0452/CH1C4F0452*

General Information

Project Name: CH1C4F0452
Project Number: CH1C4F0452
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/23/2013
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
Off-Exchange Small Group HMO (Article 44) filing

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

HealthNow New York Incorporated
[redacted]

CoCode: 55204
Group Code: -99
Group Name:
FEIN Number: 16-1105741

State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

State: *New York* **Filing Company:** *HealthNow New York Incorporated*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard*
Product Name: *CH1C4F0452*
Project Name/Number: *CH1C4F0452/CH1C4F0452*

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Group Remittance
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Form and Rate
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: No
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard
Product Name: CH1C4F0452
Project Name/Number: CH1C4F0452/CH1C4F0452

Rate Information

Rate data applies to filing.

Filing Method: Off Exchange NG Forms & Rates
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/01/2014
Filing Method of Last Filing: Off Exchange NG Forms & Rates

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
HealthNow New York Incorporated	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: *New York* **Filing Company:** *HealthNow New York Incorporated*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard*
Product Name: *CH1C4F0452*
Project Name/Number: *CH1C4F0452/CH1C4F0452*

Rate Review Detail

COMPANY:

Company Name:	HealthNow New York Incorporated
HHS Issuer Id:	49526
Product Names:	CH1C4F0452
Trend Factors:	

FORMS:

New Policy Forms:	CH1C4F0452
Affected Forms:	
Other Affected Forms:	

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	0
Benefit Change:	None
Percent Change Requested:	Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium:	0.00
Total Incurred Claims:	0.00
Annual $:	Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium:	0.00
Projected Incurred Claims:	0.00
Annual $:	Min: 0.00 Max: 0.00 Avg: 0.00

State: *New York* **Filing Company:** *HealthNow New York Incorporated*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard*
Product Name: *CH1C4F0452*
Project Name/Number: *CH1C4F0452/CH1C4F0452*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	CH1C4F0452	New		Rate Manual.pdf,

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Rate Manual Index
Rates Effective 1/1/2014

Index:

Page #	Description
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2	Region Definition
3	Benefit Summary Medical + Pharmacy Plans - Region #1 and #7
4	Benefit Summary Medical + Pharmacy Plans - Region #2
5	Benefit Summary Dental
6	Rates Region Q1
7	Rates Region Q2
8	Rates Region Q3
9	Rates Region Q4
10	Stand Alone Pediatric and Adult Dental Rates

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Rate Manual - Page 1
Rates Effective 1/1/2014

Overview:

The rates contained within this rate manual are for use in the small group and individual market Off Exchange. The commercial group medical and pharmacy rates are effective 1/1/2014 through 12/31/2014 and roll on a quarterly basis. The group dental rates are effective for all of 2014. All commercial group rates, including dental, are guaranteed for one year from the effective date of the group's policy. Healthy New York rates and individual dental are effective for all of 2014 and expire on 12/31/2014. Standard plans for SHOP and individual markets included in the On Exchange rate filing will also be offered Off Exchange.

Region Definition:

Commercial:

Region	Counties
1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
7	Clinton, Essex

Notes:

1. Region #7 includes more counties than listed but HealthNow will only participate within the listed counties. The HMO 109 will not be offered in Schoharie.

Healthy New York:

1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, Washington
2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
5	Monroe, Wayne
6	Chemung, Onondaga
7	Clinton, Essex, Oswego

Notes:

1. Regions #1, #5, #6, and #7 include more counties than listed but HealthNow will only participate within the listed counties.

Benefit Summary - Region #1 and #7:

All Regions

Benefit	Cost Share By Plan - In-Network																	
Medal	Gold					Silver								Bronze				
Plan	PPO 800	HMO 109	EPO 8000 G	EPO 8200 G	Healthy NY	EPO 5026	EPO 5226	EPO 4006	EPO 4206	EPO 8000 S1	EPO 8200 S1	EPO 8000 S2	EPO 8200 S2	PPO 6340	EPO 8000 B1	EPO 8200 B1	EPO 8000 B2	EPO 8200 B2
AV	80.2%	82.0%	78.1%	78.1%	79.0%	72.0%	72.0%	71.5%	71.5%	70.2%	70.2%	68.8%	68.8%	61.9%	62.0%	62.0%	61.6%	61.6%
Network	National	Local	National	Local	Local	National	Local	National	Local	National	Local	National	Local	National	National	Local	National	Local
Deductible (single)	$0	$0	$1,250	$1,250	$600	$500	$500	$2,000	$2,000	$1,500	$1,500	$3,500	$3,500	$3,500	$5,250	$5,250	$3,500	$3,500
OOP Maximum (single)	$5,000	$6,350	$3,000	$3,000	$4,000	$6,350	$6,350	$5,000	$5,000	$5,000	$5,000	$3,500	$3,500	$6,350	$5,250	$5,250	$6,350	$6,350
PCP	$30	$30	10%	10%	$25	$40	$40	$30	$30	20%	20%	0%	0%	$40	0%	0%	20%	20%
SCP	$50	$50	10%	10%	$40	$60	$60	$50	$50	20%	20%	0%	0%	$60	0%	0%	20%	20%
Preventive	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PT/OT/ST	$50	$50	10%	10%	$30	$60	$60	20%	20%	20%	20%	0%	0%	$60	0%	0%	20%	20%
Emergency Room	$200	$150	10%	10%	$150	$200	$200	20%	20%	20%	20%	0%	0%	$200	0%	0%	20%	20%
Ambulance	$200	$150	10%	10%	$150	$200	$200	20%	20%	20%	20%	0%	0%	$200	0%	0%	20%	20%
Urgent Care	$75	$35	10%	10%	$60	$75	$75	20%	20%	20%	20%	0%	0%	$35	0%	0%	20%	20%
DME/Medical Supplies	50%	50%	10%	10%	20%	50%	50%	50%	50%	20%	20%	0%	0%	50%	0%	0%	20%	20%
Outpatient Facility	$300	$150	10%	10%	$100	$400	$400	20%	20%	20%	20%	0%	0%	30%	0%	0%	20%	20%
Inpatient Facility	$1,000	$1,000	10%	10%	$1,000	$1,000	$1,000	20%	20%	20%	20%	0%	0%	30%	0%	0%	20%	20%
Generic Rx	$4	$4	$4	$4	$10	$4	$4	$15	$15	$15	$15	0%	0%	$4	0%	0%	$15	$15
Brand Rx	$35	$35	$35	$35	$35	$35	$35	$50	$50	$50	$50	0%	0%	$35	0%	0%	$50	$50
Non-Formulary Rx	50%	50%	50%	50%	$70	50%	50%	50%	50%	50%	50%	0%	0%	50%	0%	0%	50%	50%

Healthy NY, EPO 4004, and EPO 4204 deductibles do not apply to pharmacy.
Non-single deductible and OOP Maximum are at 2X single amounts.

Benefit Summary - Region #2:

All Regions

Benefit	Cost Share By Plan - In-Network										
Medal	Platinum		Gold		Silver						Bronze
Plan	HMO 110	PPO 800	Aqua	Healthy NY	Align Blended		POS 7100	POS 8100 S	Align HDHP		POS 8100 B
AV	88.1%	88.9%	81.6%	79.0%	71.8%		68.0%	70.2%	68.0%		61.2%
Network	Local	National	Local	Local	Local Tier 1	Local Tier 2	Local	Local	Local Tier 1	Local Tier 2	Local
Deductible (single)	$0	$500	$1,000	$600	$750	$3,000	$1,250	$1,500	$2,000	$4,000	$3,500
OOP Maximum (single)	$5,000	$1,000	$5,000	$4,000	$5,000	$10,000	$4,000	$5,000	$5,000	$10,000	$6,350
PCP	$20	20%	20%	$25	$30	50%	$25	20%	20%	40%	20%
SCP	$30	20%	20%	$40	$50	50%	$50	20%	20%	40%	20%
Preventive	$0	$0	$0	$0	$0	50%	$0	$0	$0	40%	$0
PT/OT/ST	$30	20%	20%	$30	20%	50%	$50	20%	20%	40%	20%
Emergency Room	$75	20%	20%	$150	20%	50%	$150	20%	20%	40%	20%
Ambulance	$75	20%	20%	$150	20%	50%	$150	20%	20%	40%	20%
Urgent Care	$40	20%	20%	$60	20%	50%	$75	20%	20%	40%	20%
DME/Medical Supplies	50%	20%	20%	20%	20%	50%	50%	20%	20%	40%	20%
Outpatient Facility	$100	20%	20%	$100	20%	50%	$150	20%	20%	40%	20%
Inpatient Facility	$500	20%	20%	$1,000	20%	50%	$750	20%	20%	40%	20%
Generic Rx	$10	$10	$15	$10	$25		$10	$15	$15		$15
Brand Rx	$30	$30	$50	$35	$50		$30	$50	$50		$50
Non-Formulary Rx	50%	50%	50%	$70	50%		50%	50%	50%		50%

Align plans have varying cost sharing based on whether a members uses the tier 1 or tier 2 local medical provider.
Aqua has additional $500 (single) first dollar coverage on all medical services. Family coverage at 2X single.
Healthy NY and Aqua deducitlbe does not apply to pharmacy.
Non-single deductible and OOP Maximum are at 2X single amounts.

Benefit Summary - Dental:

Pediatric Dental - All Regions

Benefit	Cost Share
Medal	Low Option
AV	70.05%
Diagnostic and Preventive	$20
Basic Restorative	50%
Major Restorative	50%
Orthodontic	50%
OOP Maximum (single)	$700

2+ covered contract maximums at 2X single.

Adult Dental - All Regions

Benefit	Cost Share
Diagnostic and Preventive	$0
Basic Restorative	20%
Major Restorative	Not Covered
Orthodontic	Not Covered
Annual Maximum (single)	$750

2 adults covered contract maximums at 2X single.

Group Rates Effective Quarter 1 2014:

Rates will roll quarterly from the Q1 rates.
Quarterly rolling rate factor: 1.50%

Tier Rates Region #2:

Healthy New York effective in Region #5 as well.

Rates Effective Q1:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
HMO 110	418.90	837.80	712.13	720.09	1,193.87	1,207.27	97.61	195.22	165.94	167.79	278.19	281.31
PPO 800	489.65	979.30	832.41	841.71	1,395.50	1,411.17	117.93	235.86	200.48	202.72	336.10	339.87
Aqua	378.19	756.38	642.92	650.11	1,077.84	1,089.94	84.60	169.20	143.82	145.43	241.11	243.82
Healthy NY	290.64	581.28	494.09	499.61	828.32	837.62	88.96	177.92	151.23	152.92	253.54	256.38
Align Blended	326.40	652.80	554.88	561.08	930.24	940.68	71.96	143.92	122.33	123.70	205.09	207.39
POS 7100	348.10	696.20	591.77	598.38	992.09	1,003.22	77.25	154.50	131.33	132.79	220.16	222.63
POS 8100 S	327.15	654.30	556.16	562.37	932.38	942.85	71.53	143.06	121.60	122.96	203.86	206.15
Align HDHP	293.05	586.10	498.19	503.75	835.19	844.57	62.44	124.88	106.15	107.33	177.95	179.95
POS 8100 B	279.12	558.24	474.50	479.81	795.49	804.42	58.22	116.44	98.97	100.08	165.93	167.79

Tier Rates Region #1:

Healthy New York effective in Region #6 as well.

Rates Effective Q1:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	553.00	1,106.00	940.10	950.61	1,576.05	1,593.75	137.88	275.76	234.40	237.02	392.96	397.37
HMO 109	487.10	974.20	828.07	837.32	1,388.24	1,403.82	118.63	237.26	201.67	203.92	338.10	341.89
EPO 8000 G	474.22	948.44	806.17	815.18	1,351.53	1,366.70	120.56	241.12	204.95	207.24	343.60	347.45
EPO 8200 G	439.51	879.02	747.17	755.52	1,252.60	1,266.67	109.67	219.34	186.44	188.52	312.56	316.07
Healthy NY	357.33	714.66	607.46	614.25	1,018.39	1,029.83	114.68	229.36	194.96	197.13	326.84	330.51
EPO 5026	448.32	896.64	762.14	770.66	1,277.71	1,292.06	113.11	226.22	192.29	194.44	322.36	325.98
EPO 5226	414.97	829.94	705.45	713.33	1,182.66	1,195.94	102.61	205.22	174.44	176.39	292.44	295.72
EPO 4006	431.69	863.38	733.87	742.08	1,230.32	1,244.13	124.03	248.06	210.85	213.21	353.49	357.45
EPO 4206	399.84	799.68	679.73	687.32	1,139.54	1,152.34	112.54	225.08	191.32	193.46	320.74	324.34
EPO 8000 S1	406.31	812.62	690.73	698.45	1,157.98	1,170.99	101.03	202.06	171.75	173.67	287.94	291.17
EPO 8200 S1	376.75	753.50	640.48	647.63	1,073.74	1,085.79	91.62	183.24	155.75	157.49	261.12	264.05
EPO 8000 S2	403.85	807.70	686.55	694.22	1,150.97	1,163.90	100.32	200.64	170.54	172.45	285.91	289.12
EPO 8200 S2	374.52	749.04	636.68	643.80	1,067.38	1,079.37	90.97	181.94	154.65	156.38	259.26	262.18
PPO 6340	349.38	698.76	593.95	600.58	995.73	1,006.91	82.09	164.18	139.55	141.11	233.96	236.58
EPO 8000 B1	356.32	712.64	605.74	612.51	1,015.51	1,026.91	86.65	173.30	147.31	148.95	246.95	249.73
EPO 8200 B1	331.14	662.28	562.94	569.23	943.75	954.35	78.50	157.00	133.45	134.94	223.73	226.24
EPO 8000 B2	340.98	681.96	579.67	586.14	971.79	982.70	82.23	164.46	139.79	141.35	234.36	236.99
EPO 8200 B2	317.19	634.38	539.22	545.25	903.99	914.14	74.48	148.96	126.62	128.03	212.27	214.65

Tier Rates Region #7:

Rates Effective Q1:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	573.68	1,147.36	975.26	986.16	1,634.99	1,653.35	144.03	288.06	244.85	247.59	410.49	415.09
HMO 109	504.84	1,009.68	858.23	867.82	1,438.79	1,454.95	123.93	247.86	210.68	213.04	353.20	357.17
EPO 8000 G	491.38	982.76	835.35	844.68	1,400.43	1,416.16	125.95	251.90	214.12	216.51	358.96	362.99
EPO 8200 G	455.13	910.26	773.72	782.37	1,297.12	1,311.68	114.57	229.14	194.77	196.95	326.52	330.19
Healthy NY	369.26	738.52	627.74	634.76	1,052.39	1,064.21	119.80	239.60	203.66	205.94	341.43	345.26
EPO 5026	464.81	929.62	790.18	799.01	1,324.71	1,339.58	118.30	236.60	201.11	203.36	337.16	340.94
EPO 5226	429.97	859.94	730.95	739.12	1,225.41	1,239.17	107.33	214.66	182.46	184.50	305.89	309.33
EPO 4006	447.43	894.86	760.63	769.13	1,275.18	1,289.49	129.71	259.42	220.51	222.97	369.67	373.82
EPO 4206	414.17	828.34	704.09	711.96	1,180.38	1,193.64	117.71	235.42	200.11	202.34	335.47	339.24
EPO 8000 S1	420.92	841.84	715.56	723.56	1,199.62	1,213.09	105.68	211.36	179.66	181.66	301.19	304.57
EPO 8200 S1	390.05	780.10	663.09	670.50	1,111.64	1,124.12	95.85	191.70	162.95	164.77	273.17	276.24
EPO 8000 S2	418.35	836.70	711.20	719.14	1,192.30	1,205.68	104.94	209.88	178.40	180.39	299.08	302.44
EPO 8200 S2	387.71	775.42	659.11	666.47	1,104.97	1,117.38	95.18	190.36	161.81	163.61	271.26	274.31
PPO 6340	361.52	723.04	614.58	621.45	1,030.33	1,041.90	85.92	171.84	146.06	147.70	244.87	247.62
EPO 8000 B1	368.77	737.54	626.91	633.92	1,050.99	1,062.80	90.68	181.36	154.16	155.88	258.44	261.34
EPO 8200 B1	342.46	684.92	582.18	588.69	976.01	986.97	82.16	164.32	139.67	141.23	234.16	236.79
EPO 8000 B2	352.75	705.50	599.68	606.38	1,005.34	1,016.63	86.07	172.14	146.32	147.95	245.30	248.05
EPO 8200 B2	327.89	655.78	557.41	563.64	934.49	944.98	77.97	155.94	132.55	134.03	222.21	224.71

Group Rates Effective Quarter 2 2014:

Rates will roll quarterly from the Q1 rates.
Quarterly rolling rate factor: 1.50%

Tier Rates Region #2:

Healthy New York effective in Region #5 as well.

Rates Effective Q2:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
HMO 110	425.18	850.36	722.81	730.88	1,211.76	1,225.37	99.07	198.14	168.42	170.30	282.35	285.52
PPO 800	496.99	993.98	844.88	854.33	1,416.42	1,432.33	119.70	239.40	203.49	205.76	341.15	344.98
Aqua	383.86	767.72	652.56	659.86	1,094.00	1,106.28	85.87	171.74	145.98	147.61	244.73	247.48
Healthy NY	290.64	581.28	494.09	499.61	828.32	837.62	88.96	177.92	151.23	152.92	253.54	256.38
Align Blended	331.30	662.60	563.21	569.50	944.21	954.81	73.04	146.08	124.17	125.56	208.16	210.50
POS 7100	353.32	706.64	600.64	607.36	1,006.96	1,018.27	78.41	156.82	133.30	134.79	223.47	225.98
POS 8100 S	332.06	664.12	564.50	570.81	946.37	957.00	72.60	145.20	123.42	124.80	206.91	209.23
Align HDHP	297.45	594.90	505.67	511.32	847.73	857.25	63.38	126.76	107.75	108.95	180.63	182.66
POS 8100 B	283.31	566.62	481.63	487.01	807.43	816.50	59.09	118.18	100.45	101.58	168.41	170.30

Tier Rates Region #1:

Healthy New York effective in Region #6 as well.

Rates Effective Q2:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	561.30	1,122.60	954.21	964.87	1,599.71	1,617.67	139.95	279.90	237.92	240.57	398.86	403.34
HMO 109	494.41	988.82	840.50	849.89	1,409.07	1,424.89	120.41	240.82	204.70	206.98	343.17	347.02
EPO 8000 G	481.33	962.66	818.26	827.41	1,371.79	1,387.19	122.37	244.74	208.03	210.35	348.75	352.67
EPO 8200 G	446.10	892.20	758.37	766.85	1,271.39	1,285.66	111.32	222.64	189.24	191.36	317.26	320.82
Healthy NY	357.33	714.66	607.46	614.25	1,018.39	1,029.83	114.68	229.36	194.96	197.13	326.84	330.51
EPO 5026	455.04	910.08	773.57	782.21	1,296.86	1,311.43	114.81	229.62	195.18	197.36	327.21	330.88
EPO 5226	421.19	842.38	716.02	724.03	1,200.39	1,213.87	104.15	208.30	177.06	179.03	296.83	300.16
EPO 4006	438.17	876.34	744.89	753.21	1,248.78	1,262.81	125.89	251.78	214.01	216.40	358.79	362.81
EPO 4206	405.84	811.68	689.93	697.64	1,156.64	1,169.63	114.23	228.46	194.19	196.36	325.56	329.21
EPO 8000 S1	412.40	824.80	701.08	708.92	1,175.34	1,188.54	102.55	205.10	174.34	176.28	292.27	295.55
EPO 8200 S1	382.40	764.80	650.08	657.35	1,089.84	1,102.08	92.99	185.98	158.08	159.85	265.02	268.00
EPO 8000 S2	409.91	819.82	696.85	704.64	1,168.24	1,181.36	101.82	203.64	173.09	175.03	290.19	293.45
EPO 8200 S2	380.14	760.28	646.24	653.46	1,083.40	1,095.56	92.33	184.66	156.96	158.72	263.14	266.10
PPO 6340	354.62	709.24	602.85	609.59	1,010.67	1,022.01	83.32	166.64	141.64	143.23	237.46	240.13
EPO 8000 B1	361.66	723.32	614.82	621.69	1,030.73	1,042.30	87.95	175.90	149.52	151.19	250.66	253.47
EPO 8200 B1	336.11	672.22	571.39	577.77	957.91	968.67	79.68	159.36	135.46	136.97	227.09	229.64
EPO 8000 B2	346.09	692.18	588.35	594.93	986.36	997.43	83.46	166.92	141.88	143.47	237.86	240.53
EPO 8200 B2	321.95	643.90	547.32	553.43	917.56	927.86	75.60	151.20	128.52	129.96	215.46	217.88

Tier Rates Region #7:

Rates Effective Q2:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	582.29	1,164.58	989.89	1,000.96	1,659.53	1,678.16	146.19	292.38	248.52	251.30	416.64	421.32
HMO 109	512.41	1,024.82	871.10	880.83	1,460.37	1,476.77	125.79	251.58	213.84	216.23	358.50	362.53
EPO 8000 G	498.75	997.50	847.88	857.35	1,421.44	1,437.40	127.84	255.68	217.33	219.76	364.34	368.43
EPO 8200 G	461.96	923.92	785.33	794.11	1,316.59	1,331.37	116.29	232.58	197.69	199.90	331.43	335.15
Healthy NY	369.26	738.52	627.74	634.76	1,052.39	1,064.21	119.80	239.60	203.66	205.94	341.43	345.26
EPO 5026	471.78	943.56	802.03	810.99	1,344.57	1,359.67	120.07	240.14	204.12	206.40	342.20	346.04
EPO 5226	436.42	872.84	741.91	750.21	1,243.80	1,257.76	108.94	217.88	185.20	187.27	310.48	313.97
EPO 4006	454.14	908.28	772.04	780.67	1,294.30	1,308.83	131.66	263.32	223.82	226.32	375.23	379.44
EPO 4206	420.38	840.76	714.65	722.63	1,198.08	1,211.54	119.48	238.96	203.12	205.39	340.52	344.34
EPO 8000 S1	427.23	854.46	726.29	734.41	1,217.61	1,231.28	107.27	214.54	182.36	184.40	305.72	309.15
EPO 8200 S1	395.90	791.80	673.03	680.55	1,128.32	1,140.98	97.29	194.58	165.39	167.24	277.28	280.39
EPO 8000 S2	424.63	849.26	721.87	729.94	1,210.20	1,223.78	106.51	213.02	181.07	183.09	303.55	306.96
EPO 8200 S2	393.53	787.06	669.00	676.48	1,121.56	1,134.15	96.61	193.22	164.24	166.07	275.34	278.43
PPO 6340	366.94	733.88	623.80	630.77	1,045.78	1,057.52	87.21	174.42	148.26	149.91	248.55	251.34
EPO 8000 B1	374.30	748.60	636.31	643.42	1,066.76	1,078.73	92.04	184.08	156.47	158.22	262.31	265.26
EPO 8200 B1	347.60	695.20	590.92	597.52	990.66	1,001.78	83.39	166.78	141.76	143.35	237.66	240.33
EPO 8000 B2	358.04	716.08	608.67	615.47	1,020.41	1,031.87	87.36	174.72	148.51	150.17	248.98	251.77
EPO 8200 B2	332.81	665.62	565.78	572.10	948.51	959.16	79.14	158.28	134.54	136.04	225.55	228.08

Group Rates Effective Quarter 3 2014:

Rates will roll quarterly from the Q1 rates.
Quarterly rolling rate factor: 1.50%

Tier Rates Region #2:

Healthy New York effective in Region #5 as well.

Rates Effective Q3:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
HMO 110	431.56	863.12	733.65	741.85	1,229.95	1,243.76	100.56	201.12	170.95	172.86	286.60	289.81
PPO 800	504.44	1,008.88	857.55	867.13	1,437.65	1,453.80	121.50	243.00	206.55	208.86	346.28	350.16
Aqua	389.62	779.24	662.35	669.76	1,110.42	1,122.88	87.16	174.32	148.17	149.83	248.41	251.20
Healthy NY	290.64	581.28	494.09	499.61	828.32	837.62	88.96	177.92	151.23	152.92	253.54	256.38
Align Blended	336.27	672.54	571.66	578.05	958.37	969.13	74.14	148.28	126.04	127.45	211.30	213.67
POS 7100	358.62	717.24	609.65	616.47	1,022.07	1,033.54	79.59	159.18	135.30	136.82	226.83	229.38
POS 8100 S	337.04	674.08	572.97	579.37	960.56	971.35	73.69	147.38	125.27	126.67	210.02	212.37
Align HDHP	301.91	603.82	513.25	518.98	860.44	870.10	64.33	128.66	109.36	110.58	183.34	185.40
POS 8100 B	287.56	575.12	488.85	494.32	819.55	828.75	59.98	119.96	101.97	103.11	170.94	172.86

Tier Rates Region #1:

Healthy New York effective in Region #6 as well.

Rates Effective Q3:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	569.72	1,139.44	968.52	979.35	1,623.70	1,641.93	142.05	284.10	241.49	244.18	404.84	409.39
HMO 109	501.83	1,003.66	853.11	862.65	1,430.22	1,446.27	122.22	244.44	207.77	210.10	348.33	352.24
EPO 8000 G	488.55	977.10	830.54	839.82	1,392.37	1,408.00	124.21	248.42	211.16	213.52	354.00	357.97
EPO 8200 G	452.79	905.58	769.74	778.35	1,290.45	1,304.94	112.99	225.98	192.08	194.23	322.02	325.64
Healthy NY	357.33	714.66	607.46	614.25	1,018.39	1,029.83	114.68	229.36	194.96	197.13	326.84	330.51
EPO 5026	461.87	923.74	785.18	793.95	1,316.33	1,331.11	116.53	233.06	198.10	200.32	332.11	335.84
EPO 5226	427.51	855.02	726.77	734.89	1,218.40	1,232.08	105.71	211.42	179.71	181.72	301.27	304.66
EPO 4006	444.74	889.48	756.06	764.51	1,267.51	1,281.74	127.78	255.56	217.23	219.65	364.17	368.26
EPO 4206	411.93	823.86	700.28	708.11	1,174.00	1,187.18	115.94	231.88	197.10	199.30	330.43	334.14
EPO 8000 S1	418.59	837.18	711.60	719.56	1,192.98	1,206.38	104.09	208.18	176.95	178.93	296.66	299.99
EPO 8200 S1	388.14	776.28	659.84	667.21	1,106.20	1,118.62	94.38	188.76	160.45	162.24	268.98	272.00
EPO 8000 S2	416.06	832.12	707.30	715.21	1,185.77	1,199.08	103.35	206.70	175.70	177.66	294.55	297.85
EPO 8200 S2	385.84	771.68	655.93	663.26	1,099.64	1,111.99	93.71	187.42	159.31	161.09	267.07	270.07
PPO 6340	359.94	719.88	611.90	618.74	1,025.83	1,037.35	84.57	169.14	143.77	145.38	241.02	243.73
EPO 8000 B1	367.08	734.16	624.04	631.01	1,046.18	1,057.92	89.27	178.54	151.76	153.46	254.42	257.28
EPO 8200 B1	341.15	682.30	579.96	586.44	972.28	983.19	80.88	161.76	137.50	139.03	230.51	233.10
EPO 8000 B2	351.28	702.56	597.18	603.85	1,001.15	1,012.39	84.71	169.42	144.01	145.62	241.42	244.13
EPO 8200 B2	326.78	653.56	555.53	561.73	931.32	941.78	76.73	153.46	130.44	131.90	218.68	221.14

Tier Rates Region #7:

Rates Effective Q3:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	591.02	1,182.04	1,004.73	1,015.96	1,684.41	1,703.32	148.38	296.76	252.25	255.07	422.88	427.63
HMO 109	520.10	1,040.20	884.17	894.05	1,482.29	1,498.93	127.68	255.36	217.06	219.48	363.89	367.97
EPO 8000 G	506.23	1,012.46	860.59	870.21	1,442.76	1,458.95	129.76	259.52	220.59	223.06	369.82	373.97
EPO 8200 G	468.89	937.78	797.11	806.02	1,336.34	1,351.34	118.03	236.06	200.65	202.89	336.39	340.16
Healthy NY	369.26	738.52	627.74	634.76	1,052.39	1,064.21	119.80	239.60	203.66	205.94	341.43	345.26
EPO 5026	478.86	957.72	814.06	823.16	1,364.75	1,380.07	121.87	243.74	207.18	209.49	347.33	351.23
EPO 5226	442.97	885.94	753.05	761.47	1,262.46	1,276.64	110.57	221.14	187.97	190.07	315.12	318.66
EPO 4006	460.95	921.90	783.62	792.37	1,313.71	1,328.46	133.63	267.26	227.17	229.71	380.85	385.12
EPO 4206	426.69	853.38	725.37	733.48	1,216.07	1,229.72	121.27	242.54	206.16	208.46	345.62	349.50
EPO 8000 S1	433.64	867.28	737.19	745.43	1,235.87	1,249.75	108.88	217.76	185.10	187.16	310.31	313.79
EPO 8200 S1	401.84	803.68	683.13	690.76	1,145.24	1,158.10	98.75	197.50	167.88	169.75	281.44	284.60
EPO 8000 S2	431.00	862.00	732.70	740.89	1,228.35	1,242.14	108.11	216.22	183.79	185.84	308.11	311.57
EPO 8200 S2	399.43	798.86	679.03	686.62	1,138.38	1,151.16	98.06	196.12	166.70	168.57	279.47	282.61
PPO 6340	372.44	744.88	633.15	640.22	1,061.45	1,073.37	88.52	177.04	150.48	152.17	252.28	255.11
EPO 8000 B1	379.91	759.82	645.85	653.07	1,082.74	1,094.90	93.42	186.84	158.81	160.59	266.25	269.24
EPO 8200 B1	352.81	705.62	599.78	606.48	1,005.51	1,016.80	84.64	169.28	143.89	145.50	241.22	243.93
EPO 8000 B2	363.41	726.82	617.80	624.70	1,035.72	1,047.35	88.67	177.34	150.74	152.42	252.71	255.55
EPO 8200 B2	337.80	675.60	574.26	580.68	962.73	973.54	80.33	160.66	136.56	138.09	228.94	231.51

Group Rates Effective Quarter 4 2014:

Rates will roll quarterly from the Q1 rates.
Quarterly rolling rate factor: 1.50%

Tier Rates Region #2:

Healthy New York effective in Region #5 as well.

Rates Effective Q4:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
HMO 110	438.03	876.06	744.65	752.97	1,248.39	1,262.40	102.07	204.14	173.52	175.46	290.90	294.17
PPO 800	512.01	1,024.02	870.42	880.15	1,459.23	1,475.61	123.32	246.64	209.64	211.99	351.46	355.41
Aqua	395.46	790.92	672.28	679.80	1,127.06	1,139.72	88.47	176.94	150.40	152.08	252.14	254.97
Healthy NY	290.64	581.28	494.09	499.61	828.32	837.62	88.96	177.92	151.23	152.92	253.54	256.38
Align Blended	341.31	682.62	580.23	586.71	972.73	983.66	75.25	150.50	127.93	129.35	214.46	216.87
POS 7100	364.00	728.00	618.80	625.72	1,037.40	1,049.05	80.78	161.56	137.33	138.86	230.22	232.81
POS 8100 S	342.10	684.20	581.57	588.07	974.99	985.93	74.80	149.60	127.16	128.58	213.18	215.57
Align HDHP	306.44	612.88	520.95	526.77	873.35	883.16	65.29	130.58	110.99	112.23	186.08	188.17
POS 8100 B	291.87	583.74	496.18	501.72	831.83	841.17	60.88	121.76	103.50	104.65	173.51	175.46

Tier Rates Region #1:

Healthy New York effective in Region #6 as well.

Rates Effective Q4:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	578.27	1,156.54	983.06	994.05	1,648.07	1,666.57	144.18	288.36	245.11	247.85	410.91	415.53
HMO 109	509.36	1,018.72	865.91	875.59	1,451.68	1,467.98	124.05	248.10	210.89	213.24	353.54	357.51
EPO 8000 G	495.88	991.76	843.00	852.42	1,413.26	1,429.13	126.07	252.14	214.32	216.71	359.30	363.33
EPO 8200 G	459.58	919.16	781.29	790.02	1,309.80	1,324.51	114.68	229.36	194.96	197.13	326.84	330.51
Healthy NY	357.33	714.66	607.46	614.25	1,018.39	1,029.83	114.68	229.36	194.96	197.13	326.84	330.51
EPO 5026	468.80	937.60	796.96	805.87	1,336.08	1,351.08	118.28	236.56	201.08	203.32	337.10	340.88
EPO 5226	433.92	867.84	737.66	745.91	1,236.67	1,250.56	107.30	214.60	182.41	184.45	305.81	309.24
EPO 4006	451.41	902.82	767.40	775.97	1,286.52	1,300.96	129.70	259.40	220.49	222.95	369.65	373.80
EPO 4206	418.11	836.22	710.79	718.73	1,191.61	1,204.99	117.68	235.36	200.06	202.29	335.39	339.15
EPO 8000 S1	424.87	849.74	722.28	730.35	1,210.88	1,224.48	105.65	211.30	179.61	181.61	301.10	304.48
EPO 8200 S1	393.96	787.92	669.73	677.22	1,122.79	1,135.39	95.80	191.60	162.86	164.68	273.03	276.10
EPO 8000 S2	422.30	844.60	717.91	725.93	1,203.56	1,217.07	104.90	209.80	178.33	180.32	298.97	302.32
EPO 8200 S2	391.63	783.26	665.77	673.21	1,116.15	1,128.68	95.12	190.24	161.70	163.51	271.09	274.14
PPO 6340	365.34	730.68	621.08	628.02	1,041.22	1,052.91	85.84	171.68	145.93	147.56	244.64	247.39
EPO 8000 B1	372.59	745.18	633.40	640.48	1,061.88	1,073.80	90.61	181.22	154.04	155.76	258.24	261.14
EPO 8200 B1	346.27	692.54	588.66	595.24	986.87	997.95	82.09	164.18	139.55	141.11	233.96	236.58
EPO 8000 B2	356.55	713.10	606.14	612.91	1,016.17	1,027.58	85.98	171.96	146.17	147.80	245.04	247.79
EPO 8200 B2	331.68	663.36	563.86	570.16	945.29	955.90	77.88	155.76	132.40	133.88	221.96	224.45

Tier Rates Region #7:

Rates Effective Q4:

	Medical						Pharmacy					
Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
PPO 800	599.89	1,199.78	1,019.81	1,031.21	1,709.69	1,728.88	150.61	301.22	256.04	258.90	429.24	434.06
HMO 109	527.90	1,055.80	897.43	907.46	1,504.52	1,521.41	129.60	259.20	220.32	222.78	369.36	373.51
EPO 8000 G	513.82	1,027.64	873.49	883.26	1,464.39	1,480.83	131.71	263.42	223.91	226.41	375.37	379.59
EPO 8200 G	475.92	951.84	809.06	818.11	1,356.37	1,371.60	119.80	239.60	203.66	205.94	341.43	345.26
Healthy NY	369.26	738.52	627.74	634.76	1,052.39	1,064.21	119.80	239.60	203.66	205.94	341.43	345.26
EPO 5026	486.04	972.08	826.27	835.50	1,385.21	1,400.77	123.70	247.40	210.29	212.64	352.55	356.50
EPO 5226	449.61	899.22	764.34	772.88	1,281.39	1,295.78	112.23	224.46	190.79	192.92	319.86	323.45
EPO 4006	467.86	935.72	795.36	804.25	1,333.40	1,348.37	135.63	271.26	230.57	233.15	386.55	390.89
EPO 4206	433.09	866.18	736.25	744.48	1,234.31	1,248.17	123.09	246.18	209.25	211.59	350.81	354.75
EPO 8000 S1	440.14	880.28	748.24	756.60	1,254.40	1,268.48	110.51	221.02	187.87	189.97	314.95	318.49
EPO 8200 S1	407.87	815.74	693.38	701.13	1,162.43	1,175.48	100.23	200.46	170.39	172.30	285.66	288.86
EPO 8000 S2	437.47	874.94	743.70	752.01	1,246.79	1,260.79	109.73	219.46	186.54	188.63	312.73	316.24
EPO 8200 S2	405.42	810.84	689.21	696.92	1,155.45	1,168.42	99.53	199.06	169.20	171.09	283.66	286.85
PPO 6340	378.03	756.06	642.65	649.83	1,077.39	1,089.48	89.85	179.70	152.75	154.45	256.07	258.95
EPO 8000 B1	385.61	771.22	655.54	662.86	1,098.99	1,111.33	94.82	189.64	161.19	163.00	270.24	273.27
EPO 8200 B1	358.10	716.20	608.77	615.57	1,020.59	1,032.04	85.91	171.82	146.05	147.68	244.84	247.59
EPO 8000 B2	368.86	737.72	627.06	634.07	1,051.25	1,063.05	90.00	180.00	153.00	154.71	256.50	259.38
EPO 8200 B2	342.87	685.74	582.88	589.39	977.18	988.15	81.53	163.06	138.60	140.15	232.36	234.97

Pediatric Dental Rates Effective 2014 (Individual and Group):

Tier Rates Region #1:

Pediatric

Market	1 Child	2+ Children
Group	19.36	851.84
Individual	19.36	851.84

Adult

Market	1 Adult	2 Adults
Group	12.30	24.60
Individual	12.82	25.64

Tier Rates Region #2:

Pediatric

Market	1 Child	2+ Children
Group	14.61	642.84
Individual	14.61	642.84

Adult

Market	1 Adult	2 Adults
Group	13.70	27.40
Individual	14.22	28.44

Tier Rates Region #5, #6, #7:

Pediatric

Market	1 Child	2+ Children
Group	14.61	642.84
Individual	14.61	642.84

Adult

Market	1 Adult	2 Adults
Group	12.30	24.60
Individual	12.82	25.64

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard
Product Name: CH1C4F0452
Project Name/Number: CH1C4F0452/CH1C4F0452

Supporting Document Schedules

Satisfied - Item:	A&H Product Checklist
Comments:	
Attachment(s):	A&H Checklist_CH1C4F0452.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	CH1C4F0452_FleschAppvd.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Explanation of Variability
Comments:	
Attachment(s):	Explanation of Variability_CH1C4F0452.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard
Product Name: CH1C4F0452
Project Name/Number: CH1C4F0452/CH1C4F0452

Attachment(s):	Region 1, 7 - EPO 8200 & 8000 S1.pdf Region 1, 7 - EPO 8200 & 8000 S2.pdf Region 1, 7 - HMO 109.pdf Region 1, 7 - PPO 800.pdf Region 1, 7 - PPO 6340.pdf Region 1, 7 - EPO 4206 & 4006.pdf Region 1, 7 - EPO 5226 & EPO 5026.pdf Region 1, 7 - EPO 8200 & 8000 B1.pdf Region 1, 7 - EPO 8200 & 8000 B2.pdf Region 1, 7 - EPO 8200 & 8000 Gold.pdf Region 2 - Align Blended.pdf Region 2 - Align HDHP.pdf Region 2 - Aqua.pdf Region 2 - HMO 110.pdf Region 2 - POS 7100.pdf Region 2 - POS 8100 B.pdf Region 2 - POS 8100 S.pdf Region 2 - PPO 800.pdf Region All - Healthy New York.pdf Region All - Pediatric Dental.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Small Group Rate Intructions/Checklist
Comments:	Complete.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 1-General Information
Comments:	

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard
Product Name: CH1C4F0452
Project Name/Number: CH1C4F0452/CH1C4F0452

Attachment(s):	Exhibit 1.pdf Exhibit 1.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 7-Historical Data
Comments:	
Attachment(s):	Exhibit 7.pdf Exhibit 7.xlsx Development of Standardized Premium.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 8-Adjustment Factors to Index Rate
Comments:	
Attachment(s):	Exhibit 8 SMALL GROUP.pdf Exhibit 8 SMALL GROUP.xlsx Exhibit 8 INDIVIDUAL.pdf Exhibit 8 INDIVIDUAL.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 9-Summary of Administrative Expenses
Comments:	
Attachment(s):	Exhibit 9.pdf Exhibit 9.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting-NG Off Exchange
Comments:	
Attachment(s):	Exhibit 1 - Redacted.pdf Actuarial Memorandum - Redacted.pdf

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard
Product Name: CH1C4F0452
Project Name/Number: CH1C4F0452/CH1C4F0452

Item Status:	
Status Date:	

Satisfied - Item:	Rate Development
Comments:	
Attachment(s):	Rate Development.pdf Geographic Factors.pdf Geographic Factors.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Master Group Agreement
Comments:	
Attachment(s):	Master Group Agreement.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Family Planning Rider
Comments:	
Attachment(s):	Family Planning Rider_CR1R3F0442.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Age 29
Comments:	
Attachment(s):	Age 29 Rider_CN1R3N0443 v3.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Blue Card Rider
Comments:	Filed & Approved 5/26/2011 - State Control # 2011050002
Attachment(s):	BlueCard DISC-HMO.2.pdf
Item Status:	

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004D Small Group Only - POS Standard
Product Name: CH1C4F0452
Project Name/Number: CH1C4F0452/CH1C4F0452

Status Date:	

Review Standards for

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups
As of 4/22/13

Instructions for SERFF Checklist:

A. For **ALL** filings, the "General Requirements for All Filings" section must be completed:

B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:

- Policy or Contract – Also complete all sections
- Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.

C. For filing of initial rates, complete the section entitled "Actuarial Section for New Product Rate Filings Only" in addition to completion of the applicable form sections identified above. For filing of rate changes to existing products (increases, decreases, or change in rate calculation rules or procedures), complete the "Actuarial Section for Existing Product Rate Filings Only" section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the "Actuarial Section for Existing Product Rate Filings Only" section.

D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing. All items with shaded boxes must be answered.

E. Do not make any changes or revisions to this checklist.

F. **Checklist Updates:** Any items on the checklist that have been updated since the last posting are shaded.

G. **Instructions for Citations:** All citations to Insurance regulations link to the Department of State's website and an unofficial copy of the NYCRR. Please select title 11 for Insurance regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled "ISC".

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

LINE OF BUSINESS: **Group Major Medical or Similar-Type Comprehensive Health Insurance**

CODE:	LINE(S) OF INSURANCE	CODES
H15G	Health – Hospital/Surgical/Medical Expense	H15G.001 H15G.002 H15G.003
H16G	Health – Major Medical	H16G.001A H16G.001B H16G.001C H16G.002A H16G.002C H16G.003A H16G.003D
H16G.003G		

IF CHECKLIST IS NOT APPLICABLE, OR IF THE SUBMISSION CONTAINS INSERT PAGES, RIDERS OR ENDORSEMENTS AND THE POLICY OR CONTRACT IN ITS ENTIRETY DOES NOT COMPLY WITH ALL STATUTORY AND REGULATORY PROVISIONS STATED BELOW, PLEASE EXPLAIN:

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	*Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions*	*Note: This checklist is intended to provide guidance in the preparation of policy or contract forms for submission and is not intended as a substitute for statute or regulation.*	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement		This submission contains a complete policy or contract form. Yes ☒ No ☐ If this submission contains insert pages, riders or endorsements, then the policy or contract in its entirety complies with all the statutory and regulatory provisions stated below. Yes ☐ No ☐	

		(If no is checked, explain in the space provided above.) This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on _____, submission number _____.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: • This form contains no strikeouts. §52.31(b) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. §52.31(d) • This form is submitted in the form intended for actual use. §52.31(e) • All blank spaces are filled in with hypothetical data. §52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. §52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as "will conform to law" or "as requested by group" to describe the variable material. §52.31(l) • All policy or contract forms must be placed on the Form Schedule in SERFF.	yes
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	yes, see attached
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	The filing must include a SERFF Filing Description or a letter of submission that contains the following: • The identifying form number of each form submitted. §52.33(a) • If the form is a policy or contract, the letter must indicate that the policy or contract is submitted pursuant to 11 NYCRR 52.7. §52.33(b) • Whether the form is new or supersedes an approved or filed form. § 52.33(c) • If the form supersedes an approved or filed form, the letter must state the form number and date of approval or filing of the superseded form and any material differences from the superseded form. § 52.33(d) • If the approval of the superseded form is still pending, the letter must include the form number, control number assigned by the Department and the submission date. § 52.33(d) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e) • If the form is submitted in accordance with 11 NYCRR 52.32(c), the letter must identify the prefiled group coverage. § 52.33(f) • If the form is other than a policyor contract form, the letter must identify the form number and	yes

		approval date of the policy or contract with which it will be used. If the form is for general use, the Department may accept a description of the type of policy or contract with which it may be used in lieu of the form number and approval date. §52.33(g) • If the form is a policy or contract, the letter must identify the form numbers and dates of approval of any applications previously approved to be used with the policy or contract unless the application is required to be attached to the policy or contract upon submission. §52.33(h) • If the policy or contract is designed to be used with insert pages, the letter must contain a statement of the insert page forms which must always be included in the policy or contract and a list of all optional pages, together with an explanation of their use. § 52.33(i) • *Note: Submission letters and or the SERFF filing description should advise as to whether the policy or contract is intended for internet sales and should describe any proposed electronic procedures and/or the proposed use of electronic signatures associated with the sale of the policy or contract.*	
Group Status and Recognition	§ 4235(c)(1)(A) §3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that policy or contract forms will be sold to a group specified in Insurance Law §4235(c)(1). However, a more detailed statement must be included where discretionary group status is sought under Insurance Law §4235(c)(1)(M). The size of the group should be indicated as small. Please indicate whether the submission is for general use or is submitted on a one case basis. If the submission is for use on a one case basis, the group must be identified along with the subpart of Insurance Law §4235(c)(1) in which the group fits and a confirmation that the group meets all of the requirements of the identified subpart. Requests for discretionary group recognition, pursuant to Insurance Law §4235(c)(1)(M), must be accompanied by written documentation that demonstrates that the proposed group meets each and every element stated in the named statute. The documentation must also make clear that the request for discretionary group recognition is not a subterfuge, evasion technique, or a marketing tool to avoid compliance with other statutory or regulatory requirements and recognized marketing mechanisms. This provision is not intended to allow approval of groups recognized in the various subparagraphs of §4235(c)(1), but for which the proposed discretionary group does not meet one or more of the requisites specifically required or proscribed by §4235. The request for allowance of a discretionary group must be granted before it may be used. Pursuant to §3201(b)(1) and Insurance Regulation 123, an accident and health certificate is deemed delivered in New York and subject to review and approval regardless of the actual place of delivery, if the policy is issued to certain groups. In these cases, the group certificate is reviewed for compliance with New York Law. The group policy/contract that is delivered out-of-state is not reviewed.	yes
Prefiled Group Coverage	11 NYCRR 52.32	A copy of the letter of confirmation sent to the group by the insurer must be submitted to the Department within 30 days after the date the insurer agrees to provide insurance and must include the following: • The effective date of coverage. § 52.32(a)(1) • The nature and extent of the benefits or change in benefits as then known. § 52.32(a)(2) • That the contractual forms may be executed and issued for delivery only after filing with or	

		approval by the Department. §52.32(a)(3) • That if the forms are not filed or approved or are disapproved, the parties will be returned to the status quo insofar as possible, or the coverage will be modified retroactively to meet all requirements necessary for approval. §52.32(a)(4) *Note: At the time the insurer agrees to provide insurance, it cannot have been reasonably possible to obtain approval prior to the effective date of coverage because the group requested the insurer provide immediate coverage. Also, the actual forms must be submitted for approval within six months from the date the insurer agrees to provide insurance. § 52.32(c). Failure to meet any of the conditions within the time specified shall be a violation of the Insurance Law, unless reasons for delay, including its probable extent, satisfactory to the Department are submitted to the Department within the respective times specified.*	
Statement of ERISA rights Is the insurer providing document as the plan administrator or for the plan administrator? Yes ☐ No ☒	29 CFR § 2520.104b-2 29 CFR § 2520.102-3(t)	Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.	
APPLICATION FORMS Model Application Used? Yes ☐ No ☒	Model Language		Form/Page/Para Reference
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	n/a
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	The application contains the prescribed fraud warning statement immediately above the insured's signature.	n/a
Prohibited Questions and Provisions	§3221(q)(1) §3204 11 NYCRR 52.51	The application does NOT contain: Questions as to the applicant's health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of domestic violence), disability or the applicant's race. A provision that changes the terms of the policy or contract to which it is attached. A statement that the applicant has not withheld any information or concealed any facts. An agreement that an untrue or false answer material to the risk will render the policy or contract void. An agreement that acceptance of any policy or contract issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to §3204(d).	yes
Verification of Compliance with Pediatric Essential Dental Health Benefit.	45 CFR § 156.150	In order to verify whether an individual has obtained stand-alone dental coverage through an Exchange-certified stand-alone dental plan offered outside the Exchange, insurers should use the following language on their application/enrollment form:	

		A. Have you obtained stand-alone dental coverage that provides a pediatric dental essential health benefit through a New York Health Benefit Exchange-certified stand-alone dental plan offered outside the New York Health Benefit Exchange? Yes No B. If you answered "yes", please provide the name of the company issuing the stand-alone dental coverage. _____ If you answered "no", we will provide you coverage of the pediatric dental essential health benefit.	
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE			
Insurer name Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	Page 1
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover).	Page 1
Table of Contents Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	A table of contents is required.	Page 3&4
DEFINITIONS Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	*For a complete listing of the definitions click on the adjacent Model Language link.*	Form/Page/Para Reference
Services Performed at Comprehensive Care Center for Eating Disorders	§3221(k)(14) §4303(dd)	This policy or contract form may not exclude coverage for services covered under the policy or contract when provided by a comprehensive care center for eating disorders pursuant to Article 27-J of the Public Health Law. Reimbursement for services provided through such comprehensive care centers shall, to the extent possible or practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.	N/A
HOW THIS COVERAGE WORKS			Form/Page/Para Reference
Selecting a Primary Care Provider			
Selecting, Accessing and Changing Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(9) §3217-a(a)(10) §4324(a)(9); (10) PHL § 4408(1)(i) Model Language	Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access, and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.	Page 13, #3
Designation of Primary Care	§3217-e	If the policy or contract requires the designation of a Primary Care Provider, this policy or contract	

Provider (PCP) & Access to Pediatricians Does this product require a PCP to be designated? Yes ☐ No ☒ Model Language Used? Yes ☒ No ☐	§4306-d PHL §4403(7) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	form permits an insured to designate any participating PCP who is available to accept the insured. If designation of a PCP for a child is required, the insured is permitted to designate a physician who specializes in pediatrics as the child's PCP if the provider is in-network and available to accept the child.	Page 13, #4
Direct Access to OB/GYN Services Does this product require a PCP to be designated? Yes ☐ No ☒ Model Language Used? Yes ☒ No ☐	§3217-c §4306-b(a) §4324(16-a) PHL §4406-b PHL §4408(1)(p-1) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	If the policy or contract requires the designation of a Primary Care Provider, it must provide a female insured direct access to primary and preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, and treatment of acute gynecologic conditions from a qualified participating provider of such services of her choice or for any care related to pregnancy provided that: • such qualified provider discusses such services and treatment plan with the individual's primary care practitioner in accordance with the insurer's requirements; and • such qualified provider agrees to adhere to the insurer's policies and procedures, including any procedures regarding referrals and obtaining prior authorization for services other than obstetric and gynecologic services rendered by such qualified provider, and agrees to provide services pursuant to a treatment plan approved by the insurer.	Page 13, #4
Preauthorization			
Preauthorization Requirements Model Language Used? Yes ☒ No ☐	§3217-a(a)(2) §3238 §4324(a)(1) PHL § 4408(1)(b) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for In-Network services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or $500.00, whichever is less, is permissible.	Page 14, Paragraph 2
Medical Necessity			
Definition of Medical Necessity Model Language Used? Yes ☒ No ☐	§3217-a(a)(1) §4324(a)(1) Model Language	This policy or contract form includes a definition of "medical necessity" used in determining whether benefits will be covered.	Page 14, Paragraph 4
Contact Information Model Language Used? Yes ☒ No ☐	§3217-a(a)(16) §4324(a)(16) PHL§4408(1)(q) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	Page 15, #8/#9
ACCESS TO CARE AND TRANSITIONAL CARE			
Referral to Non-Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(11) §4324(a)(11) PHL §4408(1)(k) Model Language	If a policy or contract form is a managed care product as defined in §4801(c) or an HMO, or an EPO it must describe how an insured may obtain a referral to a health care provider outside of the insurer's network when the insurer does not have a health care provider with appropriate training and experience in the network to meet the health care needs of the insured and the procedure by which the	Page 17, Paragraph 1

		insured can obtain such referral.	
Specialty Care Provider as PCP Model Language Used? Yes ☒ No ☐	§3217-a(a)(13) §3217-d(b) §4324(a)(13) §4306-C(b) PHL §4408(1)(m) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, is permitted to request that a specialist be designated as their PCP to provide or coordinate the insured's medical care and describe the procedure for requesting and obtaining a specialist as a PCP.	Page 17, Paragraph 2
Standing Referrals Model Language Used? Yes ☒ No ☐	§3217-a(a)(12) §3217-d(b) §4324(a)(12) §4306-C(b) PHL § 4408(1)(l) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, it must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe the procedure for requesting and obtaining such a standing referral.	Page 17, Paragraph 3
Specialty Care Center Model Language Used? Yes ☒ No ☐	§3217-a(a)(14) §3217-d(b) §4324(a)(14) §4306-C(b) PHL §4408(1)(n) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, may request access to a specialty care center and describe the procedure for requesting and obtaining such a referral to a specialty care center.	Page 18, Paragraph 1
Transitional Care When A Provider Leaves the Network Model Language Used? Yes ☒ No ☐	§4804(e) §3217-d(c) §4306-C(c) PHL §4403(6)(e) Model Language	If an insured is in an ongoing course of treatment when a provider leaves the network, then the policy or contract form must describe how an insured may to continue to receive treatment for the ongoing treatment from the former Participating Provider for up to ninety (90) days from the date the provider's contractual obligation to provide services terminated. If the insured is pregnant and in the second or third trimester, the insured may be able to continue care with a former participating provider through delivery and any postpartum care directly related to the delivery. In order for the insured to continue to receive care for up to ninety (90) days or through a pregnancy with a former participating provider, the provider must agree to accept as payment the negotiated fee that was in effect just prior to the termination of the insurer's contractual agreement with the provider and must also agree to provide the insurer with the necessary medical information related to the insured's care and adhere to the insurer's policies and procedures, including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	Page 18, Paragraph 2
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes ☒ No ☐	§4804(f) §3217-d(c) §4306-C(c) PHL §4403(6)(f) Model Language	If an insured is in an ongoing course of treatment with a non-participating provider when the insured's coverage becomes effective for (1) a life-threatening disease or condition or a degenerative and disabling condition or disease, or (2) for care for pregnancy if the insured is in the second or third trimester, then this policy or contract form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to sixty (60) days from the effective date of the insured's coverage. The insured may continue care through delivery and any post-partum services directly related to the delivery. In order for the insured to continue to receive care for up to sixty (60) days or through pregnancy, the	Page 18, 19

		non-participating provider must agree to accept as payment the insurer's fees for such services. The provider must also agree to provide the insurer with necessary medical information related to the insured's care and to adhere to the insurer's policies and procedures including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	
COST-SHARING EXPENSES AND ALLOWED AMOUNT.			
Cost of Service Model Language Used? Yes ☒ No ☐	§3201(c)(3) 11 NYCRR 52.1(c) Model Language	If the cost of the service is less than the copayment for the service, the patient is responsible for the lesser amount.	Page 20, #2
Reimbursement of Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(4) §4324(a)(4) PHL §4408(1)(d) Model Language	This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.	Page 21 - 22
Non-Participating Providers and Non-Authorized Services Model Language Used? Yes ☒ No ☐	§3217-a(a)(6) §4324(a)(6) PHL §4408(1)(f) Model Language	This policy or contract form includes a description of the insured's financial responsibility for payment when services are provided by a health care provider who is not part of the insurer's network or by any provider without the required authorization or when a procedure, treatment or service is not a covered health care benefit.	Page 22, Paragraph 1
ELIGIBILITY Model Language Used? Yes ☒ No ☐	Model Language		Form/Page/Para Reference
Spouse	§4235(f)(1)(A) §4305(c)(1) Circular Letter No. 27 (2008) Model Language	If dependent coverage is selected by the group, this policy or contract form must provide coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes marriages between same-sex partners legally performed in this state and in other jurisdictions.	Page 23, Paragraph 3
Dependents	§4235(f)(1)(A)(i) §4305(c)(1) §3221(a)(7) 42 USC §300gg-14 26 CFR §§ 144.101, 146.101, 147.100 and 147.120 Model Language	If dependent coverage is selected by the group, this policy or contract form provides coverage of children until age 26. *Note: Pursuant to §2608-a, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.*	Page 23, Paragraph 6

Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	If dependent coverage is selected by the group, this policy or contract must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in 4235(f).	Page 96, Paragraph 4
Unmarried Students on Medical Leave of Absence	§3237 §4306-a 42 USC §300gg-7	If this policy or contract form provides coverage for dependent children who are full-time students to a higher age than other dependent children, then coverage shall continue when such dependent takes a medical leave of absence from school due to illness or injury for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student's attending physician who is licensed to practice in the state of New York.	Model language for who is covered (Group) does not include this requirement. It is only found in the dental
Unmarried Disabled Children	§4235(f)(1)(A)(ii) §4305(c)(1) Model Language	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate. *Note: Such coverage shall not terminate while the coverage remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.*	Page 23, Paragraph 7
Newborn Infants	§4235(f)(2) §4305(c)(1) Model Language 45 C.F.R. § 155.420 45 C.F.R. § 155.725	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to §115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care. *Note: In the case of individual or two-person coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.*	Page 24, #4
Adopted Children and Step-Children	11NYCRR52.18(e)(2); (3) §4305(c)(1)	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides that adopted children and stepchildren dependent upon the insured are eligible for coverage on the same basis as natural children. Further, a family policy or contract form covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage	Page 24, #5

		on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.	
Domestic Partners	§4235(f)(1)(A) §4305(c)(1) OGC Opinion 01-11-23 Model Language	This policy or contract form may cover domestic partners, who are financially interdependent on the employee, but such coverage is not required. If such coverage is provided, the policy or contract form shall require the applicant to provide the following: • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months • Proof of cohabitation • Proof of financial interdependency by evidence of two or more of the following: joint bank account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner's bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other's life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners' financial interdependence; other items of sufficient proof to establish economic interdependency under the circumstances of the particular case.	Page 26&27
New Family Members Model Language Used? Yes ☒ No ☐	45 C.F.R. § 155.420 Model Language	The policy or contract form describes the requirements to add new family members to the policy or contract.	Page 24, #4
New Employees	§3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	Page 24, #1
Enrollment Periods	http://government.westlaw.com/linkedslice/default.asp?SP=nycrr-100011NYCRR52.70(e)(3) 45 C.F.R. § 155.410 45 C.F.R. § 155.420 45 C.F.R. § 155.305 45 C.F.R. § 155.725 Model Language	This policy or contract form must provide for an initial open enrollment period, an annual open enrollment period, and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	Page 24&25
MANDATORY COVERED ESSENTIAL HEALTH BENEFITS		**Except where noted below, the following benefits must be included in the policy or contract forms.** Insurers may either (i) substitute benefits within certain categories listed below, (ii) modify cost-sharing in any category; (iii) add benefits to an essential health benefit category, including higher visit	Form/Page/Para Reference

		limitations; and/or (iv) add benefits that are not considered essential health benefits, provided all changes are in accordance with federal and state regulation and guidance, as well as DFS review. The categories of benefits that may be substituted are: A. Preventive/Wellness/Chronic Disease Management B. Rehabilitative and Habilitative	
PREVENTIVE CARE			
Primary and Preventive Health Services Model Language Used? Yes ☒ No ☐	§3221(l)(8) §3221(k)(18) §4303(j) Circular Letter No. 3 (1994) Circular Letter No. 13 (2006) Required Immunizations 42 USC § 300gg-13 45 CFR §147.130 45 CFR § 156.100	This policy or contract form includes the following coverage for primary and preventive health services for a covered child from the date of birth through age 19: • An initial hospital check-up and well child visits scheduled in accordance with the American Academy of Pediatrics. • At each visit, services in accordance with the American Academy of Pediatrics, including a medical history, complete physical examination, developmental assessment, anticipatory guidance, laboratory tests and necessary immunizations in accordance with the Advisory Committee on Immunization Practices. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Page 28 Paragraph 2
Federal Mandated Preventive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language HRSA Guidelines	This policy or contract form includes coverage for the following preventive care and screenings for children and adults with no cost-sharing: • Evidence-based items or services for children and adults with a rating of A or B by the U.S. Preventive Services Task Force. • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • Preventive care and screenings for infants, children and adolescents in guidelines supported by the Health Resources and Services Administration. • Preventive care and screenings for women in guidelines supported by the Health Resources and Services Administration. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Page 28 Paragraph 2
Cervical Cytology Screening Model Language Used? Yes ☒ No ☐	§3 221(l)(14) § 4303(t) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes coverage for annual cervical cytology screening for cervical cancer and its precursor states for women aged eighteen and older. Cervical cytology screening includes an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	Page 29, D.
Mammography Screening	§ 3221(l)(11) § 4303(p)	This policy or contract form includes the following coverage for mammography screening for occult breast cancer:	Page 29, E.

Model Language Used? Yes ☒ No ☐	42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	• Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer. • A single, baseline mammogram for covered persons aged 35-39, inclusive. • An annual mammogram for covered persons aged 40 and older. • Diagnostic mammograms (mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are Medically Necessary. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	
Family Planning & Reproductive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language 42 USC § 300gg-13 HRSA Guidelines	This policy or contract form includes coverage for family planning services which consist of FDA approved contraceptive methods prescribed by a provider (not covered under the prescription drug benefits), counseling on use of contraceptives, related topics and sterilization procedures for women. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF. This policy or contract form includes coverage for vasectomies. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 30, F.
Bone Mineral Density Measurements or Tests, Drugs and Devices Model Language Used? Yes ☒ No ☐	§ 3221(k)(13) § 4303(bb) 42 USC § 300gg-13 45 CFR §147.130 Model Language	This policy or contract form includes coverage for bone mineral density measurements or tests, prescription drugs, and devices approved by the FDA or generic equivalents as approved substitutes. Bone mineral density measurements or tests, drugs or devices shall include those covered for individuals meeting the criteria under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health. Individuals qualifying for coverage, at a minimum, include individuals: • Previously diagnosed as having osteoporosis or having a family history of osteoporosis; or • With symptoms or conditions indicative of the presence or significant risk of osteoporosis; or • On a prescribed drug regimen posing a significant risk of osteoporosis; or • With lifestyle factors to a degree as posing a significant risk of osteoporosis; or, • With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis. Such coverage, when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF, shall not be subject to deductibles, copayments and/or coinsurance. Other such coverage provided may be subject to deductibles, copayments and/or coinsurance	Page 30, G.
Prostate Cancer Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11-a) § 4303(z-1) Model Language	This policy or contract form includes coverage for the diagnostic screening for prostate cancer including: • Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and	Page 31, H.

		• An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk factors. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
EMERGENCY SERVICES AND URGENT CARE			
Pre-Hospital Emergency Medical and Ambulance Services Model Language Used? Yes ☒ No ☐	§ 3221(l)(15) § 4303(aa) Model Language	**Emergency Medical and Ambulance Services:** This policy or contract form includes coverage for pre-hospital emergency medical services for the treatment of an emergency condition when such services are provided by an ambulance service (either ground, water or air) issued a certificate to operate pursuant to §3005 of the Public Health Law. This policy or contract form will, however, only provide coverage when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (i) Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) Serious impairment to such person's bodily functions; (iii) Serious dysfunction of any bodily organ or part of such person; or (iv) Serious disfigurement of such person. An ambulance service may not charge or seek reimbursement from the insured for Pre-Hospital Emergency Medical Services relating to non-airborne transportation to a Hospital except for the collection of any applicable copayment, coinsurance, or deductible. Pre-Hospital Emergency Medical Services and ambulance services for medical emergencies do not require preauthorization. **Non-Emergency Ambulance Services:** This policy or contract form covers non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between facilities when the transport is any of the following: • From a Non-Participating Hospital to a Participating Hospital. • To a Hospital that provides a higher level of care that was not available at the original Hospital. • To a more cost-effective acute care facility. • From an acute facility to a sub-acute setting.	Page 32 & 33
Emergency Services Model Language Used? Yes ☒ No ☐	§ 3221(k)(4) § 3217-a(a)(8) § 4900(c) § 4303(a)(2) Circular Letter No.1	This policy or contract form includes coverage for the treatment of an emergency condition in hospital facilities: • without the need for any prior authorization; • regardless of whether the provider is a participating provider; • without imposing any administrative requirement or limitation on out-of-network coverage	Page 34 - 36

	(2002) PHL § 4408(1)(h) 10 NYCRR § 98-1.13 42 USC § 300gg-19a 45 CFR §147.138(b) 45 CFR § 156.100 Model Language	that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers; • the cost-sharing (copayment or coinsurance) shall be the same regardless of whether the services are provided by a participating or a non-participating provider; and • The benefits for out-of-network emergency services must at a minimum equal the greatest of the following amounts: (i) the amount negotiated with in-network providers for the emergency service; (ii) the amount for the emergency service calculated using the same method the insurer uses to determine payments for out-of-network services excluding any in-network co-payment or coinsurance; or (iii) the amount that would be paid under Medicare for the emergency service excluding any in-network co-payment or coinsurance. *Note the following definitions must be used:* *Emergency condition means a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; (iii)serious dysfunction of any bodily organ or part of such person; or (iv)serious disfigurement of such person; or a condition described in §1867(e)(1)(A)(i), (ii) or (iii) of the Social Security Act.* *Emergency services means with respect to an emergency condition (i) a medical screening examination as required under 42 U.S.C. §1395dd, which is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and (ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under 42 U.S.C. §1395dd to stabilize the patient. For purposes of this paragraph" to stabilize" means, with respect to an emergency condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the insured from a facility or to deliver a newborn child (including the placenta).*	
Urgent Care Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100	This policy or contract form includes coverage for Urgent Care. Urgent Care is medical care for an illness, injury or condition that is serious enough for a reasonable person to seek care right away, but not so severe as to require emergency care.	Page 36, Paragraph 2
OUTPATIENT SERVICES, INPATIENT SERVICES, EQUIPMENT AND DEVICES			
Advanced Imaging	45 CFR § 156.100	This policy or contract form provides coverage for PET scans, MRI, nuclear medicine, and CAT	Page 37, Par 2

Model Language Used? Yes ☒ No ☐	Model Language	scans. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Allergy Testing and Treatment Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for testing and evaluations including: injections, and scratch and prick tests to determine the existence of an allergy. This policy or contract form also provides coverage for allergy treatment, including desensitization treatments, routine allergy injections and serums. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 37, Paragraph 3
Ambulatory Surgery Center Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for surgical procedures performed at an Ambulatory Surgical Center including services and supplies provided by the center the day the surgery is performed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 37, Paragraph 4
Chemotherapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for chemotherapy in an outpatient facility or in a professional provider office. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 37, Paragraph 5
Chiropractic Care Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) Model Language	This policy or contract form includes coverage for chiropractic care in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment, or sublaxation in the vertebral column. Chiropractic care and services may be subject to reasonable deductible, copayment and coinsurance amounts, reasonable fee or benefit limits, and reasonable utilization review, provided that any such amounts, limits and review: shall not function to direct treatment in a manner discriminative against chiropractic care and individually and collectively shall be no more restrictive than those applicable under the coverage to care or services provided by other health care professionals in the diagnosis, treatment and management of the same or similar conditions, injuries, complaints, disorders or ailments even if differing nomenclature is used to describe the condition, injury, complaint, disorder or ailment. *Note: The Department interprets this mandate to mean that policy or contract forms may not subject a visit to a chiropractor or to a provider of chiropractic care to higher cost sharing than that which applies to other specialty office visits under the policy or contract. Additionally, a policy or contract may not impose a greater level of utilization review to chiropractic care and services than that which applies to specialty office care in general under the policy or contract. This means, for example, that a policy or contract may not require pre-certification or preauthorization of chiropractic care and services if it does not require the same for specialty office visits in general.*	Page 37, Paragraph 6
Dialysis Coverage	§3221(k)(16) §4303(gg)	This policy or contract form provides coverage for dialysis treatment of an acute of chronic kidney ailment. If the policy or contract form does not otherwise cover out-of-network services, dialysis	Page 37, Paragraph 7

Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	treatment or services provided by a non-participating provider must be covered if the following conditions are met: • The out-of-network provider is duly licensed to practice and authorized to provide such treatment; • The out-of-network provider is located outside the service area of the insurer; • The in-network provider treating the insured for the condition issues a written order stating that the dialysis treatment is necessary; • The insured notifies the insurer in writing 30 days in advance of the proposed date(s) of the out-of-network dialysis treatment and attaches the written order of the in-network provider. If the insured must travel on sudden notice due to family or other emergency, shorter notice may be permitted, provided that the insurer has a reasonable opportunity to review the travel and treatment plans of the insured; • The insurer has the right to pre-approve the dialysis treatment schedule; and • Such coverage may be limited to 10 out-of-network treatments in a calendar year. Benefits for services of a Non-Participating Provider are subject to any applicable cost sharing that applies to dialysis treatments by a Participating Provider. However, the insured will also be responsible for paying any difference between the amount the insurer would have paid had the service been provided by a Participating Provider and the Non-Participating Provider's charge.	
Outpatient Habilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for habilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 38, Paragraph 1
Benefit explanation:			

Home Health Services Model Language Used? Yes ☒ No ☐	§3221(k)(1) §4303(a)(3) Model Language	This policy or contract form includes coverage of home care for not less than 40 visits in a plan year for each person covered under the policy or contract if hospitalization or confinement in a nursing facility would otherwise be required. Home care must be provided by an agency possessing a valid certificate of approval or license issued pursuant to Article 36 of the Public Health Law and shall consist of one or more of the following: • Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse. • Part-time or intermittent home health aide services which consist primarily of caring for the patient. • Physical, occupational or speech therapy if provided by the home health service or agency. • Medical supplies, drugs and medications prescribed by a physician and laboratory services by or on behalf of a certified or licensed home health agency. • Each visit by a member of a home care team shall be considered as one home care visit. • Four hours of home health aide service shall be considered as one home care visit Such coverage may be subject to an annual deductible of not more than $50 per person covered under the policy or contract form and may be subject to a coinsurance provision which provides not less than 75% of reasonable charges for services. Such coverage may be subject to copayments.	Page 38, Paragraph 2
Interruption of Pregnancy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for therapeutic abortions. Non-therapeutic abortions in cases of rape, incest or fetal malformation are also covered. Elective abortions are covered for one procedure per Member, per Year. *Note: Plans must include the one procedure limit and may provide coverage that is more favorable.*	Page 39, Paragraph 1
Treatment of Correctable Medical Conditions that Cause Infertility/Infertility Treatments Model Language Used? Yes ☒ No ☐	§3221(k)(6) 4303(s) 11 NYCRR 52.18(a)(10) Definition of Infertility OGC Opinion 05-11-10 Model Language	This policy or contract form shall not exclude coverage for hospital, surgical or medical care for the diagnosis and treatment of correctable medical conditions otherwise covered under the policy or contract solely because the medical condition results in infertility. • Coverage shall not exclude surgical or medical procedures which would correct malformation, disease or dysfunction resulting in infertility. • Coverage shall not exclude diagnostic tests and procedures including hysterosalpingogram, hysteroscopy, endometrial biopsy, laparoscopy, sono-hysterogram, post coital tests, testis biopsy, semen analysis, blood tests, ultrasound and artificial insemination, or prescription drugs if prescription drug coverage is otherwise provided under the policy or contract. • Coverage shall be provided for persons aged 21-44 years; however, coverage beyond this age range is not precluded. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract. • This mandate does not require coverage of the following treatments in connection with infertility: in vitro fertilization; gamete intrafallopian tube transfers; zygote intrafallopian tube transfers; the reversal of elective sterilizations; cost for an ovum donor or donor sperm; sperm storage costs;	Page 39, Paragraph 2

		cryopreservation and storage of embryos; ovulation predictor kits; reversal of tubal ligations; sex change procedures; cloning; or medical or surgical services or procedures determined to be experimental. These are the only infertility treatments that may be expressly excluded in the policy or contract form.	
Infusion Therapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for infusion therapy which is the administration of drugs using specialized delivery systems which otherwise would have required hospitalization. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 40, Paragraph 1
Laboratory Procedures, Diagnostic Testing and Radiology Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for x-ray, laboratory procedures and diagnostic testing, services and materials, including diagnostic X-rays, X-ray therapy, fluoroscopy, electrocardiograms, electroencephalograms, laboratory tests, and therapeutic radiology services. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 40, Paragraph 2
Office Visits Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for office visits for the diagnosis and treatment of injury, disease, and medical conditions. Office visits may include house calls. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 40, Paragraph 6
Outpatient Hospital Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hospital services and supplies described in the inpatient hospital section of the policy or contract form that can be provided while being treated in an outpatient facility. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 40, Paragraph 7
Preadmission Testing Model Language Used? Yes ☒ No ☐	§3221(k)(2) §4303(a)(1) Model Language	This policy or contract form includes coverage for preadmission testing ordered by a physician performed in the out-patient facilities of a hospital as a planned preliminary to admission of the patient as an in-patient for surgery in the same hospital provided that: tests are necessary for and consistent with the diagnosis and treatment of the condition for which surgery is to be performed; reservations for a hospital bed and for an operating room were made prior to the performance of the tests; the surgery actually takes place within seven days of the tests; and the patient is physically present at the hospital for the tests. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 41, Paragraph 1
Outpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for rehabilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.* Speech and physical therapy is covered only when: such therapy are related to the treatment or diagnosis of a physical illness or injury (in the case of a dependent child, this includes a medically diagnosed congenital defect); is ordered by a physician; and the insured has been hospitalized or has	Page 41, Paragraph 2

Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.		undergone surgery for such illness or injury. Speech, physical and occupational therapy services must begin within six months of the later to occur: • The date of the injury or illness that caused the need for the therapy; • The date You are discharged from a Hospital where surgical treatment was rendered; or • The date outpatient surgical care is rendered. In no event will the therapy continue beyond 365 days after such event. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Plans may: increase the number of covered visits; cover 60 or more visits per therapy or condition; cover visits per year rather than per condition; remove the lifetime limit; remove the other conditions/ limitations for coverage; and/or omit the requirement for a prior hospitalization or surgery.*	
Benefit explanation:			
Second Medical Opinion for Cancer Diagnosis Model Language Used? Yes ☒ No ☐	§3221(k)(9) §4303(w) Model Language	This policy or contract form includes coverage for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. • This benefit includes coverage for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer when the attending physician provides a written referral to the non-participating specialist, at no additional cost to the insured beyond what such insured would have paid for services from a participating specialist. • This benefit also includes coverage for a second medical opinion by a non-participating specialist where there is no referral from the attending physician and where the insurer has not pre-authorized the service. In such cases, the insurer is responsible for covering the medically necessary services at a usual, customary and reasonable rate. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Page 41, Paragraph 5, Bullet #1
Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) 4303(b) Circular Letter No. 29 (1979) Model Language	This policy or contract form includes coverage for a second surgical opinion by a qualified physician on the need for surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 41, Paragraph 5, Bullet #2
Mandatory Second Surgical Opinion	§3221(k)(3) 4303(b)	The policy or contract form may contain a mandatory second surgical opinion provision only if such provision is consistent with Circular Letter No. 29 (1979).	N/A

Model Language Used? Yes ☒ No ☐	Circular Letter No. 29 (1979) Model Language	Such coverage may not be subject to deductibles, copayments and/or coinsurance.	
Second Opinion in Other Cases Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form shall include coverage for a second opinion in cases when a subscriber disagrees with a provider's recommended course of treatment. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 42, Bullet #1
Surgical Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.6 Model Language	This policy or contract form includes coverage for physicians' services for surgical procedures, including operating and cutting procedures for the treatment of a sickness or injury, and closed reduction of fractures and dislocations of bones, endoscopies, incisions, or punctures of the skin on an inpatient and outpatient basis, including the services of the surgeon or specialist, assistant (including a physician's assistant or a nurse practitioner), and anesthetist or anesthesiologist, together with preoperative and post-operative care. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 42, Paragraph 1
Oral Surgery Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.16(c)(9) Model Language	This policy or contract form provides coverage for the following limited dental and oral surgical procedures: • Oral surgical procedures for jaw bones or surrounding tissue and dental services for the repair or replacement of sound natural teeth that are required due to accidental injury. Replacement is covered only when repair is not possible. Dental services must be obtained within 12 months of the injury. • Oral surgical procedures for jaw bones or surrounding tissue and dental services necessary due to congenital disease or anomaly. • Oral surgical procedures required for the correction of a non-dental physiological condition which has resulted in a severe functional impairment. • Removal of tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. Cysts related to teeth are not covered. • Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 42, Paragraph 3
Mastectomy Care Model Language Used? Yes ☒ No ☐	§3221(k)(8) §4303(v) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for a period of inpatient hospital care as is determined by the attending physician in consultation with the patient to be medically appropriate for a person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered under the policy or contract, and any physical complications arising from the mastectomy, including lymphedema. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Page 52, Paragraph 3
Post Mastectomy Reconstruction	§3221(k)(10) §4303(x) Women's Health and	This policy or contract form includes coverage for breast reconstruction surgery after a mastectomy or partial mastectomy including all stages of reconstruction of the breast on which the mastectomy or partial mastectomy has been performed, surgery and reconstruction of the other breast to produce a	Page 43, Paragraph 1

Model Language Used? Yes ☒ No ☐	Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	symmetrical appearance, and prostheses and physical complications of mastectomy including lymphedemas in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract.	
Transplants Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for transplants determined to be non-experimental and non-investigational. Covered transplants include but are not limited to: kidney, corneal, liver, heart, and heart/lung transplants; and bone marrow transplants for aplastic anemia, leukemia, severe combined immunodeficiency disease and Wiskott-Aldrich Syndrome. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 43, Paragraph 3
Autism Spectrum Disorder Model Language Used? Yes ☒ No ☐	§3221(l)(17) §4303(ee) Model Language 11 NYCRR 440	This policy or contract form includes coverage for the screening, diagnosis and treatment of autism spectrum disorder, including the following care and assistive communication devices prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a licensed psychologist: • behavioral health treatment; • psychiatric care; • psychological care; • medical care provided by a licensed health care provider; • therapeutic care, including therapeutic care which is deemed habilitative or nonrestorative, in the event that the policy or contract provides coverage for therapeutic care; and • pharmacy care in the event that the policy or contract provides coverage for prescription drugs. This policy or contract form shall include a definition of “autism spectrum disorder” which means any pervasive developmental disorder defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder; Asperger’s disorder; Rett’s disorder; childhood disintegrative disorder; and pervasive developmental disorder not otherwise specified (PDD-NOS). The policy or contract form shall include a definition of “behavioral health treatment” which means counseling and treatment programs, when provided by a licensed provider and applied behavior analysis, when provided or supervised by a behavior analysis provider as defined and described in 11 NYCRR 440, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. The policy or contract form shall include coverage for “applied behavior analysis” which means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Coverage for applied behavioral analysis is limited to 680 hours per covered individual per year.	Page 44 - 46

		The policy or contract form shall include a definition of "assistive communication devices" which at a minimum shall include dedicated devices which are specifically designed to aid in communication and are not generally useful to a person in the absence of a communication impairment and software applications that enable a non-covered device to function as a communication device. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Diabetes Equipment, Supplies and Self-Management Education Model Language Used? Yes ☒ No ☐	§3221(k)(7) §4303(u) 10NYCRR60-3.1 Model Language	This policy or contract form includes coverage for equipment, supplies and self-management education described in §§ 3221(k)(7) or 4303(u) for the treatment of diabetes. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits. *Note: Plans may apply either a medical or a prescription benefit depending upon whichever will provide a more generous benefit.* *Note: Since the statute refers to equipment, supplies and self-management education that are prescribed by a physician "or other licensed health care provider legally authorized to prescribe under title eight of the education law…," the policy or contract form may not limit coverage to care prescribed by a physician.*	Page 46, Paragraph 3
Durable Medical Equipment and Braces Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for the rental or purchase of durable medical equipment and braces. Coverage is for standard equipment only. Repairs or replacement are covered when made necessary by normal wear and tear. Coverage does not include the cost of repairs or replacement that are the result of misuse or abuse. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 48, Paragraph 2
Hearing Aids Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hearing aids required for the correction of a hearing impairment (a reduction in the ability to perceive sound which may range from slight to complete deafness). Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver. Coverage must be provided for a single purchase (including repair and/or replacement) of hearing aids for one or both ears once every three years. *{Note: The three year limit on hearing aids is required for plans but the limit may be removed or modified so that coverage is more favorable.}* Bone anchored hearing aids must be covered only if an insured has either of the following: • Craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or • Hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Coverage must be provided for one hearing aid per ear during the period of time the insured is enrolled. Replacements and/or repairs for a bone anchored hearing aid are Covered only for	Page 48, Paragraph 7

		malfunctions. *{Drafting Note: The limit on hearing aids is required for plans but this limit may be removed or modified so that coverage is more favorable.}* Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Hospice Care Model Language Used? Yes ☒ No ☐	§3221(l)(10) §4303(o) 45 CFR § 156.100 Model Language	This policy or contract form provides Hospice Care to Member who has been certified by his or her primary attending physician as having a life expectancy of six months or less which is provided by a hospice organization certified pursuant to Article 40 of the Public Health Law or under a similar certification process required by the state in which the hospice is located. Coverage will include inpatient hospice care in a hospital or hospice and home care and outpatient services provided by the hospice, including drugs and medical supplies. Coverage is provided for 210 days of hospice care. This policy or contract form will also cover five visits for supportive care and guidance for the purpose of helping the Member and the Member's immediate family cope with the emotional and social issues related to the Member's death. Hospice care will be covered only when provided as part of a Hospice Care program certified pursuant to Article 40 of the N.Y. Public Health Law. If care is provided outside New York State, the Hospice must have an operating license issued by the state in which the hospice is located under a certification process that is similar to that used in New York. Coverage is not provided for: funeral arrangements; pastoral, financial, or legal counseling; homemaker, caretaker, or respite care. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with those imposed on other benefits. *Note: A plan must cover 210 days of hospice care; however plans can cover more than 210 days.*	Page 49, Paragraph 2
Prosthetics Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	External Prosthetic Devices**:** This policy or contract form provides coverage for prosthetic devices (including wigs) that are worn externally and that temporarily or permanently replace all or part of an external body part that has been lost or damaged because of an injury or disease. Coverage is limited to one external prosthetic device per limb per lifetime. Replacements are covered for children for devices that have been outgrown. *Note: The limit on prosthetic devices is required for plans, but the limit may be removed or modified so that coverage is more favorable.* Internal Prosthetic Devices**:** This policy or contract form provides coverage for surgically implanted prosthetic devices and special appliances if they improve or restore the function of an internal body part which has been removed or damaged due to disease or injury. This includes implanted breast prostheses following a mastectomy or partial mastectomy in a manner determined by the insured and his/her attending physician to be appropriate. Coverage also includes repair and replacement due to normal growth or normal wear and tear. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 49, Paragraph 5

Hospital Services Model Language Used? Yes ☒ No ☐	11NYCRR52.5 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Hospital services for acute care, for an illness, injury or disease of a severity that must be treated on an inpatient basis including: • Semiprivate room and board; • General, special, and critical nursing care; • Meals and special diets; • The use of operating, recovery, and cystocopic rooms and equipment; • The use of intensive care, special care, or cardiac care units and equipment; • Diagnostic and therapeutic items, such as drugs and medications, sera, biologicals and vaccines, intravenous preparations and visualizing dyes and administration, but not including those which are not commercially available for purchase and readily obtainable by the hospital; • Dressings and plaster casts; • Supplies and the use of equipment in connection with oxygen, anesthesia, physiotherapy, chemotherapy, electrocardiographs, electroencephalographs, X-ray examinations and radiation therapy, laboratory and pathological examinations; • Blood and blood products except when participation in a volunteer blood replacement program is available • Radiation therapy, inhalation therapy, chemotherapy, pulmonary rehabilitation, infusion therapy and cardiac rehabilitation; • Short-term physical, speech and occupational therapy; and • Any additional medical services and supplies which are customarily provided by hospitals. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 51
Maternity Care Model Language Used? Yes ☒ No ☐	§3221(k)(5) 4303(c) Model Language	This policy or contract form includes coverage for maternity care, to the same extent as coverage is provided for illness or disease under the policy or contract. Such coverage, other than for perinatal complications, includes inpatient hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours following a caesarean section. Such coverage may be subject to deductibles, copayments and/or coinsurance. The mother has the option to be discharged earlier than the time periods listed above, and, in such cases, is entitled to one home care visit in addition to any home care provided under §3221(k)(1), or 4303(a)(3). Such home care is not subject to deductibles, copayments and/or coinsurance. Maternity coverage also includes coverage of the services of a midwife licensed pursuant to Article 140 of the Education Law, practicing consistent with a collaborative relationship with a physician or a hospital licensed pursuant to Article 28 of the Public Health Law, consistent with the requirements Education Law §6951. Maternity coverage also includes parent education, training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. The cost of renting one breast pump per pregnancy in conjunction with childbirth is covered in full.	Page 52, Paragraph 2

		Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Autologous Blood Banking Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for autologous blood banking services when they are being provided in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury. In such instances, this policy or contract form will cover storage fees for what are determined to be a reasonable storage period that is appropriate for having the blood available when it is needed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 52, Paragraph 4
Inpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☒ No ☐ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for Rehabilitation Services including physical therapy, speech therapy, and occupational therapy for up to one consecutive 60-day period, per condition, per lifetime in a Rehabilitation Facility. *Note: Plans must cover 60 days; however plans may exceed the required 60 day, and also may remove the "per condition" and/or "per lifetime" limit.* Such coverage may be subject to deductibles, copayments and/or coinsurance. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.*	Page 52, Paragraph 5
Benefit explanation:			
Skilled Nursing Facility Model Language Used? Yes ☒ No ☐	§3221(l)(2) §4303(d) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for services provided in a Skilled Nursing Facility, including care and treatment in a semi-private room, for up to 200 days, per Calendar Year, for non-custodial care. Custodial, convalescent or domiciliary care is not covered. *Note: Plans must cover 200 days, but may cover more than 200 days.* Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 53, Paragraph 1
End of Life Care Model Language Used?	§4805 PHL §4406-e 45 CFR § 156.100	This policy or contract form provides coverage for acute care provided in a licensed Article 28 facility or acute care facility that specializes in the care of terminally ill patients if the subscriber is diagnosed with advanced cancer and has fewer 60 days to live.	Page 53, Paragraph 2

Yes ☒ No ☐	Model Language		
MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES			
Inpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	§3221(l)(5) §4303(g) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Mental Health Care services relating to the diagnosis and treatment of mental, nervous and emotional disorders at least equal to the coverage provided for other health conditions under this policy or contract. Coverage for inpatient services for mental health care is limited to facilities as defined by New York Mental Hygiene Law § 1.03(10). Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, small group health policies or contracts that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Page 55, Paragraph 2
Outpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	3221(l)(5) §4303(g) §4303(h) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient mental health care services including, but not limited to, partial hospitalization program and intensive outpatient program services, relating to the diagnosis and treatment of mental, nervous and emotional disorders. Such coverage is limited to facilities that have an operating certificate issued pursuant to Article 31 of the New York Mental Hygiene Law; a facility operated by the Office of Mental Health; services provided by a psychiatrist or psychologist licensed to practice in this state; a licensed clinical social worker who meets the requirements of Ins. Law §§ 3221(l)(4)(D), 4303(h)(1); or a professional corporation or a university faculty practice corporation thereof. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the*	Page 55, Paragraph 3

		treatment of mental health conditions and substance use disorder consistent with the federal law.	
Inpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(6) §4303(k) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. This includes coverage for detoxification and/or rehabilitation services as a consequence of chemical use and/or substance use. Inpatient Substance Use services are limited to facilities in New York which are certified by the Office of Alcoholism and Substance Abuse Services (OASAS), and in other states, to those which are accredited by the Joint Commission as alcoholism, substance abuse or chemical dependence treatment programs. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Page 55, Paragraph 5
Outpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(7) §4303(l) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Such coverage is limited to facilities in New York State, certified by the Office of Alcoholism and Substance Abuse Services (OASAS) or licensed by OASAS as outpatient clinics or medically supervised ambulatory substance abuse programs or by physicians who have been granted a waiver pursuant to the Drug Addiction and Treatment Act of 2000 to prescribe Schedule III, IV and V narcotic medications for the treatment of opiod addiction during the acute detoxification stage of treatment or during stages of rehabilitation, and, in other states, to those accredited by the Joint Commission as alcoholism or chemical dependence treatment programs. Coverage is also available in a professional office setting for outpatient substance use services related to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Coverage must also be provided for up to 20 outpatient visits for family counseling. A family member will be deemed to be covered, for the purposes of this provision, so long as that family member (i) identifies himself or herself as a family member of a person suffering from substance use and/or dependency, and (ii) is covered under the same family policy or contract that covers the person receiving, or in need of, treatment for Substance Use, and/or Dependence. Payment for a family member should be the same amount regardless of the number of family members who attend the family therapy session.	Page 56, Paragraph 1

		Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Note: The insurer may not deny coverage to a family member who identifies himself or herself as a family member of a person suffering from substance abuse or dependency and who seeks treatment as a family member who is otherwise covered by the policy or contract. The coverage provided under this statute includes treatment as a family member pursuant to such family member's own policy or contract provided such family member does not exceed the allowable number of family visits and is otherwise entitled to the coverage pursuant to this mandate.* *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	
PRESCRIPTION DRUGS			
Prescription Drugs Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers prescription drugs that, except as specifically provided otherwise, can be dispensed only pursuant to a prescription and that are required by law to bear the legend "Caution – Federal Law prohibits dispensing without a prescription" so long as they are FDA approved, ordered by a provider authorized to prescribe, prescribed within the approved FDA administration and dosing guidelines, and are dispensed by a Pharmacy. This policy or contract form covers at least the greater of one drug in every United States Pharmacopia Category and Class; or the same number of prescription drugs in each category and class as the benchmark plan. This policy or contract form may have up to a three tier cost-sharing plan design. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Page 57 - 66
Enteral Formulas Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) OGC Opinion 10-12-03 Model Language	This policy or contract form provides coverage for enteral formulas for home use for which a physician or other licensed health care provider legally authorized to prescribe under Title 8 of the Education Law has issued a written order. The order must state that the formula is medically necessary and has been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases that enteral formulas are effective for include, but are not limited to: inherited amino-acid or organic acid metabolism; Crohn's Disease; gastroesophageal reflux with failure to thrive; disorders of gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which if left untreated will cause malnutrition, chronic physical disability, mental retardation or death. Coverage for certain inherited	Page 57, Bullet #12

		diseases of amino acid and organic acid metabolism shall include coverage of modified solid food products. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Off-Label Cancer Drug Usage Model Language Used? Yes ☒ No ☐	§3221(l)(12) §4303(q) Model Language	This policy or contract form may not exclude, or deny, prescription drug coverage because the drug is being prescribed to treat a type of cancer for which the FDA has not approved the drug. The drug must be recognized for treatment of the specific type of cancer for which it has been prescribed in one of the following reference compendia: the American Hospital Formulary Service-Drug Information; National Comprehensive Cancer Networks Drugs and Biologics Compendium; Thomson Micromedex DrugDex; Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the Federal Secretary of Health and Human Services or the Centers for Medicare and Medicaid Services; or recommended by review article or editorial comment in a major peer reviewed professional journal.	Page 58, Bullet #2
Usual and Customary Cost of Prescribed Drugs Model Language Used? Yes ☒ No ☐	§4325(h) PHL §4406-c(6) Model Language	Copayments relating to prescription drugs shall not exceed the usual and customary cost of such prescribed drug.	Page 59, #2, Bullet #2
Prohibition for Tier IV Drugs	§3221(a)(16) §4303(gg) PHL §4406-c(7)	The policy or contract form shall not impose cost-sharing (copayment, coinsurance and deductible) for any prescription drug that exceeds the cost-sharing for non-preferred brand drugs or its equivalent (or brand drugs if there is no non-preferred brand drug category).	N/A
Eye Drops Model Language Used? Yes ☐ No ☒	§3221(k)(17) §4303(hh) Model Language	The policy or contract form shall allow for the limited refilling of eye drop medication requiring a prescription prior to the last day of the approved dosage period. Any refill dispensed prior to the expiration of the approved coverage period shall, to the extent practicable, be limited in quantity so as not to exceed the remaining dosage initially approved for coverage. The limited refilling shall not limit or restrict coverage with respect to any previously or subsequently approved prescription for eye drop medication.	N/A
Orally Administered Anticancer Medications Model Language Used? Yes ☒ No ☐	§3221(l)(12-a) §4303(q-1) Model Language	The policy or contract form provides coverage for a prescribed orally administered anticancer medication used to kill or slow the growth of cancerous cells. Such coverage may be subject to deductibles, copayments and/or coinsurance that apply to coverage for intravenous or injected anticancer medications.	Page 62, #9
Mail Order Drugs for Policies With a Provider Network Model Language Used? Yes ☒ No ☐	§3221(l)(18) §4303(hh) Model Language	If this policy or contract form provides coverage for mail order drugs, then this policy or contract shall permit an insured to fill any prescription that may be obtained at a network participating mail order or other non-retail pharmacy, at the insured's option, at a network participating non-mail order retail pharmacy provided that the network participating non-mail order retail pharmacy agrees in advance, through a contractual network agreement, to the same reimbursement amount and the same terms and conditions that the insurer has established for the network participating mail order or other non-retail pharmacy.	Page 61, #5
Contraceptive Drugs and Devices Model Language Used?	§3221(l)(16) §4303(cc) 42 USC §300gg-13 Model Language	This policy or contract form provides coverage for contraceptive drugs and devices or generic equivalents approved as substitutes by the Federal Food and Drug Administration. For groups that meet the definition of a religious employer in §§3221(l)(16)(A); 4303(cc)(1)(A), the subscriber will have the option to purchase the stand alone contraceptive coverage rider. Contraceptive coverage	Page 58, Bullet #5

Yes ☒ No ☐		must be provided with no cost-sharing. *Note: Since the statute refers to contraceptive drugs and devices prescribed by a physician "or other licensed health care provide legally authorized to prescribe under title eight of the education law…," the policy or contract may not limit coverage to contraceptive drug and devices prescribed by a physician.*	
WELLNESS	45 CFR § 156.100 §3239		
Exercise Facility Reimbursement Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ *Note: If an insurer is substituting for this benefit, the benefit that is substituted must comply with §3239.* Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 §3239 Model Language	This policy or contract form partially reimburses the subscriber and the subscriber's covered spouse for certain exercise facility fees or membership fees. If such fees are paid to facilities which maintain equipment and programs that promote cardiovascular wellness and if 50 visits are completed in a 6 month period. The reimbursement is the lesser of $200.00 for the subscriber and $100.00 for the subscriber's spouse or the actual cost of the membership for a 6 month period. *Note: Plans may offer more comprehensive coverage or may substitute this benefit.*	Page 67, Paragraph 1
Benefit explanation:			
Other Wellness Benefits	45 CFR § 156.100 §3239	Additional Wellness Benefits may be covered. All additional wellness benefits must comply with § 3239 of Insurance Law.	Page 67, Paragraph 6
VISION CARE	45 CFR § 156.100		
Pediatric Vision Care	45 CFR § 156.100	This policy or contract form provides coverage for pediatric vision care including: emergency,	Page 69

Model Language Used? Yes ☒ No ☐	Model Language	preventive and routine vision care for children up to age 19; one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; and prescribed lenses & frames; and contact lenses. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
DENTAL CARE			
Pediatric Dental Care Model Language Used? Yes ☐ No ☒ Is dental coverage being provided by the insurer in this filing? Yes ☐ No ☒ If No, please provide information in the explanation box below as to how the insurer is meeting the requirement to offer the pediatric essential health benefit.	45 CFR § 156.100 45 CFR § 156.150 Model Language	This policy or contract form provides coverage for pediatric dental care including the following dental care services for children up to age 19: emergency dental care; preventive dental care; routine dental care; endodontics; prosthodontics; and orthodontics used to help restore oral structures to health and function and to treat serious medical conditions. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Insurers are required to offer the pediatric dental essential health benefit as either an embedded benefit (coverage provided by the insurer) or bundled benefit (coverage provided through an arrangement with another insurer).* *Embedded pediatric dental benefits must comply with all of the market reform and rating rules such guaranteed availability, rating tiers, rating regions, etc. For rating purposes, the pediatric dental benefit would be included in the insurer's single risk pool, medical loss ratio calculations and actuarial value calculations. Expenses related to an embedded pediatric dental benefit must also be included as part of the calculation of deductibles and out of pocket expense maximums.* *If the insurer offers a bundled stand-alone pediatric dental benefit, the following conditions must all be met:* *• The bundled dental benefit is identical to a stand-alone dental plan offered by the same dental carrier that is certified by the Exchange but offered outside the Exchange, including at the same premiums;* *• The policyholder or contractholder is informed that the dental benefit is being offered by a separate insurer, even if only one issuer collects the premiums;* *• The policyholder or contractholder is clearly informed of the medical plan design and the dental plan design and that the two plan designs have different deductibles, cost sharing and OOP maximums;* *• The policyholder or contractholder is clearly informed that they can purchase any stand-alone dental plan, other than the bundled dental plan, that has been certified by the Exchange but offered outside the Exchange.* *• The pediatric dental benefit meets the 70% or 85% actuarial value and $700 OOP maximum for one covered child (or $1,400 if more than one child in the family is covered);*	N/A

		• The stand alone dental plan complies with all ACA provisions and CMS regulations pertaining to stand alone dental plans; *• Insurers should specifically describe the legal and business arrangement between the medical issuer and the dental issuer when submitting the forms and rates to DFS, and each insurer must separately submit its own forms and rates for approval.* *If the insurer is reasonably assured that an individual has obtained stand-alone pediatric dental coverage through an Exchange-certified stand-alone dental plan offered outside the Exchange the insurer does not need to provide the dental benefit when coverage is issued. Insurers may include a question in their application/enrollment form in order to verify whether an insured has obtained stand-alone pediatric dental coverage through an Exchange-certified stand-alone dental plan offered outside the Exchange*	
Explanation:			
ADDITIONAL BENEFITS			
Family Vision Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form provides coverage for vision care including: emergency, preventive and routine vision care; including one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; prescribed lenses & frames; and contact lenses.	Page 69
Orthotics Model Language Used? Yes ☐ No ☒	45 CFR § 156.100 Model Language	This policy or contract form covers orthotic devices that are necessary to: support, restore or protect body function; redirect, eliminate or restrict motion of an impaired body part; or relieve or correct a condition caused by an injury or illness.	Not Covered - Page 49, Paragraph 5
Additional Benefits Provided In Policy or Contract, or By Rider Additional Benefits Provided? Yes ☐ No ☒ If additional benefits are provided, please explain in box below.	http://public.leginfo.state ny.us/menugetf.cgi?COMMONQUERY=LAWS11 NYCRR 52.1(c)	The policy or contract form may provide new forms of coverage and new ways of reducing health care costs by rider. Innovations should provide health care benefits of real economic value. Innovations should not be designed merely to produce superficial differences or play upon people's fears of particular diseases, be unduly complex and serve to confuse and make intelligent choice more difficult. Benefits which are contrary to the health care needs of the public and only serve to confuse or obfuscate and provide no economic value are prohibited.	N/A
Explanation:			

Acupuncture		This policy or contract form provides coverage for acupuncture.	
MAKE AVAILABLE BENEFITS			
Care in a Nursing Home or Skilled Nursing Facility	§ 3221(l)(2) § 4303(d)	This policy or contract must make available coverage for care in a nursing home, as defined by Public Health Law §2801, or a skilled nursing facility as defined in 42 USC §§1395, when such services are preceded by a hospital stay of at least three days and further hospitalization would otherwise be necessary.	Page 53, Paragraph 1
Licensed Clinical Social Worker	§ 3221(l)(4) § 4303(i)	If this policyor contract provides reimbursement for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous or emotional disorders and ailments by physicians, psychiatrists or psychologists, the policy or contract must make available and if requested by the policyholder, provide the same coverage to insureds for the such services when performed by a licensed clinical social worker, within the lawful scope of his or her practice, who is licensed pursuant to Article 154 of the Education Law (Education Law § 7700 et seq.).	Page 55, Paragraph 3
PERMISSIBLE EXCLUSIONS AND LIMITATIONS		*No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition, with an exception for the following exclusions.* *The following exclusions are permissible. A Plan does not need to include all the exclusions. However, if an exclusion is included, the language below must be used.*	Form/Page/Para Reference
Aviation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	Page 70, Paragraph 2
Convalescent and Custodial Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(11) Model Language	This policy or contract form excludes coverage for services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.	Page 70, Paragraph 3
Cosmetic Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(5) 11NYCRR56 Model Language	This policy or contract form excludes coverage for cosmetic services, prescription drugs, or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.	Page 70, Paragraph 4
Coverage Outside of the United States, Canada or Mexico Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(12) Model Language	This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico except for services are provided to treat an Emergency Condition.	Page 70, Paragraph 5
Dental Services	11NYCRR52.16(c)(9	This policy or contract form excludes coverage for dental services except for: care or treatment due to	Page 70, Par 6

Model Language Used? Yes ☒ No ☐	) Model Language	accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as required in the Oral Surgery or Pediatric Dental benefits, as applicable.	
Experimental or Investigational Treatment. Model Language Used? Yes ☒ No ☐	§3221(k)(12) § 4303(z) Article 49 Model Language	This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.	Page 70, Paragraph 7
Felony Participation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for any illness, treatment or medical condition due to participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence.	Page 71, Paragraph 1
Foot Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(6) .Model Language	This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as specifically listed in this policy or contract form.	Page 71, Paragraph 2
Government Facility Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.	Page 71, Paragraph 3
Medically Necessary Model Language Used? Yes ☒ No ☐	§3201(c)(3) Article 49 Model Language	This policy or contract form generally excludes coverage for any health care service, procedure, treatment, device or prescription drug that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an External Appeal Agent certified by the State.	Page 71, Paragraph 4
Medicare or Other Governmental Program Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).	Page 71, Paragraph 5
Military Service Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.	Page 71, Paragraph 6
No-Fault Automobile Insurance Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.	Page 71, Paragraph 7

Services Separately Billed by Hospital Employees Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	Page 71, Paragraph 8
Services Provided by a Family Member Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a: child, spouse, mother, father, sister, or brother of the insured or the insured's spouse.	Page 71, Paragraph 9
Services With No Charge Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services for which no charge is normally made.	Page 72, Paragraph 1
Services not Listed Model Language Used? Yes ☒ No ☐	§3201(c)(3) Model Language	This policy or contract form excludes coverage for services that are not listed in the policy or contract form as being covered.	Page 72, Paragraph 2
Vision Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(10) Model Language	This policy or contract form excludes coverage for the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the pediatric vision benefit.	Page 72, Paragraph 3
Workers' Compensation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.	Page 72, Paragraph 4
War Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to war, declared or undeclared.	Page 72, Paragraph 5
CLAIM DETERMINATION			Form/Page/Para Reference
Notice of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(8) Model Language	The policy or contract form provides that the insured has to provide the insurer with written notice of claim as applicable. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	Page 73, Paragraph 2
Submission of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(9) §4305(m) Model Language	The policy or contract must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.	Page 73, Paragraph 3

GRIEVANCE, UTILIZATION REVIEW & EXTERNAL APPEALS			Form/Page/Para Reference
Grievance Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(7) §3217-d(a) §4802 §4324(a)(7) §4306-C(a) PHL §4408(1)(p) PHL § 4408-a 42 USC §00gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	A policy or contract form that is a managed care product as defined in §4801(c), or a comprehensive policy that utilizes a network of providers, or a HMO, shall include a description of the grievance procedure to be used to resolve disputes between the insurer and the insured, including: • the right to file a grievance regarding any dispute between an insured and the insurer; • the right to file a grievance orally when the dispute is about referrals or covered benefits; • the toll-free telephone number which insureds may use to file an oral grievance; • the timeframes and circumstances for expedited and standard grievances; • the right to appeal a grievance determination and the procedures for filing such an appeal; • the timeframes and circumstances for expedited and standard appeals; • the right to designate a representative; • a notice that all disputes involving clinical decisions will be made by qualified clinical personnel; and, • that all notices of determination will include information about the basis of the decision and further appeal rights, if any.	Page 75 - 77
Utilization Review Policies and Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(3) §4324(a)(3) Article 49 PHL § 4408(1)(c) 42 USC §300gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	This policy or contract form includes a description of the utilization review policies and procedures, including: • The circumstances under which utilization review will be undertaken; • the toll-free telephone number of the utilization review agent; • the timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • the right to reconsideration; • the right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • the right to designate a representative; • a notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • a notice of the right to an external appeal, together with a description, jointly promulgated by the commissioner of health and superintendent of insurance, of the external appeal process and the timeframes for such appeals; and • further appeal rights, if any.	Page 78-82
External Appeal Procedures Model Language Used? Yes ☒ No ☐	Article 49 PHL Article 49 45 CFR §147.136 42 USC §300gg-19 Model Language	This policy or contract form includes a description of the external appeal procedures, including: • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary; experimental/investigational, including clinical trials and treatment for rare diseases; and for managed care health insurance contracts as defined as §4801(c), and HMOs, out-of-network denials when the service is not available in-network and the insurer recommends an alternate treatment); and • The timeframe for submitting an external appeal.	Page 83 - 86

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

COORDINATION OF BENEFITS Model Language Used? Yes ☒ No ☐	11 NYCRR 52.23 Model Language	If the policy or contract form contains a coordination of benefits provision, then it must comply with 11 NYCRR 52.23.	Form/Page/Para Reference
TERMINATION OF COVERAGE Model Language Used? Yes ☒ No ☐	Model Language	*The following are the only termination provisions permissible under the Insurance Law.*	Form/Page/Para Reference
Notice of Termination	11 NYCRR 52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	Page 91, Paragraph 1
Termination for Failure to Pay Premiums	§3221(p)(2)(A) §4305(j)(2)(A)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions within 30 days of when premiums are due in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.	Page 91, #1
Termination for Fraud	§3221(p)(2)(B) §4305(j)(2)(B) §3105	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or a subscriber has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.	Page 91, #7
Termination for Failure to Comply With a Material Plan Provision	§3221(p)(2)(C) §4305(j)(2)(C)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to terminate coverage if the group has failed to comply with a material plan provision relating to employer contribution or group participation rules, as permitted in §4235.	Page 92, #10
Discontinuation of a Class of Coverage	§3221(p)(2)(D); §3221(p)(3)(A) §4305(j)(2)(D) §4305(j)(3)(A)	This policy or contract form includes a provision permitting the insurer to discontinue this class of policy or contract upon written notice to each group, participant, and beneficiary not less than 90 days prior to the date of discontinuance. The insurer must offer groups the option to purchase all other hospital, surgical, and medical expense coverage currently being offered by the insurer to a group in such market and in exercising the option to discontinue coverage of this class, the insurer must act uniformly without regard to the claims experience of those groups or any health status-related factor relating to any insureds covered or new insureds who may become eligible for such coverage.	Page 91, #8
Discontinuation of all Policies/Contracts in the Small Market	§3221(p)(2)(D); §3221(p)(3)(B) §4305(j)(2)(D) §4305(j)(3)(B)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to discontinue all hospital, surgical and medical expense coverage in the small group market upon written notice to the superintendent and to each group, participant, and beneficiary at least 180 days prior to the date of discontinuance.	Page 92, #9
Termination for Failure to Meet Requirements of Group	§3221(p)(2)(E); §4235(c)(1) §4305(j)(2)(E)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group ceases to meet the requirements of a group under §4235. Coverage terminated pursuant to this provision shall be done uniformly without regard to any health status factor relating to any individual.	Page 91, #2
Termination if there are No Longer Insureds in the Insurer's Service Area	§3221(p)(2)(F) §4305(j)(2)(F)	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	Page 92, #12
Termination for Spouses in cases of divorce		This policy or contract form provides that in cases of divorce, coverage for the Spouse shall terminate as of the date of the divorce.	Page 91, #4

Termination upon death of Subscriber		This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.	Page 91, #3
Termination by Subscriber		This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.	Page 91, #6
Rescission Model Language Used? Yes ☒ No ☐	§3105 §3204 42 USC §300gg-12 45 CFR §147.128 Model Language	No misrepresentation shall avoid coverage or defeat any recovery there under unless the insured makes a misrepresentation that is material and intentional. This policy or contract form may include a provision that in the event a subscriber makes an intentional misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage. Notification must be given to the insured 30 calendar days prior to cancellation.	Page 91, #7
Renewal	§3221(p) §3221(a)(5) 4305(j) 11 NYCRR 52.18(c)	This policy or contract provides that except as specified in §3221(p), or §4305(j) the insurer must renew or continue in force such coverage at the option of the group. The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	Page 102, #16
Premiums	§3221(a)(4)	The policy or contract form must provide that premiums are to be paid to the insurer by the employer or such other person designated, by the due date, with a grace period as specified.	Page 91, #1
LOSS OF COVERAGE			Form/Page/Para Reference
Extension of Benefits Model Language Used? Yes ☒ No ☐	11 NYCRR 52.18(b)(4); (5); and (6) Model Language	This policy or contract form provides that when coverage under this policy or contract form ends, benefits will be provided during a period of total disability for a hospital stay commencing, or surgery performed, within 31 days from the date coverage ends. The hospital stay or surgery must be for the treatment of the injury, sickness, or pregnancy causing the total disability. If the covered persons' coverage terminates by reason of the termination of active employment, an extended benefit will be proved during a period of total disability for up to 12 months from the date coverage ends for covered services to treat the injury, sickness, or pregnancy that caused the total disability, unless these services are covered under another group health plan.	Page 93
Continuation Coverage Model Language Used? Yes ☒ No ☐	§3221(e)(11) §3221(m) §4305(e) COBRA, Title X of Public Law 99-272 Model Language	This policy or contract form contains a provision regarding continuation coverage. §§3221(m) and 4305(e) provide continuation coverage in circumstances when federal COBRA requirements do not apply, including for groups under 20 and upon application of the employee or member to continue hospital, surgical or medical expense insurance for himself or herself and his or her eligible dependents. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group. The Insurance Law permits the group to charge an additional 2% administrative fee for continued coverage.	Page 94 & 95

		The continuation benefits terminate: • 36 months after the date the employee or member's benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person's benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy or contract. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage. • The end of the period for which premiums were made if the employee or member fails to make timely payment.	
Young Adult Option Model Language Used? Yes ☒ No ☐	§3221(r) §4305(l) Model Language	This policy or contract form provides notice of a young adult's right, through the age of 29 (up to age 30), to independently purchase coverage through a parent group member's policy or contract, regardless of whether the parent's coverage includes coverage for dependents, as described in 3221(r), and/or 4305(l). If a young adult or the young adult's parent elects this coverage, the young adult is issued a separate individual policy or contract. The insurer must comply with the notice requirements to each employee or member as set forth in 3221(r), and/or 4305(l).	Page 96, Paragraph 3
Suspension of Coverage Model Language Used? Yes ☒ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) USERRA, 38 USC §4317 Model Language	This policy or contract form provides that: • Any covered persons who are also members of a reserve component of the armed forces of the United States, including the National Guard, shall be entitled, upon request, to have their coverage suspended during a period of active duty. • The insurer will refund any unearned premiums for the period of the suspension. • Persons covered by this policy or contract shall be entitled to resumption of coverage, upon written application and payment of the required premium within 60 days after the date of termination of the period of active duty. • Coverage shall be retroactive to the date of termination of the period of active duty. • No exclusion or waiting period may be imposed for any condition unless the condition arose during the period of active duty and the condition has been determined by the Secretary of Veterans Affairs to be a condition incurred in the line of duty or a waiting period had been imposed and was not completed at the time of suspension.	Page 95, Paragraph 5
Supplementary Coverage for Employees or Members who are also members of the reserve components of the armed services or the National Guard	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) Model Language	If the group does not choose to voluntarily maintain coverage for any employee or member of when they enter active duty, then such member or employee shall be entitled to continuation or conversion coverage.	Page 95, Paragraph 5

Model Language Used? Yes ☒ No ☐			
Conversion - Right to a New Contract After Termination Model Language Used? Yes ☒ No ☐	§3221(e) §4303(d)	This policy or contract form provides that if the employee under the group contract ceases to be covered because of termination of coverage because of: (1) termination for any reason of his employment, or (2) termination for any reason whatsoever of the group policy or contract itself, unless the group policy or contract holder has replaced the group policy or contract with similar and continuous coverage for the same group, such employee shall be entitled to a new policy or contract as a direct pay member, covering such member and his eligible dependents. Conversion must also be made available, upon the death of the employee, to the surviving spouse and dependents, and the former spouse of the employee upon the divorce or annulment of the marriage to the employee or member. Conversion must also be made available to a child covered under the contract who reaches the age limiting coverage under the group contract or whose young adult coverage terminates. The policy or contract form provides that the employee or his eligible dependents must request conversion within sixty days of the termination of the group coverage at which time they will be offered an individual direct pay contract at each level of coverage (i.e., bronze, silver, gold or platinum) that covers all benefits required by state and federal law. The employee or his eligible dependents must also pay the first premium of the new contract at the time they apply for coverage. Conversion is not available if the issuance of the new policy or contract will result in overinsurance or duplication of benefits according to the standards the issuer has on file with the Superintendent of the New York State Department of Financial Services.	Page 98 - 99
GENERAL PROVISIONS			Form/Page/Para Reference
Incontestability Model Language Used? Yes ☒ No ☐	§3221(a)(1) Model Language	The policy or contract form must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	Page 101, #10
Changes Model Language Used? Yes ☒ No ☐	§3221(a)(2) Model Language	The policy or contract form must provide that no agent has the authority to change the policy or contract or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy or contract, or by amendment to the policy or contract signed by the group and insurer.	Page 100, #3
Action in Law or Equity Model Language Used? Yes ☒ No ☐	§3221(a)(14) Model Language	The policy or contract must provide that no action in law or equity shall be brought to recover on the policy or contract prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy or contract and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy or contract.	Page 101, #10
Subrogation Model Language Used? Yes ☒ No ☐	General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a)	Although not required, if a subrogation provision is included in this policy or contract form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).	Page 103, #21

	Model Language		
Unilateral Modification Model Language Used? Yes ☒ No ☐	11NYCRR52.18(a)(8) Model Language	Unilateral modifications by an insurer to an existing policy or contract must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.	Page 100, #3
Non-English Speaking Insureds Model Language Used? Yes ☒ No ☐	§3217-a(a)(15) §4324(a)(15) PHL §4408(1)(p) Model Language	This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.	Page 104, #23
SCHEDULE OF BENEFITS Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract must contain a Schedule of Benefits. All services subject to preauthorization must be clearly indicated in the Schedule of Benefits.	Form/Page/Para Reference
Prohibition on Lifetime Dollar Limits Model Language Used? Yes ☐ No ☒	§3217-f 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not include a lifetime limit on essential health benefits. Essential health benefits are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; pediatric services, including oral and vision care.	N/A
Limitations on Annual Dollar Limits Model Language Used? Yes ☐ No ☒	§3217-f §4306-e 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not impose "restricted" annual dollar limits for essential health benefits.	N/A
Insured's Financial Responsibility for Payment	§3217-a(a)(5) §4324(a)(5) PHL §4408(1)(e)	This policy or contract form includes a description of the insured's financial responsibility for payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured's financial responsibility, caps on payments for covered services and financial responsibility for non-covered health care procedures, treatment or services.	Page 20 - 22
ADDITIONAL RIDERS			
Out-of-Network Coverage Model Language Used? Yes ☒ No ☐ If Out-of-Network coverage is offered please answer the following:	Model Language	If Out-of-Network coverage has been selected, this policy or contract form provides benefits for covered services that are received from Out-of-Network providers and have not been approved by the insurer to be covered on an in-network basis. Out-of-Network coverage may be provided in the base policy or contract, or by rider. *Note: The Department will not permit more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	

Out-of-Network coverage in the base policy/contract or by rider? Policy/Contract ☐ Rider ☒			yes
Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	For Parent and Child/Children and/or Family coverage , this policy or contract form must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in §§ 4235(f) or 4305(c)(1).	yes
Contraceptive Drugs and Devices and Family Planning Services	§3221(l)(16)	This policy or contract form includes a rider for situations when a Group has elected not to purchase coverage for contraceptive drugs or devices pursuant to the religious employer exemption pursuant to §§3221(l)(16)(A); 4303(cc)(1)(A). In accordance with law, if elected by an insured, this Rider amends the policy or contract and provides coverage for contraceptive drugs or devices or generic equivalents approved as substitutes by the federal food and drug administration and provides coverage for family planning services.	yes
PROVIDER NETWORKS Has network been submitted to and/or approved by the Department of Health or the Exchange? Yes ☐ No ☐ If yes, please indicate the name of the network, the network ID number, and the dates that the network was submitted to and/or approved by the Department of Health or the Exchange. Network Name: Network ID #: Date Submitted: Date Approved:	§3201(c)	If the insurance (other than HMO) policy or contract will be used in conjunction with a provider network, please identify in the adjacent box whether the insurer is using the same network that was submitted to and/or approved by the Department of Health and/or the Exchange. Please indicate the network name and network ID number and include the date that the network was submitted to and/or approved by the Department of Health and/or the Exchange. If the network differs in any respect from that which was submitted to and/or approved by the Department of Health and/or the Exchange, please provide details on how the network differs in the Supporting Documentation Tab in SERFF. This includes, but is not limited to, detailing the providers and specialty types in each county that differ from the network that was submitted to and/or approved by the Department of Health and/or the Exchange . In addition, the following items or information must be submitted as part of this filing: • Participating provider directory; • Whether the provider network is capitated; • Provider selection criteria; • Quality assurance procedures; • Breakdown of geographic service area by county; • The underlying assumptions for the network regarding ratios of providers to insureds, the travel times and distances to participating providers; • Sample participating provider agreement; and, • Listing of providers by specialty type by county. *Note: The Department will not permit more than a 30% differential between in-network and out-of-*	

		network coverage unless supported by scholarly literature or actual claims experience of the insurer.	
ACTUARIAL SECTION FOR NEW PRODUCT RATE FILINGS ONLY		**PLEASE NOTE: A new and detailed set of instructions "Instructions for the Submission of 2014 Premium Rates for SHOP On-Exchange Plans and Off-Exchange Plans" has been posted on the Department website and on SERFF.** *Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or advertising, OR* ☐ *The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR* ☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* *For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.*	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	§3221 11NYCRR52.40(e) 11NYCRR360.10 11NYCRR360.11 §3231(e)(1)(B) §4308(c)(3)(A)	Small Group: a. Provide community rated rating methodology and assumptions used in calculating rates. b. Provide rating methodology and assumptions used in rate calculation for mental health coverage provided pursuant to §3221(l)(5). c. Actuarial justification for the use of claim costs and other assumptions. d. Non-claim expense components as a percentage of gross premium. e. Expected loss ratio 85 %.	
Loss Ratios	§3231(e)(1)(B) §4308(c)(3)(A)	Expected loss ratio(s) – with actuarial justification	
Reserve Basis	11NYCRR94	Description of bases for unpaid claim liabilities and extra reserves (if any).	
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 85 %.	

GROUP RATE MANUAL	11NYCRR52.40(e)(2) §3231(e)(1)(B) §4308 (c)(3)(A)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		*Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.* *(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)*	
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11NYCRR52.40(e)	a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes.	
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans". c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 85 %.	
REVISED RATE MANUAL PAGES	11NYCRR52.40(e)(2)	a. Table of contents. b. Rate pages.	

		c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	

New York Readability Certification

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

(●) 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 45 .

( ) 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

(●) 1. Test was applied to entire policy form(s).

( ) 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

(●) 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

(●) 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

(●) 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

(●) 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

(●) 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

(●) 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

(●) 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
CH1C4F0452	35775	1357		45

(Insert signature, name of officer, title of officer, and name of insurer)

Signature

Cheryl Howe

Name of Officer

Executive Vice President, Operations

Title

HealthNow New York, Inc.

Name of Insurer

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

Reset Form

Company Name	HealthNow New York Inc.
Product Name	All off-exchange HMO small group plans in 2014 and after
Form Name	CH1C4F0452

This contract includes variability for three insurers - HealthNow New York Inc, BlueCross BlueShield of Western New York, and BlueShield of Northeastern New York.

This contract includes variability to support HMO and HMO / POS platforms with or without out-of-network coverage.

Model language was used for all sections of the contract. New additions included additional insurer references (HealthNow, BCBSWNY, BSNENY), insurer website references, and numbering changes. Track changes used to delete model language and add any new language.

Three riders will be attached to this contract, if applicable - previously approved Blue Card Rider (DISC-HMO.2), Age 29 Rider (CN1R3N0443), and the Contraceptive Rider (CR1R3F0442).

The Schedules of Benefits for this contract are filed under separate form numbers in SERFF - CH1C4F0452_01 and CH1C4F0452_02

Model Language Draft Name	Contract Section	Page #	Footnote #	Variable Text	Variable Text Explanation	Insurer Variability	Market	Type of Contract
Cover	Cover	1	1	[HealthNow New York Inc. logo]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	1	2	[BlueCross BlueShield of Western New York logo]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	1	3	[BlueShield of New York logo]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	1	4	[HealthNow New York Inc. address]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	1	5	[BlueCross BlueShield of Western New York address]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	1	6	[BlueShield of Northeastern New York address]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	1	7	[To Group contract holder]	Insert the name of the group contract holder	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Cover	Cover	2	8	[HealthNow New York Inc.]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	2	9	[BlueCross BlueShield of Western New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	2	10	[BlueShield of Northeastern New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	2	11	[XXX]	Variable dependent on network platform offered	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	2	12	[This Contract offers You the option to receive Covered Services on two benefit levels: …] plus following two paragraphs	Include bracketed text for HMO POS coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	2	13	[XXX]	Variable dependent on network platform offered	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cover	Cover	2	14	[In-Network Benefits. This Contract only covers in-network benefits. To receive in-network benefits You must receive care exclusively from Participating Providers in our [XXX][i] network. [Care Covered under this Contract (including Hospitalization) must be provided, arranged or authorized in advance by Your Primary Care Physician and, when required, approved by Us. In order to receive the benefits under this Contract You must contact Your Primary Care Physician before You obtain the services except for services to treat an Emergency or Urgent Condition described in Section VI.][i] Except for care for an Emergency Condition described in Section VI, You will be respons ble for paying the cost of all care that is provided by Non-Participating Providers.]	Include bracketed text for all HMO plans that do not have an out-of-network benefit	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Group - Table of Contents	Table of Contents	4	15	[XX]	Insert appropriate page number	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	5	16	[If your Non-Participating Provider charges more than the Allowed Amount You will have to pay the difference between the Allowed Amount and the Provider's charge, in addition to any Cost-Sharing requirements.]	Drafting Note: Use the bracketed language for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	5	17	[HealthNow New York Inc.]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	5	18	[BlueCross BlueShield of Western New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	5	19	[BlueShield of Northeastern New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Definitions	Section I Definitions	8	20	[In-Network Coinsurance: Your share of the costs of a Covered Service, calculated as a percent of the Allowed Amount for the Covered Service that You are required to pay to a Participating Provider]	Drafting Note: Use for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	8	21	[In-Network Copayment: A fixed amount You pay directly to a Participating Provider for a Covered Service when You receive the Covered Service. The amount can vary by the type of Covered Service.]	Drafting Note: Use for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	8	22	[In-Network Deductible: The amount You owe before We begin to pay for Covered Services received from Participating Providers. The In-Network Deductible applies before any Coinsurance or Copayments are applied. The In-Network Deductible may not apply to all Covered Services. You may also have an In-Network Deduct ble that applies to a specific Covered Service (for example, a Prescription Drug Deductible) that You owe before We begin to pay for a particular Covered Service.]	Drafting Note: Use for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	9	23	[In-Network Out-of-Pocket Limit: The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services received from Participating Providers. This limit never includes Your Premium, Balance Billing charges or services We do not Cover.]	Drafting Note: Use for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	9	24	[The services of Non-Participating Providers are Covered only for Emergency Services or when authorized by Us.]	Insert the applicable bracketed non-participating provider sentence, depending on whether the plan provides out-of-network coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	9	25	[Out-of-Network Coinsurance: Your share of the costs of a Covered Service calculated as a percent of the Allowed Amount for the service that You are required to pay to a Non-Participating Provider.]	Drafting Note: Use for contracts with an out-of-network option that use coinsurance for out-of-network care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	9	26	[Out-of-Network Copayment: A fixed amount You pay directly to a Non-Participating Provider for a Covered Service when You receive the Covered Service. The amount can vary by the type of Covered Service.]	Drafting Note: Use for contracts with an out-of-network option that use copayments for out-of-network care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	9	27	[Out-of-Network Deductible: The amount You owe before We begin to pay for Covered Services received from Non-Participating Providers. The Out-of-Network Deductible applies before any Coinsurance or Copayments are applied. The Out-of-Network Deduct ble may not apply to all Covered Services. You may also have an Out-of-Network Deductible that applies to a specific Covered Service (for example, a Prescription Drug Deductible) that You owe before We begin to pay for a particular Covered Service.]	Drafting Note: Use for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Definitions	Section I Definitions	9	28	[Out-of-Network Out-of-Pocket Limit: The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services received from Non-Participating Providers. This limit never includes Your Premium, Balance Billing charges or services We do not Cover. You are also respons ble for all differences, if any, between the Allowed Amount and the Non-Participating Provider's charge for Out-of-Network services regardless of whether the Out-of-Pocket Limit has been met.]	Drafting Note: Use for contracts with an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	11	29	[A bany, Clinton, Columbia, Essex, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, and Washington.]	Service area for BlueShield of Northeastern New York; subset may be used on some plan designs	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	11	30	[Allegany, Chautauqua, Cattaraugus, Erie, Genesee, Niagara, Orleans and Wyoming.]	Service area for BlueCross BlueShield of Western New York; subset may be used on some plan designs	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	11	31	[Livingston, Monroe, Ontario, Wayne, Chemung, Schuyler, Tompkins, Cayuga, Cortland, Onondaga, Oswego.]	Service area for HealthNow New York; subset may be used on some plan designs	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	11	32	[and a domestic partner]	Insert if the group provides coverage for domestic partners	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	12	33	[HealthNow New York Inc.]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	12	34	[BlueCross BlueShield of Western New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Definitions	Section I Definitions	12	35	[BlueShield of Northeastern New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	13	36	[for In-Network Coverage]	Drafting Note: Insert if the plan provides out-of-network coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	13	37	[Name of Network]	Variable dependent on network platform that is offered with each specific product line	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	38	[outside Our Service Area]	Insert for all plans with out-of-network benefits	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

How Your Coverage Works	Section II How Your Coverage Works	14	39	[5. Out-of-Network Services. We Cover the services of Non-Participating Providers [outside Our Service Area]. However, some services are only Covered when you go to a Participating Provider. See the Schedule of Benefits in Section XIV of this Contract for the Non-Participating Provider services that are Covered. In any case where benefits are limited to a certain number of days or visits, such limits apply in the aggregate to in-network and out-of-network services.]	Drafting Note: Plans with an out-of-network option must either insert this language in this section of the contract or include it in the out-of-network rider.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	40	[5.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	41	[6.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	42	[6.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	43	[7.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	44	[7.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	14	45	[8.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	15	46	[8.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	15	47	[9.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	15	48	[HealthNow New York Inc.]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	15	49	[BlueCross BlueShield of Western New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

How Your Coverage Works	Section II How Your Coverage Works	15	50	[BlueShield of Northeastern New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	16	51	[www.healthnowny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	16	52	[www.bcbswny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
How Your Coverage Works	Section II How Your Coverage Works	16	53	[www.bsneny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	54	[in-network]	Insert when the contract has an in-network deductible requirement	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	55	[and]	Insert when the contract has an IN and out-of-network deductible requirement	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	56	[out-of-network]	Insert when the contract covers out-of-network services	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	57	[Any in-network Prescription Drugs Covered under this Contract are subject to the Preferred Deductible.]	Insert when the contract is a preferred or tiered network plan, if prescription drugs are covered under the contract, AND drugs subject to the medical embedded deduct ble	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	58	[Deductible. Except where stated otherwise, You must pay the amount in the Schedule of Benefits in Section XIV of this Contract for Covered [in-network] [and] [out-of-network] Services during each Plan Year before We provide coverage. If You have other than Individual coverage, the individual Deductible applies to each person covered under this Contract. Once a person within a family meets the individual Deduct ble, no further Deductible is required for the person that has meet the individual Deductible. However, after Deductible payments for all persons covered under this Contract total the family Deductible amount in the Schedule of Benefits in a Plan Year, no further Deductible will be required for any person covered under this Contract for that Plan Year. [Any in-network Prescription Drugs Covered under this Contract are subject to the Preferred Deduct ble.]]	Insert when the contract has an embedded medical deductible requirement	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	59	[in-network]	Insert when the contract has an in-network deductible requirement	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	60	[and]	Insert when the contract has an IN and out-of-network deductible requirement	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	61	[out-of-network]	Insert when the contract covers out-of-network services	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	62	[Any in-network Prescription Drugs Covered under this Contract are subject to the Preferred Deductible.]	Insert when the contract is a preferred or tiered network plan, if prescription drugs are covered under the contract, AND drugs subject to the medical true family deductible	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	63	[Deductible. Except where stated otherwise, You must pay the amount in the Schedule of Benefits in Section XIV of this Contract for Covered [in-network][1] [and][2] [out-of-network][3] Services during each Plan Year before We provide coverage. If You have other than Individual coverage, You must pay the family Deduct ble in the Schedule of Benefits for Covered in-network Services under this Contract during each Plan Year. However, after Deductible payments for any and all persons covered under this Contract total the family Deductible amount in the Schedule of Benefits in a Year, no further Deductible will be required for any person covered under this Contract for that Plan Year. [Any in-network Prescription Drugs Covered under this Contract are subject to the Preferred Deduct ble.]]	Insert if the plan has a true family medical deductible requirement	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	64	[does not]	Insert for plans providing out-of-network coverage where the OON deductible does not count toward the in-network deduct ble	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	65	[s]	Insert for plans providing out-of-network coverage where the OON deductible does count toward the in-network deduct ble	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	66	[You have a separate In-Network and Out-of-Network Deduct ble. Cost-Sharing for out-of-network services [does not] apply[s] towards Your In-Network Deduct ble.]	Drafting Note: Plans providing out-of-network coverage must include these bracketed sentences, as applicable, in this section of the contract or in the out-of-network rider.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	67	[Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible.]	Drafting Note: Plans providing out-of-network coverage must include these bracketed sentences, as applicable, in this section of the contract or in the out-of-network rider	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	68	[Deductible. This plan does not have any deductibles.]	Insert for plans that do not have any in-network or out-of-network deductibles	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	69	[after You have satisfied the annual Deductible as descr bed above,]	Insert for deductible plans	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	70	[in-network]	Insert for plans that have an in-network copay requirement for a subset or all in-network services	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	71	[and]	Insert when a subset or all in-network services require copay from the member	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	72	[out-of-network]	Insert for plans providing out-of-network coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	20	73	[after You have satisfied the annual Deductible as descr bed above,]	Insert for deductible plans	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	74	[in-network]	Insert for plans that have an in-network coinsurance requirement for a subset or all in-network services	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	75	[or]	Insert when a subset or all in-network services require coinsurance from the member	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	76	[out-of-network]	Insert for plans providing out-of-network coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	77	[You must also pay any charges of a Non-Participating Provider that are in excess of the Allowed Amount.]	Drafting Note: Insert the bracketed language if the plan provides out-of-network coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	78	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	79	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	80	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	81	[in-network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	82	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	83	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	84	[If you have other than Individual coverage, the individual [In-Network] Out-of-Pocket Limit applies to each person covered under this Contract. Once a person within a family meets the individual [In-Network] Out-of-Pocket Limit, We will provide coverage for 100% of the Allowed Amount for the rest of that Plan Year for that person.]	Insert if the plan applies an out-of-pocket limit for each individual	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	85	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	86	[In-Network]	Drafting Note: Omit if the plan does not provide an out-of-network option	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	87	[does not]	Insert for plans providing out-of network coverage where the OON cost sharing does not count toward the in-network out-of-pocket limit	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	88	[s]	Insert for plans providing out-of network coverage where the OON cost sharing does count toward the in-network out-of-pocket limit	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	89	[Cost-Sharing for out-of-network services does not apply towards Your In-Network Out-of-Pocket Limit.]	Plans providing out-of-network coverage must include this sentence in this section of the contract or in the out-of-network rider	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	90	[If you have other than Individual coverage, the individual Out-of-Network Out-of-Pocket Limit applies to each person covered under this Contract. Once a person within a family meets the individual Out-of-Network Out-of-Pocket Limit, We will provide coverage for 100% of the Allowed Amount for the rest of that Plan Year for that person.]	Insert if the plan applies an out-of-pocket limit for each individual	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	91	[5.Out-of-Network Out-of-Pocket Limit. This Contract has a separate Out-of-Network Out-of-Pocket Limit in the Schedule of Benefits in Section XIV of this Contract for out-of-network benefits. When You have met Your Out-of-Network Out-of-Pocket Limit in payment of Out-of-Network Deduct bles, Copayments, and Coinsurance for a Plan year in the Schedule of Benefits, We will provide coverage for 100% of the Allowed Amount for Covered out-of-network Services for the remainder of that Plan Year. [If you have other than Individual coverage, the individual Out-of-Network Out-of-Pocket Limit applies to each person covered under this Contract. Once a person within a family meets the individual Out-of-Network Out-of-Pocket Limit, We will provide coverage for 100% of the Allowed Amount for the rest of that Plan Year for that person.] If other than Individual coverage applies, when members of the same family covered under this Contract have collectively met the family Out-of-Network Out-of-Pocket Limit in payment of Out-of-Network Deduct bles, Copayments and Coinsurance for a Plan Year in the Schedule of Benefits, We will provide coverage for 100% of the Allowed Amount for the rest of that Plan Year. Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards Your Out-of-Pocket Limit.]	Drafting Note: Insert if applicable for plans with an out-of-network option that has an out-of-pocket limit on out-of-network services in this section of the contract or in the out-of-network rider.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	92	[5.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	93	[6.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	21	94	[[6.][7]. Your Additional Payments for Out-of-Network Benefits. When You receive Covered Services from a Non-Participating Provider, in addition to the applicable Copayments, Coinsurance, and Deductible described in the Schedule of Benefits in Section XIV of this Contract, You must also pay the amount, if any, by which the Non-Participating Provider's actual charge exceeds Our Allowed Amount. This means that the total of Our coverage and any amounts You pay under Your applicable Deductible, Copayment, and Coinsurance may be less than the Non-Participating Provider's actual charge.]	Drafting Note: Insert for plans with an out-of-network option in this section of the contract or in the out-of-network rider	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	22	95	[6.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Cost-Sharing Expenses and Allowed Amount	Section IV Cost Sharing Expenses and Allowed Amount	22	96	[7.]	Insert depending on previous selections	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Group - Who is Covered	Section V. Who is Covered	23	97	[26]	Insert any age above 26 if selected by the group	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Group - Who is Covered	Section V. Who is Covered	26	98	[Domestic Partner Coverage…] and continues on for the full domestic partner subsection	Drafting note: Insert this language if a group chooses domestic partner coverage	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	28	99	[www.healthnowny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	28	100	[www.bcbswny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	28	101	[www.bsneny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	29	102	[www.healthnowny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	29	103	[www.bcbswny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	29	104	[www.bsneny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	29	105	[www.healthnowny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	29	106	[www.bcbswny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	29	107	[www.bsneny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Preventive Care	Section VI. Covered Services	30	108	[F. Family Planning & Reproductive Health Services.We Cover family planning services which consist of FDA-approved contraceptive methods prescribed by a Provider, not otherwise Covered under the Prescription Drug benefit in Section VI of the Contract, counseling on use of contraceptives, related topics and sterilization procedures for women. Such services are not subject to Copayments, Deductibles or Coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF and when provided by a Participating Provider. We also Cover vasectomies subject to Copayments, Deductibles or Coinsurance. We do not Cover services related to the reversal of elective sterilizations.]	Drafting Note: Remove this coverage for groups that meet the religious employer exception in Sections 3221(l)(16)(A)(1) and 4303(cc)(1)(A) of the Insurance Law. This coverage will be offered by rider.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Emergency Services	Section VI. Covered Services	36	109	[You may obtain Urgent Care from a Non-Participating Urgent Care Center or Physician.]	Insert this language for plans that offer OON coverage for urgent care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Emergency Services	Section VI. Covered Services	36	110	[We do not cover Urgent Care from Non-Participating Urgent Care Centers or Physicians.]	Insert this language for plans that do not offer OON coverage for urgent care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Outpatient and Professional Services	Section VI. Covered Services	37	111	[We also Cover dialysis treatments provided by a Non-Participating Provider subject to all the following conditions:…] and continues on to include all bullet points.	Drafting Note: Insert language if contract does not provide coverage for out-of-network services	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Outpatient and Professional Services	Section VI. Covered Services	39	112	[Interruption of Pregnancy: We Cover therapeutic abortions. We also Cover non-therapeutic abortions in cases of rape, incest or fetal malformation. We Cover elective abortions for one procedure per Member, per Plan Year.]	Drafting Note: Remove this language for groups that meet the religious employer exception in Sections 3221(l)(16)(A)(1) and 4303(cc)(1)(A) of the Insurance Law. The coverage for elective abortions will be offered by rider.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Outpatient and Professional Services	Section VI. Covered Services	40	113	[or the purchase of]	Drafting Note: Coverage may be provided for the purchase of a breast pump, instead of rental.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	58	114	[Contraceptive drugs or devices or generic equivalents approved as substitutes by the FDA.]	Drafting Note: Remove this language for groups that meet the religious employer exception in Sections 3221(l)(16)(A)(1) and 4303(cc)(1)(A) of the Insurance Law. This coverage will be offered by rider.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	58	115	[www.healthnowny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	58	116	[www.bcbswny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	58	117	[www.bsneny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	58	118	[You have a one tier plan design, which means that You will have the same Out-of-Pocket Expenses for all Prescription Drugs.]	Insert for plans offering a one tier rx plan design	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	59	119	[You have a two tier plan design, which means that You will have lower Out-of-Pocket Expenses for Tier 1 drugs and higher Out-of-Pocket Expenses for Tier-Two drugs.]	Insert for plans offering a two tier rx plan design	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	59	120	[You have a three tier plan design, which means that Your Out-of-Pocket Expenses will generally be lowest for Prescription Drugs on Tier 1 and highest for Prescription Drugs on Tier 3. Your Out-of-Pocket Expense for Prescription Drugs on Tier 2 will generally be more than for Tier 1 but less than Tier 3.]	Insert for plans offering a three tier rx plan design	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Prescription Drug Coverage	Section VI. Covered Services	59	121	[www.healthnowny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	59	122	[www.bcbswny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Prescription Drug Coverage	Section VI. Covered Services	59	123	[www.bsneny.com]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	67	124	[Exercise Facility Reimbursement…] and follows through to the end of the section	Insert standard wellness benefit, if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	67	125	[a health risk assessment too]	Insert non-standard wellness benefit, if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	67	126	[health or fitness center membership]	Insert non-standard wellness benefit, if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	67	127	[designated healthy activities]	Insert non-standard wellness benefit, if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	68	128	[You are entitled to a wellness allowance…] and follows through the end of the paragraph.	Insert non-standard wellness benefit, if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	68	129	[and children]	Insert if non-standard wellness benefits are offered to children	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	68	130	[monetary rewards in the form of cash, gift cards or gift certificates, so long as the recipient is encouraged to use the reward for a product or service that promotes good health, such as healthy cook books, over the counter vitamins or exercise equipment.]	Insert non-standard wellness benefit, if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Wellness	Section VI. Covered Services	68	131	[Wellness Program…] and follows through to the end of the section	Insert for non-standard individual exchange plans if applicable	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Vision care	Section VI Vision Care	69	132	[Pediatric]	Insert this language for plans that only offer pediatric vision care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Vision care	Section VI Vision Care	69	133	[Pediatric]	Insert this language for plans that only offer pediatric vision care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Vision care	Section VI Vision Care	69	134	[for children up to age 19]	Insert this language for plans that only offer pediatric vision care	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Utilization Review	Section IX Grievances, Utilization Review & External Appeals	80	135	[You also have the right to Appeal the denial of a Preauthorization request for an out-of-network health service…] and the full paragarphs / bullets that follow until the end bracket.	Drafting Note: The bracketed language regarding out-of-network services applies only to HMOs, EPOs and insurers that offer a managed care product pursuant to Section 4801(c) of the Insurance Law.	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Termination of Coverage	Section XI Termination of Coverage	91	136	[26]	Drafting Note: Insert any age above 26 if selected by the group	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

Termination of Coverage	Section XI Termination of Coverage	92	137	[The date there is no longer any enrollee who lives, resides, or works in Our Service Area.]	Drafting Note: Insert for network based plans	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
General Provisions	Section XIII General Provisions	102	138	[HealthNow New York Inc.]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
General Provisions	Section XIII General Provisions	102	139	[BlueCross BlueShield of Western New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
General Provisions	Section XIII General Provisions	102	140	[BlueShield of Northeastern New York]	Variable to allow for the insertion of the issuing entity	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Schedule of Benefits	Section XIV Schedule of Benefits			[Group Name]	Insert the name of the group contract holder	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Schedule of Benefits	Section XIV Schedule of Benefits			[Sterilization Procedures for Women*]	Remove for groups with a religious exclusion	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group
Schedule of Benefits	Section XIV Schedule of Benefits			[Vasectomy]	Remove for groups with a religious exclusion	HealthNow / BCBSWNY / BSNENY	Off Exchange	Small Group

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$5,000.00			
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.2%
Metal Tier:	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$3,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☑	☑		
Preferred Brand Drugs	☑	☑			☑	☑		
Non-Preferred Brand Drugs	☑	☑			☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.8%
Metal Tier:	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$50.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	85%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	95%		☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$4.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	78.9%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	82.0%
Metal Tier:	Gold

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$50.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	71%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	95%		☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$4.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	78.9%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.2%
Metal Tier:	Gold

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			
Coinsurance (%, Insurer's Cost Share)			70.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$40.00	☑	☑		
Specialist Visit	☑	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$60.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$4.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	78.9%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.9%
Metal Tier:	Bronze

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
OOP Maximum ($)	$6,350.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☑	☑		
Specialist Visit	☐	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$50.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.5%
Metal Tier:	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	99.99%	100.00%				
OOP Maximum ($)	$6,350.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$200.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$40.00	☑	☑		
Specialist Visit	☑	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$60.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$60.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$60.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$60.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$60.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$60.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	61%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94%		☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$4.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	78.9%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	72.0%
Metal Tier:	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,250.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$5,250.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☑			☑	☑		
Preferred Brand Drugs	☑	☑			☑	☑		
Non-Preferred Brand Drugs	☑	☑			☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑			☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	62.0%
Metal Tier:	Bronze

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☑ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.6%
Metal Tier:	Bronze

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,250.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$3,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$4.00	☑	☑		
Preferred Brand Drugs	☑	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	78.9%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.1%
Metal Tier:	Gold

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount	

Narrow Network Options	
Blended Network/POS Plan?	☑
1st Tier Utilization	89%
2nd Tier Utilization	11%

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$750.00			$3,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			50.00%
OOP Maximum ($)			$5,000.00			$6,350.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☐ All		
Generics	☑	☐		$25.00	☑	☐		$25.00
Preferred Brand Drugs	☑	☐		$50.00	☑	☐		$50.00
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑	50%	
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑	75%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10)	

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.835526316	304
Tier 3	0.5	170

Tier 4 0.751644737 **<--- Enter this value in D41**

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	71.8%
Metal Tier	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount		1st Tier Utilization	89%
		2nd Tier Utilization	11%

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$2,000.00			$4,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%			60.00%
OOP Maximum ($)			$5,000.00			$6,350.00
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☐ All		
Generics	☑	☐		$10.00	☑	☐		$10.00
Preferred Brand Drugs	☑	☐		$30.00	☑	☐		$30.00
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑	50%	
Specialty Drugs (i.e. high-cost)	☑	☑	80.1%		☑	☑	80%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10)	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10)	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10)	☐

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.901639344	305
Tier 3	0.5	170

Tier 4 0.801229508 <--- Enter this value in D41

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	68.0%
Metal Tier	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☑	Blended Network/POS Plan?	☐
Annual Contribution Amount	$500.00	1st Tier Utilization 2nd Tier Utilization	

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	99.99%				
OOP Maximum ($)	$5,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10)	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10)	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10)	☐

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.836065574	305
Tier 3	0.5	170

Tier 4 0.75204918 <--- Enter this value in D41

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	81.6%
Metal Tier	Gold

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount		1st Tier Utilization 2nd Tier Utilization	

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	99.99%	99.90%	
OOP Maximum ($)	$5,000.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design			
	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$75.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$20.00	☑	☑		
Specialist Visit	☑	☐		$30.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$30.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$30.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$0.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$30.00	☑	☑		
Skilled Nursing Facility	☑	☐		$500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	87.40%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94.90%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$10.00	☑	☑		
Preferred Brand Drugs	☑	☐		$30.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	80.1%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10)	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10)	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10)	

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.901639344	305
Tier 3	0.5	170

Tier 4 0.801229508 **<--- Enter this value in D41**

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	88.1%
Metal Tier	Platinum

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1 250.00			
Coinsurance (% Insurer's Cost Share)			99.99%			
OOP Maximum ($)			$4 000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑All	☑All			☑All	☑All		
Emergency Room Services	☑	☐		$125.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$50.00	☑	☑		
Imaging (CT/PET Scans MRIs)	☑	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑		
Skilled Nursing Facility	☑	☐		$750.00	☑	☑		
Outpatient Fac lity Fee (e.g. Ambulatory Surgery Center)	☑	☑	81%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	94%		☑	☑		
Drugs	☑I	☑I			☑I	☑I		
Generics	☑	☐		$10.00	☑	☑		
Preferred Brand Drugs	☑	☐		$30.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	80.1%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.901639344	305
Tier 3	0.5	170
Tier 4	0.801229508	<--- Enter this value in D41

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

<--- If you need more enter copay in column H and drag down formula in Column I

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.0%
Metal Tier:	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount		1st Tier Utilization 2nd Tier Utilization	

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)	$4,000.00		$6,350.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	75%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	75%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10)	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10)	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10)	☐

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.836065574	305
Tier 3	0.5	170

Tier 4 0.75204918 **<--- Enter this value in D41**

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	61.2%
Metal Tier	Bronze

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☑
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount		1st Tier Utilization 2nd Tier Utilization	

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)	$4,000.00		$5,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$15.00	☑	☑		
Preferred Brand Drugs	☑	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	75.2%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10)	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10)	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10)	☐

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.836065574	305
Tier 3	0.5	170

Tier 4 0.75204918 **<--- Enter this value in D41**

Region	Buffalo

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.4%
$10	98.7%
$15	98.1%
$20	97.5%
$25	96.8%
$30	96.2%
$35	95.6%
$40	94.9%
$45	94.3%
$50	93.7%
$75	90.5%
$100	87.4%
$125	84.2%
$150	81.1%
$175	77.9%
$200	74.7%
$250	68.4%
$300	62.1%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	70.2%
Metal Tier	Silver

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount		1st Tier Utilization 2nd Tier Utilization	

Tier Utilization	
2-Tier	3-Tier
89.47%	84.21%
10.53%	15.79%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	99.99%				
OOP Maximum ($)	$1,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☑	☑		
Specialist Visit	☑	☑			☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
Rehabilitative Speech Therapy	☑	☑			☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☑ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$10.00	☑	☑		
Preferred Brand Drugs	☑	☐		$30.00	☑	☑		
Non-Preferred Brand Drugs	☑	☑	50.0%		☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☑	80.1%		☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10)	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10)	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10)	☐

Specialty Cost Sharing Calc		Avg/Script
Tier 2	0.901639344	305
Tier 3	0.5	170

Tier 4 0.801229508 <--- Enter this value in D41

Region	Albany

<--- Choose region for OP Surgery copays

OP Surgery Copay -> Coin	
$0	100.0%
$5	99.5%
$10	99.0%
$15	98.5%
$20	98.0%
$25	97.5%
$30	97.1%
$35	96.6%
$40	96.1%
$45	95.6%
$50	95.1%
$75	92.6%
$100	90.2%
$125	87.7%
$150	85.3%
$175	82.8%
$200	80.4%
$250	75.4%
$300	70.5%

Output

Status/Error Messages	Calculation Successful.
Actuarial Value	88.9%
Metal Tier	Platinum

User Inputs for Plan Parameters

*****STANDARD GOLD PLAN (3-5-2013)*****

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000 00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000 00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0 00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000 00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

*****STANDARD GOLD PLAN (3-5-2013)*****

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

Pediatric Dental - Actuarial Value Support

Projected statistics provided by dental vendor HealthPlex. They will be administering the pediatric dental benefit on behalf of HealthNow.

Service Type	Visits / 1,000	Cost Share / Visit	Cost / Visit	Paid PMPM	Allowed PMPM
Diagnostic and Preventive	1,110	$20	117.31	9.00	10.85
All Other Services	518	50%	180.78	3.91	7.81
$700 OOP Maximum				0.17	
Total				13.07	18.66
Actuarial Value					**70.05%**

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscr bers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: BlueCross Blue Shield of Western New York/Blue Shield of Northeastern New York/HealthNow New York, Inc.
NAIC Code: 5620
SERFF Number: HLTH-129003972/HLTH-1290 0132/HLTH-1290 0117
Market Segment: IND/SG

A. Comp ete a separa e ROW each base medical policy form included in the rate adjustment fi ing.
- In ormat on requested appl es to New York State business only.
- Include riders that may be ava lab e w th that pol cy form in each policy form response.
- Insert additional rows as needed to include a l base medical pol cy orms included in a part cular rating pool.
- Add a row w th the aggrega e values or that entire rating pool and enter an appropr ate denti ier in column 2. Skip a row between the different rating poo s.

B. In Column 2 enter a Rating Pool Ident fier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upsta e if rating pools vary by rating region.
C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Sma l Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base Supp emental. Indicate appropriate designation for po icy form, etc.
E. The product street name s the product name as advert sed to consumers (i.e., as consumers are ikely to re er to this product/po icy form when commun cating with the Include a reg on identif er in this column if needed.
F. Note that many ce ls include a drop down ist. Use the drop down l st for entries.
G. If members, covered ives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
H. Th s form must be submit ed as an Excel f le and as a PDF f le. Only use the first tab for data entry.

Data Item for Specified Base Medical Pol cy Form												Most Recent Experience Period (NY statewide experience base medical policy form associated riders)										
1a. Base med cal pol cy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as ind cated to consumers	2. Rating Pool Ident fier	3. Effec ive date of rate change (MM/DD YY)	. Market Segment	5. Product type (see above for examples) [drop down menu]	6. s a rolling rate structure used for this base med cal pol cy form? (Yes or No) [drop down menu]	7. Is base medical pol cy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyho ders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives af ected by rate change		1 .1 Beginning Date of the exper ence per od (MM/DD/YY)	1 .2 Ending Date of the experience period (MM/DD/YY)	1 .3 Member months for exper ence period	1 . Earned premiums for exper ence per od ($)	1 .5 Standardized earned premiums for exper ence per od ($)	Pa d claims for exper ence per od - before any adjustment for amounts received from the standard direct pay and Hea thy NY s op loss pools and before any adjustment for receipts from or payments to the Regulation 1. 6 pool ($)	Incurred c aims for exper ence period - before any adjustment for amounts received from the s andard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or paymen s o the Regulation	1 .8 Adjustment to the incurred claims for the period due to receipts from the s andard direct pay or Healthy NY stop loss poo s (enter receipts from the pool as a nega ive value) ($)	1 .9 Adjustment o the incurred c aims for the per od due to receipts from (or payments to the Regulat on 1. 6 pool (enter receip s as a negative value and payments to the pool as a posi ive value) ($)	1 .10 Administrative expenses or experience period (including commiss ons and premium taxes, but excluding ederal and sta e income taxes) ($)	
CB-237	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO	Yes	Open	13	1	XX	01/01/12	12/31/12	1,756	1,7 1,385	2,01 ,77	2,858,131	2,88 ,711	(2 9 398)	(152,920)	61, 16	XX
CB-238 & POS-10	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO based	Yes	Open	13	13	XX	01/01/12	12/31/12	1 5	182, 61	211,107	335,53	3 5,326	(20 59)	(12,627)	5,071	XX
HNMANDP	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO	Yes	Open	0	0	XX	01/01/12	12/31/12	12	10,581	12,25	60, 67	61,000	(1 70)	(1,0 5)	20	XX
To al Buffalo HMO Direct Pay	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO	Yes	Open	1 7	157	XX	01/01/12	12/31/12	1,913	1,93 ,38	2,238,135	3,25 ,132	3,291,036	(271 697)	(166,592)	66,907	XX
HN-HNY.Ind	Hea thy NY/Healthy	Healthy	HNY	01 01/201	HNY- ND	HMO	Yes	Open	1,012	1,192	XX	01/01/12	12/31/12	1 ,910	3,882,379	,538,130	5, 63,015	5,537,679	(957 818)	0	01,8 5	XX
Total Buf alo Individual Healthy New York	Hea thy NY/Healthy	Healthy	HNY	01 01/201	HNY- ND	HMO	Yes	Open	1,012	1,192	XX	01/01/12	12/31/12	1 ,910	3,882,379	,538,130	5, 63,015	5,537,679	(957 818)	0	01,8 5	XX
BS-ALBHMO 6 (1/96)	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO	Yes	Open	25	25	XX	01/01/12	12/31/12	277	29 ,065	285, 18	857,592	865,059	(57 673)	(25 ,691)	13,588	XX
BS-ALBHMO.7 (1 96) & ALBPCS. (1/96)	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO based	Yes	Open	1	1	XX	01/01/12	12/31/12	189	215,206	208,878	0 ,596	10,277	(39 351)	(173,778)	9,271	XX
HAMANDP	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO	Yes	Open	6	6	XX	01/01/12	12/31/12	1 0	120,128	131, 96	89,989	93,782	(29,1 9)	(128,725)	6,868	XX
HNOPTDP & HNOPTPOS	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO based	Yes	Open	3	3	XX	01/01/12	12/31/12	9	35,323	38,507	156,830	158,503	(10 202)	(5,05)	2, 0	XX
Total Albany HMO Direct Pay	HMO 200 DP	HMO DP	HMO DP	01 01/201	ND	HMO	Yes	Open	8	51	XX	01/01/12	12/31/12	655	66 ,722	66 ,299	1,509,007	1,527,621	(136 375)	(602,2 8)	32,131	XX
HN-HNY.Ind	Hea thy NY/Healthy	Healthy	HNY	01 01/201	HNY- ND	HMO	Yes	Open	676	832	XX	01/01/12	12/31/12	9,672	2,391,922	2,811,767	3,79 ,099	3,8 9,755	(715 005)	0	238, 81	XX
Total Albany Individual Healthy New York	Hea thy NY/Healthy	Healthy	HNY	01 01/201	HNY- ND	HMO	Yes	Open	676	832	XX	01/01/12	12/31/12	9,672	2,391,922	2,811,767	3,79 ,099	3,8 9,755	(715 005)	0	238, 81	XX
BCC-15	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	7	18	XX	01/01/12	12/31/12	228	310,650	3 0,518	1 7,033	1 9,2 6	0	1, 5	8,609	XX
H-1321 (S/L) w/H-1533, BCMS- , BCBSMM-7 (Rev 1993)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	1 8	173	XX	01/01/12	12/31/12	2,509	3,255,869	3,500,976	1,587,383	1,607,818	0	15,898	9 7 2	XX
H-1321 (S/L) w/H-1533, BCMS- , BCMM- (Rev 1993)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	2	2	XX	01/01/12	12/31/12	0	0	0	0	0	0	0	0	XX
H-1575 & BCMS-1 (Rev 1993)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	5	5	XX	01/01/12	12/31/12	66	80,63	87,55	1 ,231	1 ,355	0	18	2, 92	XX
H-1575 & BCMS-1 (Rev 1993) w/BCBSMM-7 (Rev 1993)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	387	709	XX	01/01/12	12/31/12	10,762	10,287,211	11,129,775	8,673, 37	8,800,67	0	68,193	06,382	XX
H-1575 & BCMS-1 (Rev 1993) w BCMM- (Rev 1993)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	1	1	XX	01/01/12	12/31/12	0	0	0	0	0	0	0	0	XX
Total Buffa o Trad tional	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	550	910	XX	01/01/12	12/31/12	13,565	13,93 ,36	15,058,823	10, 22,08	10,572,092	0	85,95	512,226	XX
HN-PPO.COM-2	PPO	PPO 800	PPO	01 01/201	SG	PPO	Yes	C osed	52	95	XX	01/01/12	12/31/12	2,231	1,138,519	1, 72,0	1,217,516	1,2 2,096	0	1 ,137	8 ,2	XX
Total Buf alo PPO	PPO	PPO 800	PPO	01 01/201	SG	PPO	Yes	C osed	52	95	XX	01/01/12	12/31/12	2,231	1,138,519	1, 72,0	1,217,516	1,2 2,096	0	1 ,137	8 ,2	XX
C33G3N0392	HDHP 8000	HDHP 8000	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	7,808	15 906	XX	01/01/12	12/31/12	111,712	23, 69,789	27,526, 76	20,700,0 5	21,883, 53	0	707,856	218,339	XX
L33G3N0289	HDHP 7000	HDHP 7000	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	2,61	5 592	XX	01/01/12	12/31/12	91,211	2, 3, 6,388	29,739,71	23,81 ,608	2 ,819,7 3	0	5,77,953	3, 20	XX
LS3G3N0195	POS L te	POS 150 POS 250	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	7,158	13,139	XX	01/01/12	12/31/12	168,076	9,065,003	58,987,118	6,395,35	7,137,130	0	1,065,003	6 3 6,691	XX
LS3G3N0232	Aqua	Aqua	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	8,337	1 53	XX	01/01/12	12/31/12	182,906	50,228,507	63,237,895	38,037,798	38,678,175	0	1,158,972	6 906,68	XX
Total Buffa o Aqua/POS/HDHP	Aqua	Aqua	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	25,917	9,171	XX	01/01/12	12/31/12	553,905	1 7,109,667	179, 91,203	128,9 7,805	132,518,501	0	3,509,783	20 915,917	XX
HN-HMO 2 & HN-POS.2	HMO 100	HMO 100	HMO 100	01 01/201	SG	HMO based	Yes	Open	2,907	5,162	XX	01/01/12	12/31/12	79,908	3 ,610, 38	1,676,101	32,836,18	33,369,205	0	2,110,029	2 980, 77	XX
Total Buf alo HMO 100	HMO 100	HMO 100	HMO 100	01 01/201	SG	HMO based	Yes	Open	2,907	5,162	XX	01/01/12	12/31/12	79,908	3 ,610, 38	1,676,101	32,836,18	33,369,205	0	2,110,029	2 980, 77	XX
LS1G- N000	HMO 200	HMO 200	HMO 200	01 01/201	SG	HMO based	Yes	Open	755	1 333	XX	01/01/12	12/31/12	19,715	11,130,698	12,786,867	9,73 ,51	9,902, 7	0	520,589	735,3 7	XX
CB-283	HMO 200	HMO 200	HMO 200	01 01/201	SG	HMO	Yes	Open	0	0	XX	01/01/12	12/31/12	97	100,296	115,732	,0 9	, 30	0	2,561	3,618	XX
Total Buf alo HMO 200	HMO 200	HMO 200	HMO 200	01 01/201	SG	HMO based	Yes	Open	755	1 333	XX	01/01/12	12/31/12	19,812	11,230,995	12,902,599	9,778,563	9,9 6,90	0	523,150	738,965	XX
HN-HNY.Grp	Healthy New York	Healthy New York	Healthy New York	01 01/201	SG	HMO	Yes	Open	5 2	8 1	XX	01/01/12	12/31/12	10,703	2,708,658	3,172,1 1	2,618,15	2,65 ,063	(687 560)	0	288, 61	XX
Total Buf alo Group Healthy New York	Healthy New York	Healthy New York	Healthy New York	01 01/201	SG	HMO	Yes	Open	5 2	8 1	XX	01/01/12	12/31/12	10,703	2,708,658	3,172,1 1	2,618,15	2,65 ,063	(687 560)	0	288, 61	XX
BS-CC-1AB (6/90)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	9	20	XX	01/01/12	12/31/12	597	721,8 9	7 5,09	310,078	31 ,758	0	3, 90	30,095	XX
BS-CCM-1(Rev) (7/9)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	29	50	XX	01/01/12	12/31/12	1,333	1,331,952	1, 13,751	1,566,265	1,629,968	0	7,792	67,197	XX
BSNNY-1 (12/83)	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	0	0	XX	01/01/12	12/31/12	251	256,601	279,682	168,68	170,766	0	1, 67	12,653	XX
Total Albany Trad tional	Tradit onal	Trad tional	Tradit onal	01 01/201	SG	Comprehensiv	Yes	Open	38	70	XX	01/01/12	12/31/12	2,181	2,310, 02	2, 38,527	2,0 5,027	2,115, 92	0	12,7 9	109,9 5	XX
HN-EPO.COM	EPO	Sky	EPO	01 01/201	SG	EPO	Yes	Open	2,960	5, 2	XX	01/01/12	12/31/12	133,121	53,511,002	68,67 ,580	51,692,189	53, 21,292	0	778,152	6 710,667	XX
Total Albany EPO	EPO	Sky	EPO	01 01/201	SG	EPO	Yes	Open	2,960	5, 2	XX	01/01/12	12/31/12	133,121	53,511,002	68,67 ,580	51,692,189	53, 21,292	0	778,152	6 710,667	XX
HN-PPO.COM	PPO	PPO 800	PPO	01 01/201	SG	PPO	Yes	Open	90	177	XX	01/01/12	12/31/12	3,785	688,593	815,757	71, 16	91,589	0	22,125	190,803	XX
HN-PPO.COM-2	PPO	PPO 800	PPO	01 01/201	SG	PPO	Yes	Open	301	583	XX	01/01/12	12/31/12	3, 32	1,666,231	1,926,578	1,256,771	1,29 ,607	0	20,062	173,008	XX
Total Albany PPO	PPO	PPO 800	PPO	01 01/201	SG	PPO	Yes	Open	391	760	XX	01/01/12	12/31/12	7,217	2,35 ,823	2,7 2,335	1,728,187	1,786,197	0	2,187	363,811	XX
C33G3N0392	HDHP 8000	HDHP 8000	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	328	556	XX	01/01/12	12/31/12	1,585	78,935	562,270	327,721	3 ,853	0	9,271	79,951	XX
L33G3N0289	HDHP 7000	HDHP 7000	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	81	9 1	XX	01/01/12	12/31/12	35,260	10,155, 86	12, 28,629	8,526,991	8,850,795	0	206,110	1 777, 67	XX
LS3G3N0195	POS L te	POS 150 POS 250	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	38,531	1 2 8	XX	01/01/12	12/31/12	38,531	1,399,908	1, 882,973	11,552,77	12,015,667	0	225,231	1 9 2,359	XX
LS3G3N0232	Aqua	Aqua	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	6	65	XX	01/01/12	12/31/12	22,380	7,331,110	8,803,698	, 00,658	,536,910	0	130,821	1,128,182	XX
Total Albany Aqua/POS/HDHP	Aqua	Aqua	Aqua/POS/HDHP	01 01/201	SG	Non HMO	Yes	Open	1,9 0	3 399	XX	01/01/12	12/31/12	97,757	30,365, 0	36,677,567	2 ,808,1 3	25,7 8,225	0	571, 33	927,958	XX
HN-HMO 2 & HN-POS.2	HMO 100	HMO 100	HMO 100	01 01/201	SG	HMO based	Yes	Open	1,038	1 887	XX	01/01/12	12/31/12	22,288	7,779,536	9,92 ,88	7,103, 1	7,291,310	0	(97,752)	932,066	XX
Total Albany HMO 100	HMO 100	HMO 100	HMO 100	01 01/201	SG	HMO based	Yes	Open	1,038	1 887	XX	01/01/12	12/31/12	22,288	7,779,536	9,92 ,88	7,103, 1	7,291,310	0	(97,752)	932,066	XX
HN-HMO.1	HMO 200	HMO 200	HMO 200	01 01/201	SG	HMO	Yes	Open	2	2	XX	01/01/12	12/31/12	8	56,69	6 ,895	18,359	18, 2	0	(211)	2,007	XX
LS1G- N000	HMO 200	HMO 200	HMO 200	01 01/201	SG	HMO based	Yes	Open	129	23	XX	01/01/12	12/31/12	551	2,705, 86	3, 7,397	2,953,00	3,077,175	0	(19,960)	190,319	XX
Total Albany HMO 200	HMO 200	HMO 200	HMO 200	01 01/201	SG	HMO based	Yes	Open	131	236	XX	01/01/12	12/31/12	,599	2,762,17	3,512,292	2,971,363	3,095,618	0	(20,171)	192,326	XX
HN-HNY.Grp	Healthy New York	Healthy New York	Healthy New York	01 01/201	SG	HMO	Yes	Open	606	960	XX	01/01/12	12/31/12	11,7 9	2,96 ,258	3, 83,932	3,88 ,328	3,921,5 0	(868 5 8)	0	289,693	XX
Total Albany Group Healthy New York	Healthy New York	Healthy New York	Healthy New York	01 01/201	SG	HMO	Yes	Open	606	960	XX	01/01/12	12/31/12	11,7 9	2,96 ,258	3, 83,932	3,88 ,328	3,921,5 0	(868 5 8)	0	289,693	XX

EXHIBIT 7: HISTORICAL DAT

			Data E	First Prior Experience Period (NY statewide experience base medical policy form associated r ders)											Second Prior Experience Period (NY statewide experience base med cal pol cy form associated riders)									
1a. Base medical po icy form number	1b. Product Name as in Ra e Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the exper ence per od (MM/DD/YY)	15.2 Ending Date of the experience per od (MM/DD/YY)	15 3 Member months for experience period	15. Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience per od ($)	Paid claims or exper ence period - before any adjustment for amounts received from the s andard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or paymen s o the Regulation 1 6 pool ($)	Incurred c aims for experience period - before any adjustment for amoun s received from the standard direct pay and Healthy NY stop loss poo s and before any adjustment for receipts from or payments to the Regu at on	15.8 Adjustment o the incurred claims for the per od due to receipts from the standard direct pay or Healthy NY stop oss poo s (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred c aims for the period due to receipts from or payments to the Regula ion 1 6 pool (enter receipts as a negative value and payments to the pool as a pos tive value) ($)	15.10 Admin strative expenses for exper ence per od (including commiss ons and p emium taxes, but excluding federal and state income axes) ($)		16.1 Beginning date of the exper ence per od (MM/DD/YY)	16.2 Ending Date of the exper ence period (MM DD/YY)	16.3 Member months or experience period	16. Earned premiums for experience per od ($)	16.5 Standardized earned premiums for exper ence per od ($)	Paid claims for experience period - before any adjustment for amounts received from the s andard direct pay and Healthy NY stop loss pools and be ore any adjustment for receipts from or payments o the Regulation 1 6 pool ($)	Incurred claims for experience period - be ore any adjustment for amounts received from the standard direct pay and Healthy NY stop loss poo s and before any adjustment for receip s from or payments to the Regu at on	16.8 Adjustment to the incurred c aims for the per od due to receipts from the standard direct pay or Healthy NY stop oss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from (or payments to the Regulation 1 6 pool (enter receipts as a negative value to the pool as a pos tive value) ($)	16.10 Admin st ative expenses for exper ence per od (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
CB-237	HMO 200 DP	HMO DP	01 01 11	12/31/11	1,136	1,167,125	1,309,837	1,611, 79	1,612 632	(186,255)	(12,379)	70,627	XX	01/01/10	12/31/10	905	1 013,5 5	1,03 ,295	1,021 537	1,021,597	(98,527)	(,938)	50,017	XX
CB-238 & POS-10	HMO 200 DP	HMO DP	01 01 11	12/31/11	8	128,570	1 5,3 5	273,613	273 900	(13,772)	(915)	5,222	XX	01/01/10	12/31/10	10	158,007	161,2 2	95 82	95,829	(11,322)	(567)	5,7 8	XX
HNMANEDP	HMO 200 DP	HMO DP	01 01 11	12/31/11	15	12,376	15,522	12 ,197	12 ,268	(2, 59)	(163)	933	XX	01/01/10	12/31/10	12	9,757	12,237	63 2 5	63,258	(1,306)	(65)	863	XX
Total Buf alo HMO Direct Pay	HMO 200 DP	HMO DP	01 01 11	12/31/11	1,235	1,308,070	1, 70,705	2,009,289	2,010 801	(202, 87)	(13, 58)	76,782	XX	01/01/10	12/31/10	1,021	1,181,310	1,207,775	1,180 607	1,180,68	(111,156)	(5,571)	56, 28	XX
HN-HNY.Ind	Healthy NY/Hea thy	Healthy	01 01 11	12/31/11	15,690	3,999,2 5	,866,271	5,6 8,635	5,65 ,130	(1, 72,912)	0	527,725	XX	01/01/10	12/31/10	19,506	687,575	5,973,856	6,001 615	6,001,980	(1, 8 ,86)	0	765,588	XX
Total Buffa o Indiv dual Healthy New York	Healthy NY/Hea thy	Healthy	01 01 11	12/31/11	15,690	3,999,2 5	,866,271	5,6 8,635	5,65 ,130	(1, 72,912)	0	527,725	XX	01/01/10	12/31/10	19,506	687,575	5,973,856	6,001 615	6,001,980	(1, 8 ,86)	0	765,588	XX
BS-ALBHMO.6 (1/96)	HMO 200 DP	HMO DP	01 01 11	12/31/11	257	36 ,059	26 ,72	865,862	866 086	(88, 51)	(38,591)	12,265	XX	01/01/10	12/31/10	258	331,095	262,950	1,080 573	1,080,628	(72,535)	(332,282)	15,138	XX
BS-ALBHMO.7 (1/96) & ALBPOS. (1/96)	HMO 200 DP	HMO DP	01 01 11	12/31/11	1 9	23 ,331	170,363	220,232	220 30	(51,281)	(25 ,280)	7,111	XX	01/01/10	12/31/10	230	3 6,507	275,191	188 716	188,717	(6 ,663)	(296,220)	13, 95	XX
HNMANEP	HMO 200 DP	HMO DP	01 01 11	12/31/11	106	86,059	96,626	9,363	9 385	(36, 82)	(180,897)	5,059	XX	01/01/10	12/31/10	19	15,01	16,338	2 750	2,750	(5,3 2)	(2 ,70)	1,115	XX
HNOPTDP & HNOPTPOS	HMO 200 DP	HMO DP	01 01 11	12/31/11	5	1,171	1, 69	36	36	(1,721)	(8,533)	239	XX	01/01/10	12/31/10	0	0	0	0	0	0	0	0	XX
Total Albany HMO Direct Pay	HMO 200 DP	HMO DP	01 01 11	12/31/11	517	685,619	532,930	1,135, 93	1,135 812	(177,935)	(882,302)	2 ,673	XX	01/01/10	12/31/10	507	692,616	55 , 79	1,272 039	1,272,09	(1 2,5 1)	(652,972)	29,7 8	XX
HN-HNY.Ind	Healthy NY/Hea thy	Healthy	01 01 11	12/31/11	9,071	2,2 7,100	2,797, 82	3,387,870	3,391 627	(831,31)	0	305,098	XX	01/01/10	12/31/10	8,79	2 090,0 1	2,782,675	2,939 770	2,939,928	(671,281)	0	353,029	XX
Total Albany Indiv dual Healthy New York	Healthy NY/Hea thy	Healthy	01 01 11	12/31/11	9,071	2,2 7,100	2,797, 82	3,387,870	3,391 627	(831,31)	0	305,098	XX	01/01/10	12/31/10	8,79	2 090,0 1	2,782,675	2,939 770	2,939,928	(671,281)	0	353,029	XX
BCCC-15	Trad tiona	Tradit onal	01 01 11	12/31/11	259	30 ,336	397,138	109,7 9	109 771	0	(2 7)	10,7 2	XX	01/01/10	12/31/10	501	78,995	701,323	236 666	236,691	0	(36)	22,00	XX
H-1321 (S/L) w/H-1533, BCMS- , BCBSMM 7 (Rev 1993)	Trad tiona	Tradit onal	01 01 11	12/31/11	3, 86	3,796,085	,806,607	2,279,359	2,279 287	0	(3,32)	1 ,576	XX	01/01/10	12/31/10	5,577	5 2 7,778	7,5 9,031	3,599 020	3,599,1 9	0	(,0 7)	2 9	XX
H-1321 (S L) w/H-1533, BCMS- , BCMM- (Rev 1993)	Trad tiona	Tradit onal	01 01 11	12/31/11	0	0	0	0	0	0	0	0	XX	01/01/10	12/31/10	72	61,1 8	86, 02	9 036	9,037	0	(52)	3,162	XX
H-1575 & BCMS 1 (Rev 1993)	Trad tiona	Tradit onal	01 01 11	12/31/11	228	193,5 2	2 ,6 3	23,621	23 628	0	(217)	9, 56	XX	01/01/10	12/31/10	123	100,307	1 3,836	16 578	16,578	0	(89)	5, 02	XX
H-1575 & BCMS-1 Rev 1993) w/BCBSMM 7 (Rev 1993)	Trad tiona	Tradit onal	01 01 11	12/31/11	15,3	12,510,595	15,877,009	12,029, 50	12,035 276	0	(1 ,631)	636,368	XX	01/01/10	12/31/10	21, 706	15 698,533	22,628,102	19,527, 1	19,529,169	0	(15,751)	953,31	XX
H-1575 & BCMS-1 (Rev 1993) w/BCMM- (Rev 1993)	Trad tiona	Tradit onal	01 01 11	12/31/11	5	5,91	8,605	3	3	0	(5)	207	XX	01/01/10	12/31/10	96	99,8	1 5,062	2 693	2,693	0	(70)	,216	XX
Total Buffalo Tradit onal	Trad tiona	Tradit onal	01 01 11	12/31/11	19,322	16,810, 72	21,33 ,002	1 , 1,221	1 , 8 005	0	(18, 2)	801,3 9	XX	01/01/10	12/31/10	28,075	21 686,606	31,253,756	23,391, 08	23,393,317	0	(20,372)	1,233,063	XX
HN-PPO.COM-2	PPO	PPO 800	01 01 11	12/31/11	2,825	1,291, 73	1,927,0 2	1,336,819	1,337 589	0	(2,69)	117,162	XX	01/01/10	12/31/10	1,796	737,652	1,2 0,930	723 376	723, 32	0	(1,303)	78,881	XX
Total Buffa o PPO	PPO	PPO 800	01 01 11	12/31/11	2,825	1,291, 73	1,927,0 2	1,336,819	1,337 589	0	(2,69)	117,162	XX	01/01/10	12/31/10	1,796	737,652	1,2 0,930	723 376	723, 32	0	(1,303)	78,881	XX
C33G3N0392	HDHP 8000	HDHP 8000	01 01 11	12/31/11	691	129,670	155, 22	107,283	109, 75	0	(659)	28,658	XX	01/01/10	12/31/10	0	0	0	0	0	0	0	0	XX
L33G3N0289	HDHP 7000	HDHP 7000	01 01 11	12/31/11	176,717	1,258,699	57,223,868	39,0 2,13	39,1 2, 21	0	(168,503)	7,329,059	XX	01/01/10	12/31/10	165, 92	35 863,908	5 ,972,157	35,892 661	35,895,126	0	(120,087)	7,268, 62	XX
L53G3N0195	POS Lite	POS 150/POS 250	01 01 11	12/31/11	17 ,031	5,825,2 8	63,033,7	,025,282	,0 9 520	0	(165,9 2)	7,217,661	XX	01/01/10	12/31/10	1 9,78	37 325,3 8	56,250,652	32,339 813	32,3 3,030	0	(108,689)	6,578,561	XX
L53G3N0232	Aqua	Aqua	01 01 11	12/31/11	16 ,638	0,913,677	58, 07,071	33,618,315	33,638 7 9	0	(156,986)	6,828,101	XX	01/01/10	12/31/10	129,131	29,309,007	5,876,280	22,862 357	22,86 ,6	0	(93,702)	5,671, 75	XX
Total Buffalo Aqua/POS/HDHP	Aqua	Aqua	01 01 11	12/31/11	516,077	128,127,253	178,820,10	116,793,013	116,9 0,165	0	(92,060)	21, 03, 79	XX	01/01/10	12/31/10	, 07	102, 98,16	197,101,089	91,09 831	91,102,801	0	(322, 79)	19,518, 98	XX
HN-HMO.2 & HN-POS.2	HMO 100	HMO 100	01 01 11	12/31/11	116,90	5,592,187	6 ,208,797	1, 78,208	1,501 92	0	2 5 6,221	20,979	XX	01/01/10	12/31/10	173,170	59 082,793	95,192,25	53,135 356	53,139,939	0	1,911,315	7,983,361	XX
Total Buffa o HMO 100	HMO 100	HMO 100	01 01 11	12/31/11	116,90	5,592,187	6 ,208,797	1, 78,208	1,501 92	0	2 5 6,221	20,979	XX	01/01/10	12/31/10	173,170	59 082,793	95,192,25	53,135 356	53,139,939	0	1,911,315	7,983,361	XX
L51G N000	HMO 200	HMO 200	01 01 11	12/31/11	28,778	15,1 1,952	19,829,625	12,559,865	12,566 260	0	626,797	1,088,303	XX	01/01/10	12/31/10	60,229	26 857,167	0,310,786	23,923, 80	23,925,695	0	66 ,761	2,776,635	XX
CB-283	HMO 200	HMO 200	01 01 11	12/31/11	85	78,110	101,730	107,259	107 507	0	1,851	3,21	XX	01/01/10	12/31/10	8	65,921	99,589	37,101	37,106	0	927	3,873	XX
Total Buffa o HMO 200	HMO 200	HMO 200	01 01 11	12/31/11	28,863	15,220,062	19,931,355	12,667,12	12,673 767	0	628,6 9	1,091,517	XX	01/01/10	12/31/10	60,313	26 923,088	0, 10,375	23,960 580	23,962,802	0	665,688	2,780,507	XX
HN-HNY.Grp	Hea thy New York	Healthy New York	01 01 11	12/31/11	11,785	2,88 ,799	3,509,235	2,736,069	2,739,159	(1,106,327)	0	396,382	XX	01/01/10	12/31/10	12,910	3 007,515	3,826,319	2,50 618	2,50 ,817	(982,75)	0	506,703	XX
Total Buffa o Group Healthy New York	Hea thy New York	Healthy New York	01 01 11	12/31/11	11,785	2,88 ,799	3,509,235	2,736,069	2,739,159	(1,106,327)	0	396,382	XX	01/01/10	12/31/10	12,910	3 007,515	3,826,319	2,50 618	2,50 ,817	(982,75)	0	506,703	XX
BS-CC-1AB (6/90)	Trad tiona	Tradit onal	01 01 11	12/31/11	826	1,051, 6	1,036,53	539,0 7	539 202	0	8,58	1,060	XX	01/01/10	12/31/10	992	1,158,726	1,2 2,2 7	920,193	920,2 2	0	8,237	53,669	XX
BS-CCM-1(Rev) (7/9)	Trad tiona	Tradit onal	01 01 11	12/31/11	1,5 3	1,58 , 58	1,555,788	1,030,0 5	1,030 351	0	16,035	76,702	XX	01/01/10	12/31/10	2,113	2,108,053	2,252,69	1, 27 3 6	1, 27, 16	0	17,5	11 ,318	XX
BSNNY-1 (12/83)	Trad tiona	Tradit onal	01 01 11	12/31/11	276	303,097	295,809	379,779	380 2 9	0	2,868	13,720	XX	01/01/10	12/31/10	321	313, 67	335,231	202 399	202, 07	0	2,665	17,367	XX
Total Albany Tradit onal	Trad tiona	Tradit onal	01 01 11	12/31/11	2,6 5	2,939,017	2,888,132	1,9 8,871	1,9 8 302	0	27, 87	131, 81	XX	01/01/10	12/31/10	3, 26	3 580,2 6	3,830,172	2,5 9 938	2,550,065	0	28, 6	185,353	XX
HN-EPO.COM	EPO	Sky	01 01 11	12/31/11	172,158	63,727,215	91,193,933	6 ,889,133	6 ,926,183	0	1 789,075	8,557,86	XX	01/01/10	12/31/10	169,208	55 938,971	90,681,19	51,918 615	51,921, 9	0	1, 0 ,9 1	9,15 , 93	XX
Total Albany EPO	EPO	Sky	01 01 11	12/31/11	172,158	63,727,215	91,193,933	6 ,889,133	6 ,926,183	0	1 789,075	8,557,86	XX	01/01/10	12/31/10	169,208	55 938,971	90,681,19	51,918 615	51,921, 9	0	1, 0 ,9 1	9,15 , 93	XX
HN-PPO.COM	PPO	PPO 800	01 01 11	12/31/11	7,912	1,305,779	1,789, 75	908,375	910 9 5	0	82,222	393,300	XX	01/01/10	12/31/10	3, 51	92,921	72 ,9 3	3 6 251	3 6,282	0	28,65	186,706	XX
HN-PPO.COM-2	PPO	PPO 800	01 01 11	12/31/11	2,70	1,105,833	1, 92,690	1,091,277	1,091 802	0	28,100	13 , 1	XX	01/01/10	12/31/10	2,1 8	787,363	1,213, 30	826 270	826,313	0	17,835	116,211	XX
Total Albany PPO	PPO	PPO 800	01 01 11	12/31/11	10,616	2, 11,613	3,282,165	1,999,652	2,002 7 7	0	110,322	527,715	XX	01/01/10	12/31/10	5,599	1 280,28	1,938,373	1,172 521	1,172,595	0	6, 89	302,917	XX
C33G3N0392	HDHP 8000	HDHP 8000	01 01 11	12/31/11	0	0	0	0	0	0	0	0	XX	01/01/10	12/31/10	0	0	0	0	0	0	0	0	XX
L33G3N0289	HDHP 7000	HDHP 7000	01 01 11	12/31/11	1,003	10,669,132	1 ,593,595	9,0 2,612	9,061 950	0	26,106	2,038,233	XX	01/01/10	12/31/10	27,36	6 602,56	9,867,111	5, 28,1 2	5, 28,568	0	227,20	1, 80, 7	XX
L53G3N0195	POS Lite	POS 150/POS 250	01 01 11	12/31/11	51,205	1 ,905, 95	20,07 ,791	1 ,16 ,670	1 ,171,8 1	0	532,125	2,5 5,368	XX	01/01/10	12/31/10	29,015	8,191,682	11,707, 6	7,197 757	7,198,178	0	2 0,913	1,569,770	XX
L53G3N0232	Aqua	Aqua	01 01 11	12/31/11	25, 96	7, 80,235	10,070,676	,912,310	,915 680	0	26 ,956	1,267,390	XX	01/01/10	12/31/10	25,829	6 926,895	10,198,	5,185, 3	5,185,730	0	21 ,59	1,397, 01	XX
To al Albany Aqua/POS/HDHP	Aqua	Aqua	01 01 11	12/31/11	117,70	33,09 ,862	,739,061	28,119,592	28,1 9, 71	0	1 229,186	5,850,990	XX	01/01/10	12/31/10	82,208	21 721,1 0	31,772,995	17,811 333	17,812, 76	0	682,576	, 7,618	XX
HN-HMO.2 & HN-POS.2	HMO 100	HMO 100	01 01 11	12/31/11	33,857	11,358,181	16,63 ,275	11,857,806	11,866 020	0	(231,351)	2,001,181	XX	01/01/10	12/31/10	8, 33	16 68 ,599	28,150,998	16,9 9 556	16,950,265	0	(99,66)	3,20 ,978	XX
Total Albany HMO 100	HMO 100	HMO 100	01 01 11	12/31/11	33,857	11,358,181	16,63 ,275	11,857,806	11,866 020	0	(231,351)	2,001,181	XX	01/01/10	12/31/10	8, 33	16 68 ,599	28,150,998	16,9 9 556	16,950,265	0	(99,66)	3,20 ,978	XX
HN-HMO.1	HMO 200	HMO 200	01 01 11	12/31/11	8	51,196	6 ,8 3	5, 11	5, 27	0	(328)	2,837	XX	01/01/10	12/31/10	65	59,126	86,186	39 3 9	39,3 9	0	(13)	301	XX
L51G N000	HMO 200	HMO 200	01 01 11	12/31/11	10,805	5, 83,991	8,159,568	5,673,373	5,676, 5	0	(70,757)	612,051	XX	01/01/10	12/31/10	3 , 67	15 939,0	27,6 8,00	15,2 5, 8	15,2 6,061	0	(70,925)	2,280,800	XX
Total Albany HMO 200	HMO 200	HMO 200	01 01 11	12/31/11	10, 03	5,535,187	8,22 , 10	5,718,785	5,721 873	0	(71,085)	61 ,889	XX	01/01/10	12/31/10	3 ,532	15 998,170	27,73 ,191	15,28 797	15,285, 10	0	(71,059)	2,285,101	XX
HN-HNY.Grp	Hea thy New York	Healthy New York	01 01 11	12/31/11	12, 06	3,067,899	3,812,873	3,310,090	3,313 705	(1,136,951)	0	17,269	XX	01/01/10	12/31/10	9,216	2,17 ,6 1	2,883,073	2,639 922	2,6 0,116	(703, 9)	0	369,970	XX
Total Albany Group Healthy New York	Hea thy New York	Healthy New York	01 01 11	12/31/11	12, 06	3,067,899	3,812,873	3,310,090	3,313 705	(1,136,951)	0	17,269	XX	01/01/10	12/31/10	9,216	2,17 ,6 1	2,883,073	2,639 922	2,6 0,116	(703, 9)	0	369,970	XX

HealthNow, Inc.
Development of Standardized Premiums

Within each combination of Region, Product and Segment, Earned Premiums were split out by the year and quarter of renewal. An adjustment factor, representing the overall premium rate increase applicable to that particular region/product/segment combination between the time of renewal and Q4 2013, was then applied to develop the standardized Q4 2013 premium.

Table A below shows a grid of premium adjustment factors that would be used to adjust 2012 earned premiums to Q4 2013 standardized premiums, based on the assumed quarterly premium increases shown in Table B.

For example, to convert the Jan-12 earned premium for a February renewal group, the factor is 1.172, which is the product of all the quarterly increases in Table B. In January 2012, a February renewal group would still be paying its Q1 2011 premium rate; thus the need to step up its premium rate through all the applicable quarterly increases from Q2 2011 through Q4 2013.

Table A

	Incurral/Earned Month											
Renewal Month	12-Jan	12-Feb	12-Mar	12-Apr	12-May	12-Jun	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec
Jan	1.088	1.088	1.088	1.088	1.088	1.088	1 088	1 088	1.088	1.088	1.088	1.088
Feb	1.172	1.088	1.088	1.088	1.088	1.088	1 088	1 088	1.088	1.088	1.088	1.088
Mar	1.172	1.172	1.088	1.088	1.088	1.088	1 088	1 088	1.088	1.088	1.088	1.088
Apr	1.149	1.149	1.149	1.072	1.072	1.072	1 072	1 072	1.072	1.072	1.072	1.072
May	1.149	1.149	1.149	1.149	1.072	1.072	1 072	1 072	1.072	1.072	1.072	1.072
Jun	1.149	1.149	1.149	1.149	1.149	1.072	1 072	1.072	1.072	1.072	1.072	1.072
Jul	1.127	1.127	1.127	1.127	1.127	1.127	1 056	1.056	1.056	1.056	1.056	1.056
Aug	1.127	1.127	1.127	1.127	1.127	1.127	1.127	1 056	1.056	1.056	1.056	1.056
Sep	1.127	1.127	1.127	1.127	1.127	1.127	1.127	1.127	1.056	1.056	1.056	1.056
Oct	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.041	1.041	1.041
Nov	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.041	1.041
Dec	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.104	1.041

Table B

Quarter	Quarterly Premium Increase
Q2 2011	1.020
Q3 2011	1.020
Q4 2011	1.020
Q1 2012	1.015
Q2 2012	1.015
Q3 2012	1.015
Q4 2012	1.015
Q1 2013	1.010
Q2 2013	1.010
Q3 2013	1.010
Q4 2013	1.010

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: HealthNow New York Inc.
NAIC Code: 55204
SERFF Number: HLTH-129039972/HLTH-129040132/HLTH-129040117
Market Segment: Region #2 Group Off Exchange

Separate column for each plan design (on or off Exchange)

Line #	General	HMO 110	PPO 800	Aqua	Healthy NY	Align Blended	POS 7100	POS 8100 S	Align HDHP	POS 8100 B
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY052	49526NY050	49526NY050	49526NY028	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Gold	Silver	Silver	Silver	Silver	Bronze
4	AV Metal Value (HHS Calculator)*	0.881	0.889	0.816	0.790	0.718	0.680	0.702	0.680	0.612
5	AV Pricing Value (total, risk pool experience based)*	0.847	0.876	0.769	0.786	0.719	0.740	0.698	0.667	0.610
6	Plan Type*	HMO with POS	PPO	POS	HMO	POS	POS	POS	POS	POS
7	Plan Name*	HMO 110	PPO 800	Aqua	Gold Standard	Align Blended	POS 7100	POS 8100	Align HDHP	POS 8100
8	Plan ID*	49526NY0520001 49526NY0520002 49526NY0520003 49526NY0520004	49526NY0500001 49526NY0500002 49526NY0500003 49526NY0500004	49526NY0500005 49526NY0500006 49526NY0500007 49526NY0500008	49526NY0280001 49526NY0280002 49526NY0280003 49526NY0280004	49526NY0500013 49526NY0500014 49526NY0500015 49526NY0500016	49526NY0500009 49526NY0500010 49526NY0500011 49526NY0500012	49526NY0500017 49526NY0500018 49526NY0500019 49526NY0500020	49526NY0500021 49526NY0500022 49526NY0500023 49526NY0500024	49526NY0500025 49526NY0500026 49526NY0500027 49526NY0500028
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period	264,252,058								
10B	Member-Months for Latest Experience Period	936,503								
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	282.17								
11	Average Pricing Actuarial Value reflected in experience period	0.822								
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**343.14**	**343.14**	**343.14**	**343.14**	**343.14**	**343.14**	**343.14**	**343.14**	**343.14**

Market Wide Adjustments to the AV
Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.002								
14	Market wide adjustment for changes in provider network **	1.000								
15	Market wide adjustment for fee schedule changes **	1.000								
16	Market wide adjustment for utilization management changes **	1.000								
17	Impact on risk pool of changes in expected covered membership risk characteristics **	1.009								
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1.000								
19	by rating regions **	1.000								
20	(less than 1.00 to reflect a recovery	0.938								
21	(less than 1.00 to reflect a recovery)	1.000								
22	not being sufficiently credible	1.000								
23	mid point of rate applicability period)	1.124								
24	Other 1 (Non-System Claims)	1.027								
25	Other 2 (Reinsurance Contribution)	1.015								
26	Other 3 (specify)	1.000								
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.111**	**1.111**	**1.111**	**1.111**	**1.111**	**1.111**	**1.111**	**1.111**	**1.111**

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	0.847	0.876	0.769	0.786	0.719	0.740	0.698	0.667	0.610
29	Pricing actuarial value (only the induced demand factor) #	1.150	1.150	1.080	1.080	1.030	1.030	1.030	1.030	1.000
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.198	1.198	1.184	1.184	1.151	1.151	1.151	1.151	1.146
35	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.034	1.039	1.032	1.000	1.027	1.034	1.031	1.026	1.027
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	0.791	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Excise Tax)	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026
40	Other 2	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.229**	**1.278**	**1.033**	**0.810**	**0.892**	**0.924**	**0.870**	**0.826**	**0.732**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**468.35**	**486.91**	**393.86**	**308.80**	**339.81**	**352.21**	**331.54**	**315.00**	**278.95**

Exhibit 8 Index Rate/Plan Design Level Adjustment Worksheet

Company Name: HealthNow New York Inc.
NAIC Code: 55204
SERFF Number: HLTH-129039972/HLTH-129040132/HLTH-129040117
Market Segment: Region #1 and #7 Group Off Exchange

Separate column for each plan des gn (on or off Exchange)

Line #	General	PPO 800	HMO 109	EPO 8000 G	EPO 8200 G	Healthy NY	EPO 5026	EPO 5226	EPO 006	EPO 206	EPO 8000 S1	EPO 8200 S1	EPO 8000 S2	EPO 8200 S2	PPO 63 0	EPO 8000 B1	EPO 8200 B1	EPO 8000 B2	EPO 8200 B2
1	Product*	Small Group Off-Exchange Plans	Sma l Group Off-Exchange Plans	Small Group Off-Exchange P ans	Small Group Off-Exchange Plans	Sma l Group O f-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Sma l Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange P ans	Sma l Group Off-Exchange Plans	Sma l Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange P ans	Small Group Off-Exchange P ans	Small Group Off-Exchange Plans	Small Group Off-Exchange P ans	Small Group Off-Exchange Plans
2	Product ID*	363 6NY053	363 6NY055	363 6NY053	363 6NY053	363 6NY025	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053	363 6NY053
3	Metal Level (or catastrophic)*	Go d	Gold	Gold	Gold	Gold	S lver	S lver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze
	AV Metal Value (HHS Calcu ator)*	0.802	0.820	0.781	0.781	0.790	0.720	0.720	0.715	0.715	0.702	0.702	0.688	0.688	0.619	0.620	0.620	0.616	0.616
5	AV Pricing Value (to al, risk pool experience based)*	0.819	0.813	0.7 6	0.7 6	0.786	0.697	0.697	0.73	0.73	0.658	0.658	0.690	0.690	0.572	0.616	0.616	0.573	0.573
6	Plan Type*	PPO	HMO with POS	National EPO	Local EPO	HMO	Nat onal EPO	Local EPO	National EPO	Local EPO	National EPO	Local EPO	National EPO	Local EPO	PPO	National EPO	Local EPO	National EPO	Local EPO
7	Plan Name*	PPO 8 2	HMO 109	EPO 8000 N	EPO 8200 N	Go d Standard	EPO 5026 S	EPO 5226 S	EPO 006	EPO 206	EPO 8000 1	EPO 8200 1	EPO 8000 3a	EPO 8200 3a	PPO 63 0	EPO 8000 3	EPO 8200 3	EPO 8000	EPO 8200
8	Plan ID*	363 6NY0530017 363 6NY0530018 363 6NY0530019 363 6NY0530020	363 6NY0550001 363 6NY0550002 363 6NY0550003 363 6NY055000	363 6NY0530021 363 6NY0530022 363 6NY0530023 363 6NY053002	363 6NY0530025 363 6NY0530026 363 6NY0530027 363 6NY0530028	363 6NY0250001 363 6NY0250002 363 6NY0250003 363 6NY025000	363 6NY0530029 363 6NY0530030 363 6NY0530031 363 6NY0530032	363 6NY0530033 363 6NY053003 363 6NY0530035 363 6NY0530036	363 6NY0530037 363 6NY0530038 363 6NY0530039 363 6NY05300 0	363 6NY05300 1 363 6NY05300 2 363 6NY05300 3 363 6NY05300	363 6NY05300 5 363 6NY05300 6 363 6NY05300 7 363 6NY05300 8	363 6NY05300 9 363 6NY0530050 363 6NY0530051 363 6NY0530052	363 6NY0530053 363 6NY053005 363 6NY0530055 363 6NY0530056	363 6NY0530057 363 6NY0530058 363 6NY0530059 363 6NY0530060	363 6NY0530061 363 6NY0530062 363 6NY0530063 363 6NY053006	363 6NY0530065 363 6NY0530066 363 6NY0530067 363 6NY0530068	363 6NY0530069 363 6NY0530070 363 6NY0530071 363 6NY0530072	363 6NY0530073 363 6NY053007 363 6NY0530075 363 6NY0530076	363 6NY0530077 363 6NY0530078 363 6NY0530079 363 6NY0530080
9	Exchange Plan *	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

* This fie d shou d be the same as used in the Un fied Rate Review Temp ate, Worksheet 2

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 1 6 & Stop Loss pools] or Latest Experience Period	26 ,252,058
10B	Member-Months for Latest Experience Per od	936,503
10C	Average PMPM Incurred Claims [L10A/L10B] (In tial Index Rate Factor)	282.17
11	Average Pricing Actuarial Value ref ected in experience per od	0.822
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**343 14**

Line #	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate	PPO 800	HMO 109	EPO 8000 G	EPO 8200 G	Healthy NY	EPO 5026	EPO 5226	EPO 006	EPO 206	EPO 8000 S1	EPO 8200 S1	EPO 8000 S2	EPO 8200 S2	PPO 63 0	EPO 8000 B1	EPO 8200 B1	EPO 8000 B2	EPO 8200 B2
13	Impact of adjusting experience period data to EHB benefit level	1.002																	
1	Market wide adjustment for changes in prov der network **	1.000																	
15	Market wide adjustment for fee schedu e changes **	1.000																	
16	Market wide adjustment for ut lization management changes **	1.000																	
17	Impact on risk pool of changes in expected covered membership risk characteristics **	1.009																	
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv Only**	1.000																	
19	b rating regions **	1.000																	
20	(less than 1.00 to ref ect a recovery,	0.938																	
21	(less than 1.00 o reflect a recover)	1.000																	
22	not being sufficie tly credible	1.000																	
23	mid point of rate applicability period)	1.12																	
2	Other 1 (Non-System C aims)	1.027																	
25	Other 2 (Reinsurance Contribution)	1.015																	
26	Other 3 (specify)	1.000																	
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**	**1 111**

** Not Included in Claim Trend Adjustment

Line #	P an Level Adjustments	PPO 800	HMO 109	EPO 8000 G	EPO 8200 G	Healthy NY	EPO 5026	EPO 5226	EPO 006	EPO 206	EPO 8000 S1	EPO 8200 S1	EPO 8000 S2	EPO 8200 S2	PPO 63 0	EPO 8000 B1	EPO 8200 B1	EPO 8000 B2	EPO 8200 B2
28	Pricing actuarial value (without induced demand factor) #	0.819	0.813	0.7 6	0.7 6	0.786	0.697	0.697	0.73	0.73	0.658	0.658	0.690	0.690	0.572	0.616	0.616	0.573	0.573
29	Pricing actuarial value (only the induced demand factor) #	1.080	1.080	1.080	1.080	1.080	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.000	1.000	1.000	1.000	1.000
30	Impact of provider network charac er stics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system character stics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of u ilization management practices ##	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983	0.983
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
3	Administrative costs (excluding Exchange user fees and prof ts)	1.18	1.18	1.18	1.18	1.18	1.151	1.151	1.151	1.151	1.151	1.151	1.151	1.151	1.1 6	1.1 6	1.1 6	1.1 6	1.1 6
35	Profit/Contribution to surplus margins	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
36	Impact of eligib lity categories (ca astrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Add tion of Out of Network Benefit Op ion (e.g., POS or PPO, f applicable)	1.033	1.031	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.016	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	0.809	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Exc se Tax)	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026
0	Other 2	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1	**Impact of Plan Level Adjustments (product L28 through L40)**	**1 102**	**1 092**	**0 971**	**0 971**	**0 828**	**0 842**	**0 842**	**0 886**	**0 886**	**0 795**	**0 795**	**0 834**	**0 834**	**0 678**	**0 719**	**0 719**	**0 669**	**0 669**

\# Changes that affect an entire standard popu ation as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

2	**O AL PRO EC ED INDEX RA E = (L12 x L27 x L41)**	**419 89**	**416 03**	**370 22**	**370 22**	**315 75**	**320 94**	**320 94**	**337 62**	**337 62**	**302 86**	**302 86**	**317 70**	**317 70**	**258 39**	**274 06**	**274 06**	**254 80**	**254 80**
		PPO 800	HMO 109	EPO 8000 G	EPO 8200 G	Healthy NY	EPO 5026	EPO 5226	EPO 006	EPO 206	EPO 8000 S1	EPO 8200 S1	EPO 8000 S2	EPO 8200 S2	PPO 63 0	EPO 8000 B1	EPO 8200 B1	EPO 8000 B2	EPO 8200 B2

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: HealthNow New York Inc.
NAIC Code: 55204
SERFF Number: HLTH-129039972/HLTH-129040132/HLTH-129040117
Market Segment: Individual Experience Data

Separate column for each plan design (on or off Exchange)

Line #	General					
1	Product*					
2	Product ID*					
3	Metal Level (or catastrophic)*					
4	AV Metal Value (HHS Calculator)*					
5	AV Pricing Value (total, risk pool experience based)*					
6	Plan Type*					
7	Plan Name*					
8	Plan ID*					
9	Exchange Plan?*					

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate					
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period	13,543,923				
10B	Member-Months for Latest Experience Period	26,568				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	509.78				
11	Average Pricing Actuarial Value reflected in experience period	0.951				
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**535.89**	**535.89**	**535.89**	**535.89**	**535.89**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate					
13	Impact of adjusting experience period data to EHB benefit level	1.000				
14	Market wide adjustment for changes in provider network **	1.000				
15	Market wide adjustment for fee schedule changes **	1.000				
16	Market wide adjustment for utilization management changes **	1.000				
17	Impact on risk pool of changes in expected covered membership risk characteristics **	1.000				
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1.000				
19	by rating regions **	1.000				
20	(less than 1.00 to reflect a recovery.	1.000				
21	(less than 1.00 to reflect a recovery)	1.000				
22	not being sufficiently credible	1.000				
23	mid point of rate applicability period)	1.000				
24	Other 1 (Non-System Claims)	1.000				
25	Other 2 (Reinsurance Contribution)	1.000				
26	Other 3 (specify)	1.000				
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments					
28	Pricing actuarial value (without induced demand factor) #	1.000	1.000	1.000	1.000	1.000
29	Pricing actuarial value (only the induced demand factor) #	1.000	1.000	1.000	1.000	1.000
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.000	1.000	1.000	1.000	1.000
35	Profit/Contribution to surplus margins	1.000	1.000	1.000	1.000	1.000
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000
39	Other 1 (Excise Tax)	1.000	1.000	1.000	1.000	1.000
40	Other 2	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**535.89**	**535.89**	**535.89**	**535.89**	**535.89**

EXHIBIT 9 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: BlueCross Blue Shield of Western New York/Blue Shield of Northeastern New York/HealthNow New York Inc.
NAIC Code: 55204
SERFF Number: HLTH-129039972/HLTH-129040132/HLTH-129040117
Market Segment: IND/SG

A. Complete a separate ROW for Metal Level/Exchange product in the current new On/O f Exchange product filing.
- Information should be for all the benefits included in that plan design (medical, drugs, etc).
- Enter the Metal Tier the On/Off Exchange product belongs to using the drop down menu, or enter a value.
- Enter the On/Off Designation using the drop down menu.
- Append add tional rows to the end of the existing rows as needed. Only use the first tab for data entry.

B. The average claim trend is the average annualized claim trend for that used in the applicable rate adjustment f ling to project the source data forward to the app icable rating period (eg 10.0%).

C. Enter the required information for the new rate period included in this rate adjustment f ling. This refers to the various expense components and profit margin included in the proposed rates and the average annual claim trend assumed.

D. This form must be submitted as an Excel file and as a PDF file.

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	.1 Per od assumed - beginning date (MM/DD/YY)	.2 Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regu atory authority licenses and fees, including New York S ate 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Sta ement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commiss ons and broker fees - as a % of gross premium	6. Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other admin strative expenses - as a % of gross premium	6.7 Sub otal columns 6.1 through 6.6	7. After tax underwriting margin (pro it/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 7 8 9 10
BUFFALO																			
Platinum	Off Exchange	HMO 109	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 6%	0.00%	3.56%	12.65%	16.72%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	17.99%
Platinum	Off Exchange	PPO 800	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.39%	0.00%	3. 0%	10.76%	1 .59%	1.00%	0.00%	0.00%	0.23%	20.00%	0.00%	15.82%
Gold	Off Exchange	Aqua	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 8%	0.00%	3.69%	13.11%	17.32%	1.00%	0.00%	0.00%	0.30%	20.00%	0.00%	18.62%
Gold	Off Exchange	Healthy NY	01/01/1	12/31/1	12.29%	0.00%	0.05%	0.58%	0.00%	3.95%	15.99%	20.57%	1.00%	0.00%	0.00%	0.36%	20.00%	0.00%	21.9 %
Silver	Off Exchange	A ign Blended	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 6%	0.00%	3.88%	12.51%	16.89%	1.00%	0.00%	0.00%	0.35%	20.00%	0.00%	18.23%
Silver	Off Exchange	POS 7100	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 3%	0.00%	3.79%	11.72%	15.97%	1.00%	0.00%	0.00%	0.32%	20.00%	0.00%	17.30%
Silver	Off Exchange	POS 8100 S	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 5%	0.00%	3.88%	12.50%	16.88%	1.00%	0.00%	0.00%	0.35%	20.00%	0.00%	18.22%
Silver	Off Exchange	Al gn HDHP	01/01/1	12/31/1	12.29%	0.00%	0.05%	0.51%	0.00%	.05%	1 .02%	18.62%	1.00%	0.00%	0.00%	0.39%	20.00%	0.00%	20.01%
Bronze	Off Exchange	POS 8100 B	01/01/1	12/31/1	12.29%	0.00%	0.05%	0.52%	0.00%	.13%	1 .31%	19.01%	1.00%	0.00%	0.00%	0. 1%	20.00%	0.00%	20. 2%
ALB 1																			
Platinum	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.35%	0.00%	3.30%	9.51%	13.18%	1.00%	0.00%	0.00%	0.20%	20.00%	0.00%	1 .39%
Gold	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.39%	0.00%	3. 7%	10.73%	1 .63%	1.00%	0.00%	0.00%	0.2 %	20.00%	0.00%	15.88%
Gold	Off Exchange	PPO 800	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.32%	0.00%	3.30%	8.79%	12. 3%	1.00%	0.00%	0.00%	0.20%	20.00%	0.00%	13.63%
Gold	Off Exchange	HMO 109	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.36%	0.00%	3. 1%	10.02%	13.83%	1.00%	0.00%	0.00%	0.23%	20.00%	0.00%	15.05%
Gold	Off Exchange	EPO 8000 G	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.37%	0.00%	3. 2%	10.20%	1 .0 %	1.00%	0.00%	0.00%	0.23%	20.00%	0.00%	15.27%
Gold	Off Exchange	EPO 8200 G	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 0%	0.00%	3.50%	11.05%	1 .99%	1.00%	0.00%	0.00%	0.25%	20.00%	0.00%	16.2 %
Gold	Off Exchange	Healthy NY	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 7%	0.00%	3.67%	12.86%	17.0 %	1.00%	0.00%	0.00%	0.29%	20.00%	0.00%	18.33%
Silver	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.36%	0.00%	3.58%	9.83%	13.80%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	15.07%
Silver	Off Exchange	EPO 5026	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.32%	0.00%	3. 8%	8.88%	12.71%	1.00%	0.00%	0.00%	0.25%	20.00%	0.00%	13.96%
Silver	Off Exchange	EPO 5226	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.35%	0.00%	3.56%	9.63%	13.57%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	1 .8 %
Silver	Off Exchange	EPO 00	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.33%	0.00%	3. 9%	8.97%	12.81%	1.00%	0.00%	0.00%	0.25%	20.00%	0.00%	1 .06%
Silver	Off Exchange	EPO 20	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.35%	0.00%	3.57%	9.73%	13.69%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	1 .96%
Silver	Off Exchange	EPO 8000 S1	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.36%	0.00%	3.58%	9.82%	13.80%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	15.07%
Silver	Off Exchange	EPO 8200 S1	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.39%	0.00%	3.67%	10.6 %	1 .7 %	1.00%	0.00%	0.00%	0.30%	20.00%	0.00%	16.03%
Silver	Off Exchange	EPO 8000 S2	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.36%	0.00%	3.59%	9.88%	13.87%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	15.1 %
Silver	Off Exchange	EPO 8200 S2	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.39%	0.00%	3.68%	10.71%	1 .81%	1.00%	0.00%	0.00%	0.30%	20.00%	0.00%	16.11%
Bronze	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. %	0.00%	3.87%	12.03%	16.37%	1.00%	0.00%	0.00%	0.3 %	20.00%	0.00%	17.72%
Bronze	Off Exchange	PPO 63 0	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 1%	0.00%	3.77%	11.19%	15. 1%	1.00%	0.00%	0.00%	0.32%	20.00%	0.00%	16.73%
Bronze	Off Exchange	EPO 8000 B1	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 0%	0.00%	3.7 %	10.90%	15.07%	1.00%	0.00%	0.00%	0.31%	20.00%	0.00%	16.39%
Bronze	Off Exchange	EPO 8200 B1	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 3%	0.00%	3.8 %	11.79%	16.10%	1.00%	0.00%	0.00%	0.3 %	20.00%	0.00%	17. %
Bronze	Off Exchange	EPO 8000 B2	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 2%	0.00%	3.80%	11. 1%	15.66%	1.00%	0.00%	0.00%	0.33%	20.00%	0.00%	16.99%
Bronze	Off Exchange	EPO 8200 B2	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 5%	0.00%	3.90%	12.33%	16.72%	1.00%	0.00%	0.00%	0.35%	20.00%	0.00%	18.07%
ALB 7																			
Platinum	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.33%	0.00%	3.27%	9.15%	12.79%	1.00%	0.00%	0.00%	0.19%	20.00%	0.00%	13.98%
Gold	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.38%	0.00%	3. %l	10.3 %l	1 .19%	1.00%	0.00%	0.00%	0.2 %l	20.00%	0.00%	15. 3%
Gold	Off Exchange	PPO 800	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.31%	0.00%	3.27%	8. 6%	12.06%	1.00%	0.00%	0.00%	0.19%	20.00%	0.00%	13.25%
Gold	Off Exchange	HMO 109	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.35%	0.00%	3.37%	9.65%	13. 1%	1.00%	0.00%	0.00%	0.22%	20.00%	0.00%	1 .63%
Gold	Off Exchange	EPO 8000 G	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.36%	0.00%	3.39%	9.83%	13.61%	1.00%	0.00%	0.00%	0.22%	20.00%	0.00%	1 .8 %
Gold	Off Exchange	EPO 8200 G	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.39%	0.00%	3. 7%	10.65%	1 .5 %	1.00%	0.00%	0.00%	0.2 %l	20.00%	0.00%	15.79%
Gold	Off Exchange	Healthy NY	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 5%	0.00%	3.62%	12. 1%	16.53%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	17.81%
Silver	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.3 %	0.00%	3.5 %	9. 7%	13.39%	1.00%	0.00%	0.00%	0.26%	20.00%	0.00%	1 .65%
Silver	Off Exchange	EPO 5026	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.31%	0.00%	3. %l	8.55%	12.33%	1.00%	0.00%	0.00%	0.2 %l	20.00%	0.00%	13.57%
Silver	Off Exchange	EPO 5226	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.3 %	0.00%	3.52%	9.27%	13.17%	1.00%	0.00%	0.00%	0.26%	20.00%	0.00%	1 .2%
Silver	Off Exchange	EPO 00	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.31%	0.00%	3. 5%	8.63%	12. 3%	1.00%	0.00%	0.00%	0.2 %l	20.00%	0.00%	13.67%
Silver	Off Exchange	EPO 20	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.3 %	0.00%	3.53%	9.37%	13.28%	1.00%	0.00%	0.00%	0.26%	20.00%	0.00%	1 .5 %
Silver	Off Exchange	EPO 8000 S1	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.3 %	0.00%	3.5 %	9. 6%	13.38%	1.00%	0.00%	0.00%	0.26%	20.00%	0.00%	1 .65%
Silver	Off Exchange	EPO 8200 S1	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.37%	0.00%	3.63%	10.26%	1 .30%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	15.58%
Silver	Off Exchange	EPO 8000 S2	01/01/1	12/31/1	12.29%	0.00%	0.03%	0.35%	0.00%	3.55%	9.52%	13. 5%	1.00%	0.00%	0.00%	0.26%	20.00%	0.00%	1 .72%
Silver	Off Exchange	EPO 8200 S2	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.38%	0.00%	3.6 %	10.32%	1 .37%	1.00%	0.00%	0.00%	0.29%	20.00%	0.00%	15.66%
Bronze	Off Exchange	STANDARD	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 2%	0.00%	3.82%	11.60%	15.89%	1.00%	0.00%	0.00%	0.33%	20.00%	0.00%	17.22%
Bronze	Off Exchange	PPO 63 0	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.39%	0.00%	3.73%	10.79%	1 .95%	1.00%	0.00%	0.00%	0.31%	20.00%	0.00%	16.26%
Bronze	Off Exchange	EPO 8000 B1	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0.38%	0.00%	3.70%	10.51%	1 .62%	1.00%	0.00%	0.00%	0.30%	20.00%	0.00%	15.92%
Bronze	Off Exchange	EPO 8200 B1	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 1%	0.00%	3.80%	11.37%	15.62%	1.00%	0.00%	0.00%	0.33%	20.00%	0.00%	16.9 %
Bronze	Off Exchange	EPO 8000 B2	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 0%	0.00%	3.75%	11.00%	15.19%	1.00%	0.00%	0.00%	0.31%	20.00%	0.00%	16.51%
Bronze	Off Exchange	EPO 8200 B2	01/01/1	12/31/1	12.29%	0.00%	0.0 %	0. 3%	0.00%	3.86%	11.90%	16.22%	1.00%	0.00%	0.00%	0.3 %	20.00%	0.00%	17.56%

EXHIBIT 9: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT FILING

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	12.1 Regu atory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	12.2 Admin strative expenses for activities that improve hea th care qua ity as defined in the NAIC Annual Statement Supplement Hea th Care Exhibit - as $pmpm	12 3 Comm ss ons and broker fees - as $pmpm	12. Premium Taxes - as $pmpm	12.5 Other state and ederal axes and assessments (other than income taxes and covered lives assessment) - as $pmpm	12.6 Other administrative expenses - as $pmpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/ contribut on to surplus) - as $pmpm	1 . State income tax component - as $pmpm	15. Federal income tax component - as $pmpm	16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	17. Subtotal columns 12 7 through 16
BUFFALO														
Platinum	Off Exchange	HMO 109	0.00	0.22	2.38	0.00	18. 1	65.35	86.36	5.17	0.00	1.38	0 00	92.91
Platinum	Off Exchange	PPO 800	0.00	0.22	2.38	0.00	20.69	65.35	88.6	6.08	0.00	1.38	0 00	96.09
Gold	Off Exchange	Aqua	0.00	0.21	2.21	0.00	17.07	60.69	80.18	.63	0.00	1.38	0 00	86.19
Gold	Off Exchange	Healthy NY	0.00	0.21	2.21	0.00	1 .99	60.69	78.10	3.80	0.00	1.38	0 00	83.27
Silver	Off Exchange	A ign Blended	0.00	0.17	1.81	0.00	15. 6	9.83	67.27	3.98	0.00	1.38	0 00	72.6
Silver	Off Exchange	POS 7100	0.00	0.17	1.81	0.00	16.13	9.83	67.95	.25	0.00	1.38	0 00	73.58
Silver	Off Exchange	POS 8100 S	0.00	0.17	1.81	0.00	15. 8	9.83	67.28	3.99	0.00	1.38	0 00	72.65
Silver	Off Exchange	Al gn HDHP	0.00	0.17	1.81	0.00	1 .38	9.83	66.20	3.55	0.00	1.38	0 00	71.1
Bronze	Off Exchange	POS 8100 B	0.00	0.16	1.76	0.00	13.93	8.28	6 .13	3.37	0.00	1.38	0 00	68.89
ALB 1														
Platinum	Off Exchange	STANDARD	0.00	0.22	2.38	0.00	22.69	65.35	90.63	6.87	0.00	1.38	0 00	98.89
Gold	Off Exchange	STANDARD	0.00	0.21	2.21	0.00	19.6	60.69	82.75	5.65	0.00	1.38	0 00	89.78
Gold	Off Exchange	PPO 800	0.00	0.21	2.21	0.00	22.77	60.69	85.88	6.91	0.00	1.38	0 00	9 .17
Gold	Off Exchange	HMO 109	0.00	0.21	2.21	0.00	20.6	60.69	83.75	6.06	0.00	1.38	0 00	91.19
Gold	Off Exchange	EPO 8000 G	0.00	0.21	2.21	0.00	20.37	60.69	83. 8	5.95	0.00	1.38	0 00	90.81
Gold	Off Exchange	EPO 8200 G	0.00	0.21	2.21	0.00	19.23	60.69	82.3	5. 9	0.00	1.38	0 00	89.21
Gold	Off Exchange	Healthy NY	0.00	0.21	2.21	0.00	17.30	60.69	80. 1	.72	0.00	1.38	0 00	86.51
Silver	Off Exchange	STANDARD	0.00	0.17	1.81	0.00	18.18	9.83	69.99	5.07	0.00	1.38	0 00	76. 5
Silver	Off Exchange	EPO 5026	0.00	0.17	1.81	0.00	19.5	9.83	71.35	5.61	0.00	1.38	0 00	78.35
Silver	Off Exchange	EPO 5226	0.00	0.17	1.81	0.00	18.	9.83	70.26	5.18	0.00	1.38	0 00	76.81
Silver	Off Exchange	EPO 00	0.00	0.17	1.81	0.00	19.39	9.83	71.21	5.56	0.00	1.38	0 00	78.15
Silver	Off Exchange	EPO 20	0.00	0.17	1.81	0.00	18.31	9.83	70.13	5.12	0.00	1.38	0 00	76.63
Silver	Off Exchange	EPO 8000 S1	0.00	0.17	1.81	0.00	18.18	9.83	70.00	5.07	0.00	1.38	0 00	76. 5
Silver	Off Exchange	EPO 8200 S1	0.00	0.17	1.81	0.00	17.21	9.83	69.03	.68	0.00	1.38	0 00	75.09
Silver	Off Exchange	EPO 8000 S2	0.00	0.17	1.81	0.00	18.10	9.83	69.92	5.0	0.00	1.38	0 00	76.3
Silver	Off Exchange	EPO 8200 S2	0.00	0.17	1.81	0.00	17.1	9.83	68.95	.65	0.00	1.38	0 00	7 .99
Bronze	Off Exchange	STANDARD	0.00	0.16	1.76	0.00	15.5	8.28	65.7	.01	0.00	1.38	0 00	71.1
Bronze	Off Exchange	PPO 63 0	0.00	0.16	1.76	0.00	16.29	8.28	66. 9	.31	0.00	1.38	0 00	72.19
Bronze	Off Exchange	EPO 8000 B1	0.00	0.16	1.76	0.00	16.57	8.28	66.78	. 3	0.00	1.38	0 00	72.59
Bronze	Off Exchange	EPO 8200 B1	0.00	0.16	1.76	0.00	15.7	8.28	65.9	.10	0.00	1.38	0 00	71. 2
Bronze	Off Exchange	EPO 8000 B2	0.00	0.16	1.76	0.00	16.08	8.28	66.28	.23	0.00	1.38	0 00	71.90
Bronze	Off Exchange	EPO 8200 B2	0.00	0.16	1.76	0.00	15.29	8.28	65. 9	3.92	0.00	1.38	0 00	70.79
ALB 7														
Platinum	Off Exchange	STANDARD	0.00	0.22	2.38	0.00	23.35	65.35	91.30	7.1	0.00	1.38	0 00	99.82
Gold	Off Exchange	STANDARD	0.00	0.21	2.21	0.00	20.17	60.69	83.28	5.87	0.00	1.38	0 00	90.53
Gold	Off Exchange	PPO 800	0.00	0.21	2.21	0.00	23.	60.69	86.55	7.18	0.00	1.38	0 00	95.11
Gold	Off Exchange	HMO 109	0.00	0.21	2.21	0.00	21.22	60.69	8 .33	6.29	0.00	1.38	0 00	92.00
Gold	Off Exchange	EPO 8000 G	0.00	0.21	2.21	0.00	20.93	60.69	8 .0	6.17	0.00	1.38	0 00	91.60
Gold	Off Exchange	EPO 8200 G	0.00	0.21	2.21	0.00	19.7	60.69	82.85	5.70	0.00	1.38	0 00	89.93
Gold	Off Exchange	Healthy NY	0.00	0.21	2.21	0.00	17.73	60.69	80.8	.89	0.00	1.38	0 00	87.11
Silver	Off Exchange	STANDARD	0.00	0.17	1.81	0.00	18.66	9.83	70. 8	5.26	0.00	1.38	0 00	77.12
Silver	Off Exchange	EPO 5026	0.00	0.17	1.81	0.00	20.08	9.83	71.89	5.83	0.00	1.38	0 00	79.11
Silver	Off Exchange	EPO 5226	0.00	0.17	1.81	0.00	18.93	9.83	70.75	5.37	0.00	1.38	0 00	77.50
Silver	Off Exchange	EPO 00	0.00	0.17	1.81	0.00	19.93	9.83	71.7	5.77	0.00	1.38	0 00	78.90
Silver	Off Exchange	EPO 20	0.00	0.17	1.81	0.00	18.80	9.83	70.61	5.32	0.00	1.38	0 00	77.31
Silver	Off Exchange	EPO 8000 S1	0.00	0.17	1.81	0.00	18.67	9.83	70. 8	5.27	0.00	1.38	0 00	77.13
Silver	Off Exchange	EPO 8200 S1	0.00	0.17	1.81	0.00	17.68	9.83	69. 6	.86	0.00	1.38	0 00	75.70
Silver	Off Exchange	EPO 8000 S2	0.00	0.17	1.81	0.00	18.58	9.83	70. 0	5.23	0.00	1.38	0 00	77.01
Silver	Off Exchange	EPO 8200 S2	0.00	0.17	1.81	0.00	17.57	9.83	69.39	.83	0.00	1.38	0 00	75.60
Bronze	Off Exchange	STANDARD	0.00	0.16	1.76	0.00	15.90	8.28	66.10	.16	0.00	1.38	0 00	71.65
Bronze	Off Exchange	PPO 63 0	0.00	0.16	1.76	0.00	16.69	8.28	66.89	. 7	0.00	1.38	0 00	72.7
Bronze	Off Exchange	EPO 8000 B1	0.00	0.16	1.76	0.00	16.99	8.28	67.19	.59	0.00	1.38	0 00	73.16
Bronze	Off Exchange	EPO 8200 B1	0.00	0.16	1.76	0.00	16.12	8.28	66.32	.25	0.00	1.38	0 00	71.95
Bronze	Off Exchange	EPO 8000 B2	0.00	0.16	1.76	0.00	16. 7	8.28	66.67	.39	0.00	1.38	0 00	72.
Bronze	Off Exchange	EPO 8200 B2	0.00	0.16	1.76	0.00	15.65	8.28	65.85	.06	0.00	1.38	0 00	71.29

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

HealthNow NY Inc.	**Not-For-Profit - 43**	**Not-for-Profit**	**55204**
Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code

257 West Genesee St, Buffalo, NY 14202
Company mailing address

B. Contact Person:

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information (See Note #1):

New rate applicability period	New rate effective date	SERFF Tracking Number

E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): **Small Group, Individual**

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	**No**
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	**No**
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	**No**
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exh bit is not applicable?	**Yes**
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	**No**

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date.
It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date.
It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
* For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscr bers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

HealthNow New York Incorporated

2014 New York State Off Exchange Rate Submission

Actuarial Memorandum

Actuarial Memorandum Table of Contents

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Actuarial Memorandum

Purpose

The purpose of this rate filing is to develop premium rates to be offered by HealthNow New York Incorporated Off Exchange to individual and group markets between January 1, 2014 and December 31, 2014. The standard plans will also be offered Off Exchange. All standard individual and SHOP plans included within the On Exchange filing will be available Off Exchange. All non-standard individual plans included within the On Exchange filing will not be available Off Exchange.

The filing is constructed in accordance with the instructions provided in the finalized individual, small group, and stand alone dental checklists as provided by New York State Department of Financial Services.

Policy Form Numbers

The rate filing pertains to the following policy form numbers:

- CN1C3S0441 – Off Exchange Article 43 products
- CH1C4F0452 – Off Exchange Article 44 products
- CN3C3S0453 – Individual Off Exchange products
- CR1R3F0442 – Contraception Coverage On-Exchange
- CN1R3N0443 – Dependent Age 30 On-Exchange
- CD1C3S0454 – Individual Off Exchange stand alone dental
- CD1C3S0455 – Group Off Exchange stand alone dental

Summary of Rating Regions

Region #2 – Buffalo Area
HealthNow NY will offer commercial products in all 8 counties defined for this region. These are the same 8 counties that HealthNow currently does business in as BlueCross BlueShield of Western New York. Healthy New York will be offered in all 8 counties as well.

Region #1 – Albany Area
HealthNow NY will offer commercial products in all 11 counties defined for this region. These 11 counties are a subset of the 13 counties that HealthNow currently does business in as BlueShield of Northeastern New York. The HMO 109 and Healthy New York will be offered in all counties except for Schoharie.

Region #7 – Utica / Watertown Area
HealthNow NY will offer commercial products in the Clinton and Essex counties within this region. These 2 counties plus the 11 counties in Region 1 are the entire set of counties that HealthNow currently does business in as BlueShield of Northeastern New York. Healthy New York will be offered in Clinton and Essex, plus Oswego County.

Region #5 – Rochester
Healthy New York will be offered in Monroe and Wayne counties.

Region #6 – Syracuse
Healthy New York will be offered in Chemung and Onondaga counties.

HealthNow will not offer any commercial products in Region #3, #4, #5, #6, and the remaining 11 counties that make up Region #7.

Overview of Rating Approach

The base claim period for rate development was a 12 month span from January 2012 through December 2012 consisting of all statewide commercial small group business (grandfathered and non-grandfathered) for HealthNow. Two months of claims run-out was included in the base allowed claims, and a completion factor was applied to convert the base paid claims to base incurred claims.

- The base medical and pharmacy claims were trended from the midpoint of the experience period (July 1, 2012) to the midpoint of the rate period (July 1, 2014) using 2 years of pricing trend to create projected medical and pharmacy claims. The components of the 2 years of pricing trend (2013 and 2014) consist of trends for unit cost, utilization, and demographic deterioration.
- All base medical and pharmacy claims are on an allowed basis (as opposed to paid). Therefore no cost sharing leveraging is applied from the experience period to the rate period. The utilization trend implicitly includes complexity trends as well.
- Projected non-system claims are included which consist of the following:
    - GME payments
    - Vendor / provider payments
    - Pharmacy Rebates
    - Other miscellaneous expenses

  Note: Regulation 146 pool adjustments have been removed from non-system claims.
- Administrative expenses are included based on 2014 projections from the HealthNow Finance Department.
- Several other PPACA related expenses, population adjustments, and benefit adjustments are accounted for in the rate build-up and will be discussed in the next section.
- Risk Adjustment and reinsurance are accounted for based on the Deloitte simulation results.
- Geographic factors are applied to create regional rates from the pooled statewide experience.
- A step-up conversion factor is used to develop a single rate from a claims and admin PMPM.
- Risk margin is built-in to account for unanticipated claims experience as well as contribute to retained earnings.
- New York State provided tier factors are used to develop child only, 2 person, employee / child(ren), and family rates.

HealthNow is only using the small group risk adjustment and reinsurance simulation results in the rate development. This is being done because both the group and individual rates are being developed based on current small group experience. Therefore the small group simulation results are used with the population adjustment factors for group and individual being applied to them. In addition, the individual results appear to be skewed due to the standardized direct pay population presence within them. Based on membership they are accounting for approximately 9% of the population within the individual results. We believe that number should be less than 5% based on results obtained from OptumHealth. Due to the high morbidity of the standardized direct pay population the individual simulation reinsurance and risk adjustment figures are too large and cannot be used in our rate development.

Rate Development Exhibits

The following will provide a narrative summary discussing the rate development methodology. The exact calculation formulas are available within Exhibits 15-18 within the rate development document. Each unique variable throughout the rate development is assigned a reference number (in red text). The source and/or calculation of each value are provided. The first page of the rate development is the index with the exhibits following it.

Exhibits 1 – 2: Rate Support

These exhibits provide support for several of the variables used within later exhibits for constructing the rates. They are as follows:

- Demographic Deterioration – This compares the demographic of the January 2012 and January 2013 HealthNow small group population. The change in demographic (2013/2012) is used as a trending component from base period to rate period. A 1.0% deterioration has been assumed for 2014/2013.
- Non-System Claims – Trended from the midpoint of the experience period to the midpoint of the rate period.
- Administrative Costs – A total projected 2014 administrative PMPM was developed by HealthNow Finance for On Exchange membership. The variable administrative PMPM for each medal level has been scaled to create varying admin PMPMs by medal level. This has been done due to an expectation of higher administrative costs on richer plans. The scaling is based on the expected distribution of membership by medal level. The scaling is set such that the total administrative dollars collected is unchanged.
- Population Adjustment Factors – These are applied to the rate period projections which are based on small group experience. The individual and SHOP markets will bring upon a higher cost population that these factors will compensate for.
- Step-up Factors – These factors are applied to the single claims and admin PMPM build-up to convert them to single rates. The medical and pharmacy factor is generated by assuming all HealthNow 2013 membership is within a 4 tier structure (with New York State provided tier factors) based on the members within each contract. The pediatric dental tier factors are developed by splitting HealthNow membership between contracts with 1 eligible child and contracts with 2 or more eligible children. Please note that the final step-up factor is developed in the "Age 30 Rider" section below based on the step-up factor developed within this section. An adjustment is made to the step-up factor developed in this section to spread the cost of the age 30 rider amongst all tiers.
- Geographic Adjustments – These factors are used to generate separate rates for Regions #1, #2, and #7 for as well as subsets of these regions for non-standard products. The geographic factors are also split depending on whether the product is a local network or national network product. The geographic factors developed for standard products are modifications of the factors provided in the Deloitte small group simulation. The factors developed are based on the normalized risk selection factors from the simulation but are adjusted based on our experience period actuarial values and anticipated 2014 claims costs in each region. A similar approach is taken for the 4 counties in Region #1 where non-standard products will be offered. An additional modification is made to the 2 counties in region #2 where non-standard products will be offered with the Align network. Additional support for these factors is provided in the "Geographic Factors" exhibit.
- Facility Cost Reduction – These factors reduce medical expense to account for unit cost negotiations taking place for the individual market.
- Age 30 Rider – Additional tier factors for NYS DFS Employee / Child(ren) and Family tier factors which provide coverage to age 30 are developed here. They are based off of the NYS DFS Employee / Child(ren) and Family to age 26 tier factors. An additional load to the above developed step-up factor is applied in order to spread the cost of the rider amongst all tiers.

Exhibits 3 – 8: Development of Group Plans

Exhibit 3 begins by giving an overview of the base data used as well as the number of member months within the base data. The starting index rate (paid claims PMPM without non-system) for the base period as well as the actuarial value within the experience period is displayed. Following are the 2013 and 2014 trends for unit cost, utilization, and demographic deterioration that will be used to transition from base period data to rate period data.

The remainder of Exhibit 3, as well as Exhibit 4, develops the claims PMPM at applicable copay and coinsurance levels for all in-network (INN) benefits (deductible and out-of-pocket maximum is not factored in at this time). In some instances (such as PCP services and SCP services) several essential

health benefit (EHB) categories with identical cost sharing are rolled-up together. The base period claims experience for these benefits, plus the ones from Exhibit 5, add up to the index rate. For each category the base period experience is converted to rate period by applying trend as well as induced demand utilization adjustments to account for the effect of cost sharing on member utilization. The induced demand adjustment factors are developed with input from the Milliman Health Cost Guidelines.

Exhibit 5 develops the claims PMPM for preventive services (which are always at $0 cost sharing), pharmacy (generic, brand, and non-formulary), and out-of-network (OON) benefits. Once again this is done by converting base period data to rate period data with trend and induced demand utilization adjustments. The actuarial value of the OON deductible / coinsurance / out-of-pocket maximum is derived from claims probability distribution tables created from the member level base data.

Exhibit 6 produces the Region #2 final rates for all medal levels by combining all claims costs, admin expenses, fees, taxes, population adjustments, and geographic factors. All rates for each medal level and the catastrophic plan are derived from the full coverage rate. The full coverage rate is the index rate adjusted for no cost sharing and induced demand. The claims costs for medical and pharmacy for each plan design are summed together based on the claims costs developed in Exhibits 3 through 5 (once again these are the claims costs of the benefits at copay / coinsurance without deductible considered yet). These claims costs are compared to the claims costs at full coverage to determine a member actuarial value (member percentage cost share). This is the pricing actuarial value before the effect of the deductible. The pricing actuarial value combined with the deductible and out-of-pocket maximum is then run through HealthNow claims probability distribution tables created from the member level base data to determine a revised pricing actuarial value which now considers the effect of the deductible and out-of-pocket maximum. This pricing actuarial value compounded with an induced demand utilization factor for the deductible is applied to the full coverage rate resulting in the final claims PMPMs for medical and pharmacy.

The final claims PMPM are then further adjusted to account for the following:

- Exercise Benefit
- Non-system Claims
- CER Fee
- Reinsurance Contribution
- Risk Adjustment Operational Fee
- On Exchange Administrative Expense (User Fee). This has been set to 0.
- Internal Administrative Expense
- Reinsurance Recoveries and Healthy New York Stop-Loss Recoveries
- Risk Adjustment: Payments / (Receipts)
- Limited Pharmacy Formulary
- Population Differences
- Geographic Differences
- Facility Unit Cost Reductions
- Risk Margin

The step-up factor is applied to the final claims PMPM and the above adjustments resulting in the single rates for medical and pharmacy.

The Healthy New York stop-loss receipts are calculated as 80% of the amount submitted in the Small Group Healthy New York Q4 2012 Loss Ratio Report.

For Aqua and Healthy New York there is a separate deductible for medical and pharmacy. The rate build-up for these plans is split into 2 columns to divide the applicable medical and pharmacy components.

The “Align” products use a 2-tier medical provider network. Tier 1, which is estimated to account for 90% of all utilization, will use the “Align” network. This network includes providers that HealthNow has negotiated a reduced unit cost and enhanced clinical integration with (averaging 6% savings which corresponds to the .94 regional adjustment). Tier 2, which is estimated to account for 10% of all utilization, consists of “non-Align” providers. The total medical rate is derived as previous plans except that the total cost is weighted 90/10 by Tier 1 and Tier 2 using the “Align Network Weighting Factor”.

The Healthy New York rate will be used for Region #5 as well.

The end of Exhibit 6 provides the tier factors and tier rates for all plans in Region #2. The tier factors are provided from NYS DFS with the exception of the age 30 factors which are developed in Exhibit 2.

Exhibit 7 follows the same methodology as Exhibit 6 for Regions #1 and #7.

For EPO 4006, EPO 4206, and Healthy New York there is a separate deductible for medical and pharmacy. The rate build-up for these plans is split into 2 columns to divide the applicable medical and pharmacy components.

The Healthy New York rate will be used for Region #6 as well.

Exhibit 8 provides the tier factors and tier rates for all plans in Regions #1 and #7.

Exhibits 9: Stand Alone Pediatric and Adult Dental Plans

The stand-alone dental plans will be administered by HealthPlex. They are a dental vendor that will be assuming claims risk and most of the administrative expense. We adjust their single premium by adding on our internal administrative expense, excise tax, margin, and step-up factor to determine the total single rate.

Exhibits 10-13: Formulas

Each variable throughout the rate development that has been assigned a reference number (in red text) throughout the rate development is listed here. The source and/or calculation for each are provided. The calculation formulas have the reference number in parentheses and brackets indicate order of operation.

Rate Manual

The rate manual is divided into the following sections:

- Index
- Overview
- Region Definition
- Benefit Summaries: These summaries are intended to be high-level summaries of major benefit categories.
- Medical / Pharmacy Rates: Rates for all regions and tiers effective for each of the 4 quarters of 2014. The rates for quarters 2, 3, and 4 are generated by rolling the previous quarter’s rates by a factor of 1.5% which corresponds with the pricing trends used within the rate development. The Healthy New York rates do not roll quarterly and expire on 12/31/2014.
- Dental Rates: Rates for all regions in the Individual and Group markets. The rates will remain the same for all of 2014 for Individual and Group. The rates for individual and Healthy New York expire on 12/31/2014 but the commercial group rates are guaranteed for one year from the effective date of the group's policy.

Other Required Information

Based on the requirements set forth for this filing, this rate application includes:

- Actuarial Memorandum (with actuarial certification)
- Rate Development
- Rate Manual
- Actuarial Value Calculator Screen Prints
- Exhibit 1
- Exhibit 7
- Exhibit 8
- Exhibit 9
- Geographic Factors
- Development of Standardized Premiums (narrative summary of how they are developed)

Actuarial Certification

I certify that:

a. The filing is in compliance with all applicable laws and regulations of the State of New York
b. The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOP's) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 41, Actuarial Communications
c. The expected loss ratio meets the minimum requirement of the State of New York by permitted rating pools within each rating region.
d. The benefits are reasonable in relation to the premiums charged.
e. The rates are not unfairly discriminatory.

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Index
Rates Effective 1/1/2014

Index:

Exhibit	Description
1 - 2	Rate Supporting Variables Development
3 - 8	Medical and Pharmacy Development
9	Dental Development
10 - 13	Formula Calculation Details

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Exhibit 1 - Rate Support
Rates Effective 1/1/2014

Demographic Deterioration:

	1	2	3
		NENY	
	1/1/2012 SG Demo	1/1/2013 SG Demo	2013 / 2012 Change
Medical:	1 037	1.047	1.0%
Pharmacy:	1.043	1.054	1.0%

Non-System Medical Claims:

	WNY	
2012 Non-System Claims:	16.43	4
2 Year Trend:	6.1%	5
2014 Non-System Claims:	17.43	6

Non-System Pharmacy Claims (Rebates):

	WNY	
2012 Non-System Claims:	(7.85)	7
2 Year Trend:	6.1%	8
2014 Non-System Claims:	(8.33)	9

Administrative Costs:

	WNY	
2014 Fixed Admin:	22.77	10
2014 Variable Admin:	32.27	11
2014 Total Admin:	55.04	12
Membership Distribution:		
Platinum:	10 0%	13
Gold:	20 0%	14
Silver:	30 0%	15
Bronze / Catastrophic:	40 0%	16
Variable Admin Relativity:		
Platinum:	1.400	17
Gold:	1.250	18
Silver:	0.941	19
Bronze / Catastrophic:	0.850	20
2014 Total Admin PMPM:		
Platinum:	67.95	21
Gold:	63.11	22
Silver:	51.82	23
Bronze / Catastrophic:	50.20	24

Population Adjustment Factors:

% Membership w/ Subsidy:	80.1%	25
% Membership w/o Subsidy:	19.9%	26
w/ Subsidy claims cost relative to SG:	1.112	27
w/o Subsidy claims cost relative to SG:	1.747	28
Individual Adjustment Factor:	1.238	29
% Membership Group Off:	93 0%	30
% Membership Group SHOP:	7 0%	31
Group Off claims cost relative to SG:	1.000	32
SHOP claims cost relative to SG:	1.134	33
Group Adjustment Factor:	1.009	34

Step-up Factors:

All Regions - Medical and Pharmacy

Distribution	35 Contracts	36 Members	37 Contract Mix	38 Avg Contract Size	39 26/26 Tier Factor	40 Step-up Factor
Single	24,476	24,476	63.1%	1.000	1.000	
Two Person	4,210	8,420	10.9%	2.000	2.000	
E /C	1,492	3,952	3.8%	2.649	1.700	
Family	8 581	35 014	22.1%	4.080	2.850	
	38,759	71,862	100.0%	1.854		1.19993 *

*The final step-up factor is developed in the "Age 30" Rider section below.

All Regions - Pediatric Dental

Distribution	Contracts	Members	Contract Mix	Avg Contract Size	26/26 Tier Factor	Step-up Factor
1 Child	3,265	3,265	8.4%	1.000	1.000	
2+ Children	4,364	10,754	11.3%	2.464	2.400	
	7,629	14,019	19.7%	1.838		1.020

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Exhibit 2 - Rate Support
Rates Effective 1/1/2014

Geographic Adjustment:

*Additional support provided in "Geographic Adjustment" exhibit.

All Counties In Rating Region That HealthNow Participates In

		Local POS Region #1	Local EPO Region #1	Local Region #2	Local POS Region #7	Local EPO Region #7	HealthNow
41	Experience Period Actuarial Value	0.853	0.853	0.808	0.853	0.853	0.822
42	Normalized Risk Selection Factor	0.982	0.982	1.112	0.983	0.983	1.072
43	2014 Projected Claims PMPM	341.66	358.75	284.19	357.27	375.14	317.03
44	Claims PMPM at Avg AV and Risk	359.35	377 31	278.72	375.40	394.17	317.03
45	Geographic Factor	1.133	1.190	0.879	1.184	1.243	1.000

	National Region #1	National Region #2	National Region #7	HealthNow
Experience Period Actuarial Value	0.853	0.808	0.853	0.822
Normalized Risk Selection Factor	0.982	1.112	0.983	1.072
2014 Projected Claims PMPM	394.39	337.56	412.41	317.03
Claims PMPM at Avg AV and Risk	414.80	331.07	433.33	317.03
Geographic Factor	1.308	1.044	1.367	1.000

Subset Counties In Rating Region That HealthNow Participates In

	Local EPO Region #1*
Experience Period Actuarial Value	0.853
Normalized Risk Selection Factor	0.982
2014 Projected Claims PMPM	351.03
Claims PMPM at Average AV and Risk	369.20
Geographic Factor	1.165

*Albany, Rensselaer, Saratoga, Schenectady.

	46 Align Network Savings	47 % Medical Claims	48 Regional Adjustment
Region #2 Local**	0.940	0.777	0.838

**Erie, Niagara (where the Align Network functions)

Facility Unit Cost Reduction:

Individual market only

	49 Facility Market Share	50 Facility-Based Claims %	51 Facility Cost Reduction	52 Medical Adj. Factor
Region #1	66.7%	60.5%	3 0%	0.988
Region #1 Select Counties	100 0%	60.5%	3 0%	0.982
Region #2	100 0%	55.4%	3 0%	0.983

Age 30 Rider:

Medical and Pharmacy

Age 26 Dependent Factor (From Age 19):	1.04850	53
Age 30 Dependent Factor (From Age 19):	1.06090	54
Convert From Age 26 to Age 30:	1.01183	55

	56 NYS DFS Tier Factors	57 Contract Mix
Single Tier Factor (Age 26)	1.000	63.1%
2 Person Tier Factor (Age 26)	2.000	10.9%
E / C Tier Factor (Age 26)	1.700	3 8%
Family Tier Factor (Age 26)	2.850	22.1%

Age 26 Revenue Factor:	1.54514	58
E/C and Family that purchase age 30 rider:	10 0%	59

	60 Modified Tier Factors	61 Contract Mix
Single Tier Factor (Age 26)	1.000	63.1%
2 Person Tier Factor (Age 26)	2.000	10.9%
E / C Tier Factor (Age 26)	1.700	3 5%
E / C Tier Factor (Age 30)	1.720	0.4%
Family Tier Factor (Age 26)	2.850	19.9%
Family Tier Factor (Age 30)	2.884	2 2%

Age 30 Revenue Factor:	1.54597	62
Revenue Increase Factor:	1.00054	63

	64 Final Tier Factors	65 Contract Mix
Single Tier Factor (Age 26)	1.000	63.1%
2 Person Tier Factor (Age 26)	2.000	10.9%
E / C Tier Factor (Age 26)	1.700	3 5%
E / C Tier Factor (Age 30)	1.719	0.4%
Family Tier Factor (Age 26)	2.850	19.9%
Family Tier Factor (Age 30)	2.882	2 2%

Revised Age 30 Revenue Factor:	1.54593	66
Step-up Factor Adjustment:	1.00003	67
Original Step-up Factor:	1.19993	68
Final Step-up Factor:	1.19997	69

Base Period Data Region #2:

2012 WNY Small Group Claims Experience. Two months of claims run out with completion factor applied.
Current HealthNow WNY rating region contains the same 8 counties as Exchange Rating Region #2.

Base Period Medical Member Months:	936,503	70
Base Period Rx Member Months:	898,140	71
Index Rate:	282.17	72
Experience Period AV:	82.2%	73

Trend And Demographic Region #2:

	Medical	Pharmacy	
2013 Annual Unit Cost Trend:	4.6%	2.8%	74
2013 Annual Utilization Trend:	2.2%	1.8%	75
2013 Demo Deterioration:	1.0%	1.0%	76
2014 Annual Unit Cost Trend:	5.4%	-1.0%	77
2014 Annual Utilization Trend:	-1.0%	1.0%	78
2014 Demo Deterioration:	1.0%	1.0%	79

Claims Development By Service Region #2:

All claims are developed at a 1/1/2014 level by converting 2012 base data claims using trend and demo adjustments
All Services are in-network other than the "Out-Of-Network" specific section

PCP Services:

Base Data:

80 Claim Count	81 Utilization / 1,000	82 Cost / Service	83 Cost Share Per Service	84 Copays Per Service
301,248	3,860	89.09	23.71	0.467

Rate Period:

85 Cost Share Copay	86 Cost Share Coinsurance	87 Cost / Service	88 Net Cost	89 Utilization Adjustment	90 Utilization / 1,000	91 Claims PMPM
20		98.15	88.81	1.050	4,181	30.94
25		98.15	86.47	1.000	3,982	28.69
30		98.15	84.14	0.990	3,942	27.64
40		98.15	79.47	0.970	3,862	25.58
	0%	98.15	98.15	1.200	4,778	39.08
	10%	98.15	88.34	1.080	4,300	31.66
	20%	98.15	78.52	1.010	4,022	26.32
	40%	98.15	58.89	0.970	3,862	18.96
	50%	98.15	49.08	0.950	3,783	15.47

SCP Services:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
399,589	5,120	181.62	33.40	0.582

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1 000	Claims PMPM
30		200.10	182.63	1.035	5,469.0	83.23
40		200.10	176.81	0.985	5,200.9	76.63
50		200.10	170.99	0.964	5,093.7	72.58
60		200.10	165.16	0.954	5,040.0	69.37
	0%	200.10	200.10	1.218	6,434.1	107.29
	10%	200.10	180.09	1.046	5,522.6	82.88
	20%	200.10	160.08	0.995	5,254.5	70.10
	40%	200.10	120.06	0.954	5,040.0	50.43
	50%	200.10	100.05	0.934	4,932.8	41.13

PT/OT/ST:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
40,874	524	57.16	20.71	0.994

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
30		62.97	33.14	0.970	524.1	1.45
50		62.97	13.25	0.800	432.2	0.48
60		62.97	3.30	0.800	432.2	0.12
	0%	62.97	62.97	1.300	702.3	3.69
	10%	62.97	56.67	1.250	675.3	3.19
	20%	62.97	50.38	1.070	578.1	2.43
	40%	62.97	37.78	1.010	545.7	1.72
	50%	62.97	31.49	0.980	529.5	1.39

Emergency Room:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
25,278	324	415.04	139.75	0.437

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
75		457.26	424.52	1.236	413.0	14.61
150		457.26	391.77	0.989	330.4	10.79
200		457.26	369.94	0.944	315.3	9.72
	0%	457.26	457.26	1.461	488.0	18.60
	10%	457.26	411.54	1.303	435.5	14.93
	20%	457.26	365.81	1.101	367.9	11.22
	40%	457.26	274.36	0.989	330.4	7.55
	50%	457.26	228.63	0.944	315.3	6.01

Claims Development By Service Region #2 (Continued):

Ambulance:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
1,495	19	1,094.24	248.00	1.000

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
75		1,205.57	1,130.57	1.375	27.2	2.56
150		1,205.57	1,055.57	1.100	21.7	1.91
200		1,205.57	1,005.57	1.050	20.7	1.74
	0%	1,205.57	1,205.57	1.625	32.1	3.23
	10%	1,205.57	1,085.01	1.138	22.5	2.03
	20%	1,205.57	964.45	1.000	19.8	1.59
	40%	1,205.57	723.34	0.956	18.9	1.14
	50%	1,205.57	602.78	0.938	18.5	0.93

Urgent Care:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
12,670	162	202.66	61.63	0.981

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
35		223.27	188.93	1.021	171.0	2.69
40		223.27	184.03	1.011	169.2	2.60
60		223.27	164.40	1.000	167.5	2.29
75		223.27	149.68	0.989	165.7	2.07
	0%	223.27	223.27	1.263	211.5	3.94
	10%	223.27	200.95	1.126	188.6	3.16
	20%	223.27	178.62	1.000	167.5	2.49
	40%	223.27	133.96	0.979	163.9	1.83
	50%	223.27	111.64	0.968	162.2	1.51

DME / Medical Supplies:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
14,621	187	175.93	70.25	1.000

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
	0%	193.82	193.82	1.263	244.1	3.94
	10%	193.82	174.44	1.074	207.5	3.02
	20%	193.82	155.06	1.021	197.3	2.55
	40%	193.82	116.29	0.987	190.7	1.85
	50%	193.82	96.91	0.968	187.2	1.51

Outpatient Facility:

Base Data:

Claim Count	Utilization / 1 000	Cost / Service	Cost Share Per Service	Copays Per Service
54,624	700	789.57	78.88	0.421

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
100		869.90	827.83	0.949	685.2	47.27
150		869.90	806.80	0.898	648.3	43.59
300		869.90	743.70	0.857	618.9	38.35
400		869.90	701.64	0.857	618.9	36.18
	0%	869.90	869.90	1.327	957.8	69.43
	10%	869.90	782.91	1.041	751.5	49.03
	20%	869.90	695.92	0.898	648.3	37.60
	25%	869.90	652.42	0.878	633.6	34.45
	30%	869.90	608.93	0.816	589.4	29.91
	40%	869.90	521.94	0.842	607.8	26.44
	50%	869.90	434.95	0.816	589.4	21.36

Inpatient Facility:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service	Copays Per Service
5,221	67	13,857.46	741.51	1.000

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
500		15,267.33	14,767.33	1.010	69.7	85.78
750		15,267.33	14,517.33	1.000	69.0	83.49
1,000		15,267.33	14,267.33	0.995	68.7	81.64
	0%	15,267.33	15,267.33	1.015	70.0	89.12
	10%	15,267.33	13,740.60	0.990	68.3	78.23
	20%	15,267.33	12,213.87	0.990	68.3	69.54
	25%	15,267.33	11,450.50	0.990	68.3	65.19
	30%	15,267.33	10,687.13	0.990	68.3	60.85
	40%	15,267.33	9,160.40	0.980	67.6	51.63
	50%	15,267.33	7,633.67	0.980	67.6	43.02

Claims Development By Service Region #2 (Continued):

Preventive:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service		Copays Per Service
117,473	1,505	127.00	1.68		-

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
-		139.92	139.92	1.00	1,552.7	18.10

Prescription Drug - Generic:

Base Data:

92 Claim Count	93 Utilization / 1,000	94 Cost / Service	95 Cost Share Per Service		96 Copays Per Service	97 Mail Order Frequency
765,726	9,812	29.86	11.32		1.000	19.5%

Rate Period:

98 Cost Share Copay	99 Cost Share Coinsurance	100 Effective Copay	101 Cost / Service	102 Net Cost	103 Utilization Adjustment	104 Utilization / 1,000	105 Claims PMPM
4		3.77	30.40	26.75	1.080	11,122.0	24.79
10		8.40	30.40	22.27	1.010	10,401.1	19.31
15		11.56	30.40	19.22	0.970	9,989.2	16.00
20		13.55	30.40	17.29	0.920	9,474.3	13.65
25		15.24	30.40	15.66	0.890	9,165.3	11.96
	0%		30.40	30.40	1.100	11,328.0	28.70
	20%		30.40	24.52	1.060	10,916.0	22.30

Prescription Drug - Brand:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service		Copays Per Service	Mail Order Frequency
131,794	1,689	296.29	63.37		1.000	25.0%

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Effective Copay	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
30		28.08	301.63	274.46	1.075	1,905.4	43.58
35		32.55	301.63	270.14	1.038	1,839.0	41.40
40		37.00	301.63	265.83	1.025	1,816.8	40.25
50		45.75	301.63	257.36	1.013	1,794.6	38.49
	0%		301.63	301.63	1.375	2,437.2	61.26
	20%		301.63	243.26	1.013	1,794.6	36.38
	50%		301.63	155.72	0.938	1,661.7	21.56

Prescription Drug - Non-Formulary:

Base Data:

Claim Count	Utilization / 1,000	Cost / Service	Cost Share Per Service		Copays Per Service	Mail Order Frequency
45,334	581	165.78	92.86		1.000	16.5%

Rate Period:

Cost Share Copay	Cost Share Coinsurance	Effective Copay	Cost / Service	Net Cost	Utilization Adjustment	Utilization / 1,000	Claims PMPM
70		57.72	168.76	112.92	1.027	626.0	5.89
	0%		168.76	168.76	1.467	894.2	12.58
	20%		168.76	136.11	1.133	691.0	7.84
	50%		168.76	87.13	1.000	609.7	4.43

Out-Of-Network:

Deductible:	500	1,000	1,250	1,500	1,500	2,000	2,000	3,000	3,500	4,000	5,000
Coinsurance:	40%	50%	40%	40%	40%	30%	50%	50%	40%	40%	50%
OOP Max:	5,000	10,000	10,000	5,000	10,000	5,000	6,350	10,000	10,000	10,000	Unlimited
106 Utilization Adjustment:	0.990	0.970	0.960	0.940	0.940	0.910	0.910	0.900	0.890	0.880	0.870
107 Actuarial Value (Member):	26.5%	38.1%	36.2%	31.8%	37.4%	32.2%	37.1%	44.3%	43.7%	44.8%	66.1%
108 Total 2014 Allowed OON PMPM:	18.36	18.36	18.36	18.36	18.36	18.36	18.36	18.36	18.36	18.36	18.36
109 Claims PMPM:	13.36	11.01	11.24	11.77	10.80	11.33	10.50	9.20	9.20	8.92	5.42

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Exhibit 6 - Rate Development
Rates Effective 1/1/2014

Total Single Rate Region #2:

AVs are for member.

		Platinum		Gold				Silver						Bronze
		HMO 110	PPO 800	Aqua		**Healthy NY**		Align Blended		POS 7100	POS 8100 S	Align HDHP		POS 8100 B
		Med + Rx	Med + Rx	Med	Rx	Med	Rx	Tier 1	Tier 2	Med + Rx	Med + Rx	Tier 1	Tier 2	Med + Rx
110	INN Medical Paid at Full Coverage:	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42
111	Pharmacy Paid Full Coverage:	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53
112	INN Medical Paid (w/ copay / coin only):	288.05	241.93	241.93		271.33		245.74	150.44	263.64	241.93	241.93	179.64	234.43
113	Pharmacy Paid (w/ copay / coin only):	67.31	67.31		58.91		66.59	54.87	63.98	67.31	58.91	67.31	67.31	58.91
114	INN Medical Claims AV:	19.2%	32.1%	32.1%		23.9%		31.1%	57.8%	26.0%	32.1%	32.1%	49.6%	34.2%
115	Pharmacy Claims AV:	34.4%	34.4%		42.5%		35.1%	46.5%	37.6%	34.4%	42.5%	34.4%	34.4%	42.5%
	First Dollar:	-	-	500	-	-	-	-	-	-	-	-	-	-
	Deductible:	-	500	1,000	-	600	-	750	3,000	1,250	1,500	2,000	4,000	3,500
	OOP Max:	5,000	1,000	5,000	5,000	4,000	4,000	5,000	10,000	4,000	5,000	5,000	10,000	6,350
116	Total AV (w/ First $, Ded, and OOP added):	15.3%	12.4%	22.3%	26.0%	21.4%	21.4%	26.3%	44.8%	26.0%	30.2%	31.9%	45.9%	39.0%
117	Deductible Adjustment:	1.00	0.99	0.98	1.01	0.98	1.00	0.97	0.90	0.96	0.94	0.91	0.88	0.89
118	Final INN Medical Paid:	303.19	309.15	271.29		274.49		254.97	177.12	253.14	235.13	220.88	169.64	194.60
119	Final INN Rx Paid:	87.22	88.94		76.64		80.60	73.35	50.95	72.82	67.64	63.54	48.80	55.98
120	Exercise Benefit:	0.58	0.58	0.58	-	0.58	-	0.58	0.58	0.58	0.58	0.58	0.58	0.58
121	Non-System Medical Claims:	17.43	17.43	17.43	-	17.43	-	17.43	17.43	17.43	17.43	17.43	17.43	17.43
122	Non-System Pharmacy Claims (Rebates):	(8.33)	(8.33)	-	(8.33)	-	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)
123	Excise Tax:	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
124	CER Fee:	0.17	0.17	0.17	-	0.17	-	0.17	0.17	0.17	0.17	0.17	0.17	0.17
125	Reinsurance Contribution:	5.25	5.25	5.25	-	5.25	-	5.25	5.25	5.25	5.25	5.25	5.25	5.25
126	Risk Adjustment Operational Fee:	0.08	0.08	0.08	-	0.08	-	0.08	0.08	0.08	0.08	0.08	0.08	0.08
127	On Exchange Admin:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
128	Internal Admin:	67.95	67.95	63.11	63.11	63.11	63.11	51.82	51.82	51.82	51.82	51.82	51.82	50.20
129	Step-Up Factor:	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997
	Group - Region #2													
130	Healthy New York Stop-Loss Recovery:	-	-	-	-	(71.55)	-	-	-	-	-	-	-	-
131	Risk Adjustment - Payment / (Receipt):	(21.24)	(21.24)	(21.24)	-	(21.24)	-	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)
132	Limited Pharmacy Formulary:	(5.73)	(5.73)	-	(5.73)	-	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)
133	OON Claims:	11.77	13.36	11.01	-	-	-	9.20	-	11.77	10.80	8.92	-	9.20
134	Population Adjustment Factor:	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009
135	Geographic Adjustment:	0.879	1.044	0.879	0.879	0.879	0.879	0.838	0.879	0.879	0.879	0.838	0.879	0.879
136	Facility Unit Cost Reduction:	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
137	Align Network Weighting Factor:	1.000	1.000	1.000	1.000	1.000	1.000	0.900	0.100	1.000	1.000	0.900	0.100	1.000
138	Risk Margin:	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
139	1/1/2014 Group Medical Single Rate:	418.90	489.65	378.19		290.64		326.40		348.10	327.15	293.05		279.12
140	1/1/2014 Group Pharmacy Single Rate:	97.61	117.93	84.60		88.96		71.96		77.25	71.53	62.44		58.22
141	Total Adjustment From Index Rate:	1.830	2.153	1.640		1.345		1.412		1.507	1.413	1.260		1.196
142	MLR	82.6%	85.1%	81.9%		78.1%		82.7%		83.7%	82.7%	80.7%		80.3%

Tier Factors Region #2:

	143	144	145	146	147	148
			Age 26	Age 30	Age 26	Age 30
Plan	Single	2 Person	E / C	E / C	Family	Family
All	1.000	2.000	1.700	1.719	2.850	2.882

Tier Rates Region #2:

Small Group

	149	150	151	152	153	154
			Medical			
			Age 26	Age 30	Age 26	Age 30
Plan	Single	2 Person	E / C	E / C	Family	Family
HMO 110	418.90	837.80	712.13	720.09	1,193.87	1,207.27
PPO 800	489.65	979.30	832.41	841.71	1,395.50	1,411.17
Aqua	378.19	756.38	642.92	650.11	1,077.84	1,089.94
Healthy NY	290.64	581.28	494.09	499.61	828.32	837.62
Align Blended	326.40	652.80	554.88	561.08	930.24	940.68
POS 7100	348.10	696.20	591.77	598.38	992.09	1,003.22
POS 8100 S	327.15	654.30	556.16	562.37	932.38	942.85
Align HDHP	293.05	586.10	498.19	503.75	835.19	844.57
POS 8100 B	279.12	558.24	474.50	479.81	795.49	804.42

	155	156	157	158	159	160
			Pharmacy			
			Age 26	Age 30	Age 26	Age 30
Plan	Single	2 Person	E / C	E / C	Family	Fam ly
HMO 110	97.61	195.22	165.94	167.79	278.19	281.31
PPO 800	117.93	235.86	200.48	202.72	336.10	339.87
Aqua	84.60	169.20	143.82	145.43	241.11	243.82
Healthy NY	88.96	177.92	151.23	152.92	253.54	256.38
Align Blended	71.96	143.92	122.33	123.70	205.09	207.39
POS 7100	77.25	154.50	131.33	132.79	220.16	222.63
POS 8100 S	71.53	143.06	121.60	122.96	203.86	206.15
Align HDHP	62.44	124.88	106.15	107.33	177.95	179.95
POS 8100 B	58.22	116.44	98.97	100.08	165.93	167.79

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Exhibit 7 - Rate Development
Rates Effective 1/1/2014

Total Single Rate Region #1 and #7:
AVs are for member.

	Gold						Silver										Bronze				
	PPO 800	HMO 109	EPO 8000 G	EPO 8200 G	**Healthy NY**		EPO 5026	EPO 5226	EPO 4006		EPO 4206		EPO 8000 S1	EPO 8200 S1	EPO 8000 S2	EPO 8200 S2	PPO 6340	EPO 8000 B1	EPO 8200 B1	EPO 8000 B2	EPO 8200 B2
	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med	Rx	Med + Rx	Med + Rx	Med	Rx	Med	Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
INN Medical Paid at Full Coverage:	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42	356.42
Pharmacy Paid Full Coverage:	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53	102.53
INN Medical Paid (w/ copay / coin only):	253.84	260.93	286.24	286.24	271.33		246.04	246.04	242.75		242.75		241.93	241.93	356.42	356.42	219.59	356.42	356.42	241.93	241.93
Pharmacy Paid (w/ copay / coin only):	70.62	70.62	70.62	70.62		66.59	41.99	41.99		58.91		58.91	58.91	58.91	102.53	102.53	70.62	102.53	102.53	58.91	58.91
INN Medical Claims AV:	28.8%	26.8%	19.7%	19.7%	23.9%		31.0%	31.0%	31.9%		31.9%		32.1%	32.1%	0.0%	0.0%	38.4%	0.0%	0.0%	32.1%	32.1%
Pharmacy Claims AV:	31.1%	31.1%	31.1%	31.1%		35.1%	59.1%	59.1%		42.5%		42.5%	42.5%	42.5%	0.0%	0.0%	31.1%	0.0%	0.0%	42.5%	42.5%
Deductible:	-	-	1,250	1,250	600	-	500	500	2,000	-	2,000	-	1,500	1,500	3,500	3,500	3,500	5,250	5,250	3,500	3,500
OOP Max:	5,000	6,350	3,000	3,000	4,000	4,000	6,350	6,350	5,000	5,000	5,000	5,000	5,000	5,000	3,500	3,500	6,350	5,250	5,250	6,350	6,350
Total AV (w/ Deductible and OOP added):	18.1%	18.7%	25.4%	25.4%	21.4%	21.4%	30.3%	30.3%	27.3%	24.5%	27.3%	24.5%	34.2%	34.2%	31.0%	31.0%	42.8%	38.4%	38.4%	42.7%	42.7%
Deductible Adjustment:	1.00	1.00	0.96	0.96	0.98	1.00	0.99	0.99	0.91	1.00	0.91	1.00	0.94	0.94	0.89	0.89	0.89	0.87	0.87	0.89	0.89
Final INN Medical Paid:	291.82	289.82	255.17	255.17	274.49		246.03	246.03	235.88		235.88		220.45	220.45	218.95	218.95	181.30	190.94	190.94	181.61	181.61
Final INN Rx Paid:	83.95	83.37	73.41	73.41		80.60	70.78	70.78		77.43		77.43	63.42	63.42	62.99	62.99	52.16	54.93	54.93	52.24	52.24
Exercise Benefit:	0.58	0.58	0.58	0.58	0.58	-	0.58	0.58	0.58	-	0.58	-	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.58
Non-System Medical Claims:	17.43	17.43	17.43	17.43	17.43	-	17.43	17.43	17.43	-	17.43	-	17.43	17.43	17.43	17.43	17.43	17.43	17.43	17.43	17.43
Non-System Rx Claims (Rebates):	(8.33)	(8.33)	(8.33)	(8.33)	-	(8.33)	(8.33)	(8.33)	-	(8.33)	-	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)	(8.33)
Excise Tax:	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
CER Fee:	0.17	0.17	0.17	0.17	0.17	-	0.17	0.17	0.17	-	0.17	-	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17
Reinsurance Contribution:	5.25	5.25	5.25	5.25	5.25	-	5.25	5.25	5.25	-	5.25	-	5.25	5.25	5.25	5.25	5.25	5.25	5.25	5.25	5.25
Risk Adjustment Operational Fee:	0.08	0.08	0.08	0.08	0.08	-	0.08	0.08	0.08	-	0.08	-	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08
On Exchange Admin:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Internal Admin:	63.11	63.11	63.11	63.11	63.11	63.11	51.82	51.82	51.82	51.82	51.82	51.82	51.82	51.82	51.82	51.82	50.20	50.20	50.20	50.20	50.20
Step-Up Factor:	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997	1.19997
Group - Region #1																					
Healthy New York Stop-Loss Recovery:	-	-	-	-	(65.43)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Risk Adjustment - Payment / (Receipt):	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	-	(21.24)	(21.24)	(21.24)	-	(21.24)	-	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)
Limited Pharmacy Formulary:	(5.73)	(5.73)	(5.73)	(5.73)	-	(5.73)	(5.73)	(5.73)	-	(5.73)	-	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)
OON Claims:	11.33	10.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.42	-	-	-	-
Population Adjustment Factor:	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009
Geographic Adjustment:	1.308	1.133	1.308	1.190	1.133	1.133	1.308	1.190	1.308	1.308	1.190	1.190	1.308	1.190	1.308	1.190	1.308	1.308	1.190	1.308	1.190
Facility Unit Cost Reduction:	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Align Network Weighting Factor:	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Risk Margin:	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
1/1/2014 Group Medical Single Rate:	553.00	487.10	474.22	439.51	357.33		448.32	414.97	431.69		399.84		406.31	376.75	403.85	374.52	349.38	356.32	331.14	340.98	317.19
1/1/2014 Group Pharmacy Single Rate:	137.88	118.63	120.56	109.67	114.68		113.11	102.61	124.03		112.54		101.03	91.62	100.32	90.97	82.09	86.65	78.50	82.23	74.48
Total Adjustment From Index Rate:	2.448	2.147	2.108	1.946	1.673		1.990	1.834	1.969		1.816		1.798	1.660	1.787	1.650	1.529	1.570	1.452	1.500	1.388
MLR	87.6%	86.0%	85.8%	84.7%	82.3%		87.5%	86.5%	87.4%		86.4%		86.2%	85.2%	86.2%	85.1%	84.4%	84.8%	83.6%	84.1%	82.9%
Group - Region #7																					
Healthy New York Stop-Loss Recovery:	-	-	-	-	(65.43)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Risk Adjustment - Payment / (Receipt):	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	-	(21.24)	(21.24)	(21.24)	-	(21.24)	-	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)	(21.24)
Limited Pharmacy Formulary:	(5.73)	(5.73)	(5.73)	(5.73)	-	(5.73)	(5.73)	(5.73)	-	(5.73)	-	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)	(5.73)
OON Claims:	11.33	10.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5.42	-	-	-	-
Population Adjustment Factor:	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009	1.009
Geographic Adjustment:	1.367	1.184	1.367	1.243	1.184	1.184	1.367	1.243	1.367	1.367	1.243	1.243	1.367	1.243	1.367	1.243	1.367	1.367	1.243	1.367	1.243
Facility Unit Cost Reduction:	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Align Network Weighting Factor:	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Risk Margin:	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%
1/1/2014 Group Medical Single Rate:	573.68	504.84	491.38	455.13	369.26		464.81	429.97	447.43		414.17		420.92	390.05	418.35	387.71	361.52	368.77	342.46	352.75	327.89
1/1/2014 Group Pharmacy Single Rate:	144.03	123.93	125.95	114.57	119.80		118.30	107.33	129.71		117.71		105.68	95.85	104.94	95.18	85.92	90.68	82.16	86.07	77.97
Total Adjustment From Index Rate:	2.544	2.228	2.188	2.019	1.733		2.067	1.904	2.045		1.885		1.866	1.722	1.855	1.711	1.586	1.628	1.505	1.555	1.438
MLR	88.1%	86.5%	86.3%	85.2%	82.9%		87.9%	87.0%	87.8%		86.8%		86.7%	85.7%	86.6%	85.6%	85.0%	85.3%	84.2%	84.7%	83.5%

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Exhibit 8 - Rate Development
Rates Effective 1/1/2014

Tier Factors Region #1 and #7:

Plan	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family
All	1.000	2.000	1.700	1.719	2.850	2.882

Tier Rates Region #1:

Group

Plan	Medical						Pharmacy					
	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Fam ly
PPO 800	553.00	1,106.00	940.10	950.61	1,576.05	1,593.75	137.88	275.76	234.40	237.02	392.96	397.37
HMO 109	487.10	974.20	828.07	837.32	1,388.24	1,403.82	118.63	237.26	201.67	203.92	338.10	341.89
EPO 8000 G	474.22	948.44	806.17	815.18	1,351.53	1,366.70	120.56	241.12	204.95	207.24	343.60	347.45
EPO 8200 G	439.51	879.02	747.17	755.52	1,252.60	1,266.67	109.67	219.34	186.44	188.52	312.56	316.07
Healthy NY	357.33	714.66	607.46	614.25	1,018.39	1,029.83	114.68	229.36	194.96	197.13	326.84	330.51
EPO 5026	448.32	896.64	762.14	770.66	1,277.71	1,292.06	113.11	226.22	192.29	194.44	322.36	325.98
EPO 5226	414.97	829.94	705.45	713.33	1,182.66	1,195.94	102.61	205.22	174.44	176.39	292.44	295.72
EPO 4006	431.69	863.38	733.87	742.08	1,230.32	1,244.13	124.03	248.06	210.85	213.21	353.49	357.45
EPO 4206	399.84	799.68	679.73	687.32	1,139.54	1,152.34	112.54	225.08	191.32	193.46	320.74	324.34
EPO 8000 S1	406.31	812.62	690.73	698.45	1,157.98	1,170.99	101.03	202.06	171.75	173.67	287.94	291.17
EPO 8200 S1	376.75	753.50	640.48	647.63	1,073.74	1,085.79	91.62	183.24	155.75	157.49	261.12	264.05
EPO 8000 S2	403.85	807.70	686.55	694.22	1,150.97	1,163.90	100.32	200.64	170.54	172.45	285.91	289.12
EPO 8200 S2	374.52	749.04	636.68	643.80	1,067.38	1,079.37	90.97	181.94	154.65	156.38	259.26	262.18
PPO 6340	349.38	698.76	593.95	600.58	995.73	1,006.91	82.09	164.18	139.55	141.11	233.96	236.58
EPO 8000 B1	356.32	712.64	605.74	612.51	1,015.51	1,026.91	86.65	173.30	147.31	148.95	246.95	249.73
EPO 8200 B1	331.14	662.28	562.94	569.23	943.75	954.35	78.50	157.00	133.45	134.94	223.73	226.24
EPO 8000 B2	340.98	681.96	579.67	586.14	971.79	982.70	82.23	164.46	139.79	141.35	234.36	236.99
EPO 8200 B2	317.19	634.38	539.22	545.25	903.99	914.14	74.48	148.96	126.62	128.03	212.27	214.65

Tier Rates Region #7:

Group

Plan	Medical						Pharmacy					
	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Family	Single	2 Person	Age 26 E / C	Age 30 E / C	Age 26 Family	Age 30 Fam ly
PPO 800	573.68	1,147.36	975.26	986.16	1,634.99	1,653.35	144.03	288.06	244.85	247.59	410.49	415.09
HMO 109	504.84	1,009.68	858.23	867.82	1,438.79	1,454.95	123.93	247.86	210.68	213.04	353.20	357.17
EPO 8000 G	491.38	982.76	835.35	844.68	1,400.43	1,416.16	125.95	251.90	214.12	216.51	358.96	362.99
EPO 8200 G	455.13	910.26	773.72	782.37	1,297.12	1,311.68	114.57	229.14	194.77	196.95	326.52	330.19
Healthy NY	369.26	738.52	627.74	634.76	1,052.39	1,064.21	119.80	239.60	203.66	205.94	341.43	345.26
EPO 5026	464.81	929.62	790.18	799.01	1,324.71	1,339.58	118.30	236.60	201.11	203.36	337.16	340.94
EPO 5226	429.97	859.94	730.95	739.12	1,225.41	1,239.17	107.33	214.66	182.46	184.50	305.89	309.33
EPO 4006	447.43	894.86	760.63	769.13	1,275.18	1,289.49	129.71	259.42	220.51	222.97	369.67	373.82
EPO 4206	414.17	828.34	704.09	711.96	1,180.38	1,193.64	117.71	235.42	200.11	202.34	335.47	339.24
EPO 8000 S1	420.92	841.84	715.56	723.56	1,199.62	1,213.09	105.68	211.36	179.66	181.66	301.19	304.57
EPO 8200 S1	390.05	780.10	663.09	670.50	1,111.64	1,124.12	95.85	191.70	162.95	164.77	273.17	276.24
EPO 8000 S2	418.35	836.70	711.20	719.14	1,192.30	1,205.68	104.94	209.88	178.40	180.39	299.08	302.44
EPO 8200 S2	387.71	775.42	659.11	666.47	1,104.97	1,117.38	95.18	190.36	161.81	163.61	271.26	274.31
PPO 6340	361.52	723.04	614.58	621.45	1,030.33	1,041.90	85.92	171.84	146.06	147.70	244.87	247.62
EPO 8000 B1	368.77	737.54	626.91	633.92	1,050.99	1,062.80	90.68	181.36	154.16	155.88	258.44	261.34
EPO 8200 B1	342.46	684.92	582.18	588.69	976.01	986.97	82.16	164.32	139.67	141.23	234.16	236.79
EPO 8000 B2	352.75	705.50	599.68	606.38	1,005.34	1,016.63	86.07	172.14	146.32	147.95	245.30	248.05
EPO 8200 B2	327.89	655.78	557.41	563.64	934.49	944.98	77.97	155.94	132.55	134.03	222.21	224.71

HealthNow New York Inc.
2014 Off Exchange Rate Submission
Exhibit 9 - Stand-Alone Dental - Pediatric and Adult
Rates Effective 1/1/2014

Pediatric Dental:

Group and Individual markets.

	Region #1	Region #2	Reg #5 6 7	
2014 HealthPlex Premium at 70% AV:	17.70	13 20	13.20	161
HealthNow 2014 Admin Expense:	0 65	0.65	0.65	162
Excise Tax:	2.3%	2.3%	2.3%	163
On Exchange Admin:	0.0%	0.0%	0.0%	164
Step-Up Factor:	1.020	1.020	1.020	165
Margin:	1.0%	1.0%	1.0%	166
1/1/2014 Single Rate:	19 36	14 61	14.61	167

Adult Dental:

Group and Individual markets.

	Region #1	Region #2	Reg #5 6 7	
2014 HealthPlex Premium (Group):	11 25	12 60	11.25	168
2014 HealthPlex Premium (Individual):	11.75	13.10	11.75	169
HealthNow 2014 Admin Expense:	0 65	0.65	0.65	170
Excise Tax:	2.3%	2.3%	2.3%	171
On Exchange Admin:	0.0%	0.0%	0.0%	172
Step-Up Factor:	1.000	1.000	1.000	173
Margin:	1.0%	1.0%	1.0%	174
1/1/2014 Single Rate (Group):	12 30	13.70	12.30	175
1/1/2014 Single Rate (Individual):	12 82	14 22	12.82	176

Tier Factors All Regions:

Group and Individual markets.

Pediatric

177	178
1 Child	2+ Children
1 000	44.000

Adult

179	180
1 Adult	2 Adults
1 000	2.000

Tier Rates Region #1:

Pediatric

	181	182
Market	1 Child	2+ Children
Group	19.36	851.84
Individual	19.36	851.84

Adult

	183	184
Market	1 Adult	2 Adults
Group	12.30	24 60
Individual	12.82	25 64

Tier Rates Region #2:

Pediatric

Market	1 Child	2+ Children
Group	14.61	642.84
Individual	14.61	642.84

Adult

Market	1 Adult	2 Adults
Group	13.70	27.40
Individual	14.22	28.44

Tier Rates Region #5, #6, #7:

Pediatric

Market	1 Child	2+ Children
Group	14.61	642.84
Individual	14.61	642.84

Adult

Market	1 Adult	2 Adults
Group	12.30	24 60
Individual	12.82	25 64

HealthNow New York Inc.
2014 New York State Public Exchange Rate Submission
Exhibit 10 - Formulas
Rates Effective 1/1/2014

Formulas:

Rate Support

Number	Description	Calculation / Source
1	1/1/2012 Small Group Demographic	January 2012 small group membership
2	1/1/2013 Small Group Demographic	January 2013 small group membership
3	2013 / 2012 Demographic Change	(2) / (1) - 1
4	2012 Non-System Medical Claims	2012 small group experience
5	2 Year Trend	Internal forecasting
6	2014 Non-System Medical Claims	(4) * [1 + (5)]
7	2012 Non-System Pharmacy Claims (Rebates)	2012 small group experience
8	2 Year Trend	Internal forecasting
9	2014 Non-System Pharmacy Claims (Rebates)	(7) * [1 + (8)]
10	2014 Fixed Admin	Internal forecasting
11	2014 Variable Admin	Internal forecasting
12	2014 Total Admin	(10) + (11)
13	Membership Distribution: Platinum	BCBSA Study and Internal Forecasting
14	Membership Distribution: Gold	BCBSA Study and Internal Forecasting
15	Membership Distribution: Silver	BCBSA Study and Internal Forecasting
16	Membership Distribution: Bronze / Catastrophic	BCBSA Study and Internal Forecasting
17	Variable Admin Relativity: Platinum	Internal forecasting
18	Variable Admin Relativity: Gold	Internal forecasting
19	Variable Admin Relativity: Silver	Internal forecasting
20	Variable Admin Relativity: Bronze / Catastrophic	Internal forecasting
21	2014 Admin PMPM: Platinum	(11) * (17) + (10)
22	2014 Admin PMPM: Gold	(11) * (18) + (10)
23	2014 Admin PMPM: Silver	[(10) + (11) - [(13) * (21) + (14) * (22) + (16) * (24)]] / (15)
24	2014 Admin PMPM: Bronze / Catastrophic	(11) * (20) + (10)
25	% Membership w/ Subsidy	OptumHealth
26	% Membership w/o Subsidy	OptumHealth
27	w/ Subsidy claims cost relative to SG	OptumHealth
28	w/o Subsidy claims cost relative to SG	OptumHealth
29	Individual Adjustment Factor	(25) * (27) + (26) * (28)
30	% Membership Group Off	OptumHealth
31	% Membership SHOP	OptumHealth
32	Group Off claims cost relative to SG	Set to 1.000. Based period experience represents this population.
33	SHOP claims cost relative to SG	OptumHealth
34	Group Adjustment Factor	(30) * (32) + (31) * (33)
35	Contracts	January 2013 small group membership
36	Members	January 2013 small group membership
37	Contract Mix	(35) / Sum(35)
38	Average Contract Size	(36) / (35)
39	Tier Factor	Medical and Pharmacy: NYS DFS, Dental: HealthNow
40	Step-Up Factor	SumProduct[(38), (37)] / SumProduct[(39), (37)]
41	Experience Period Actuarial Value	2012 small group experience
42	Normalized Risk Selection Factor	Deloitte - NYS DFS Simulation
43	2014 Projected Claims PMPM	See "Geographic Factor" exhibit
44	Claims PMPM at Average AV and Risk	(43) Normalized by (41) and (42)
45	Geographic Factor	(44) / Sum(44)
46	Align Network Savings	Internal forecasting
47	% Medical Claims	(109) / [(109) + (110)]
48	Geographic Adjustment - Non-Standard Plans Region #2	[[(46) - 1] * (47) + 1] * (45)
49	Facility Market Share	HealthNow assumption
50	Facility Based Claims %	HealthNow data
51	Facility Cost Reduction	Anticipated negotiated savings
52	Unit Cost Medical Adjustment Factor	1 - (49) * (50) * (51)
53	Age 26 Dependent Factor (From Age 19)	HealthNow File & Approve
54	Age 30 Dependent Factor (From Age 19)	HealthNow File & Approve
55	Convert From Age 26 to Age 30	(54) / (53)
56	NYS DFS Tier Factors	NYS DFS
57	Original Contract Mix	(37)
58	Age 26 Revenue Factor	SumProduct[(56), (57)]
59	Assumed E/C and Family that purchase age 30 rider	Assumption
60	Modified Tier Factors	(55) * (56) | To generate age 30 E/C and Family factors
61	Modified Contract Mix	Revised distribution of (57) based on (59)
62	Age 30 Revenue Factor	SumProduct[(60), (61)]
63	Revenue Increase Factor	(62) / (58)
64	Final Tier Factors	(60) / (63) | For age 30 E/C and Family factors
65	Final Contract Mix	(61)
66	Revised Age 30 Revenue Factor	SumProduct[(64), (65)]
67	Step-up Factor Adjustment	(62) / (66)
68	Original Step-up Factor	(40)
69	Final Step-up Factor	(68) * (67)

HealthNow New York Inc.
2014 New York State Public Exchange Rate Submission
Exhibit 11 - Formulas
Rates Effective 1/1/2014

Formulas (Continued):

Medical + Rx Plans

Number	Description	Calculation / Source
70	Base Period Medical Member Months	2012 small group experience
71	Base Period Rx Member Months	2012 small group experience
72	Index Rate	2012 small group experience paid claims PMPM
73	Experience Period AV	2012 small group experience paid claims relative to allowed claims
74	2013 Annual Unit Cost Trend	Internal forecasting
75	2013 Annual Utilization Trend	Internal forecasting
76	2013 Demo Deterioration	2012 / 2013 small group membership (See Exhibit 1)
77	2014 Annual Unit Cost Trend	Internal forecasting
78	2014 Annual Utilization Trend	Internal forecasting
79	2014 Demo Deterioration	Internal forecasting
80	Claim Count (2012)	Number of occurrences of service type
81	Utilization / 1,000 (2012)	(80) * 12000 / (70)
82	Cost / Service (2012)	Cost per encounter
83	Cost Share Per Service (2012)	Member payment per encounter
84	Copays Per Service (2012)	Frequency that a copay is taken per encounter
85	Cost Share - Copay (2014)	Member payment as a set dollar amount
86	Cost Share - Coinsurance (2014)	Member payment as a percentage of cost
87	Cost / Service (2014)	(82) * [1 + (74)] * [1 + (77)]
88	Net Cost (2014) At Copay	(87) - (85) * (84)
88	Net Cost (2014) At Coinsurance	(87) * [1 - (86)]
89	Utilization Adjustment (2014)	Based on the Milliman Health Cost Guidelines
90	Utilization / 1,000 (2014)	(81) * [1 + (75)] * [1 + (76)] * [1 + (78)] * [1 + (79)] * (89)
91	Claims PMPM (2014)	(88) * (90) / 12000
92	Claim Count (2012)	Number of scripts prescribed
93	Utilization / 1,000 (2012)	(92) * 12000 / (71)
94	Cost / Service (2012)	Cost per script
95	Cost Share Per Service (2012)	Member payment per script
96	Copays Per Service (2012)	Frequency that a copay is taken per script
97	Mail Order Frequency	Frequency that scripts obtained by mail as opposed to retail
98	Cost Share - Copay (2014)	Member payment as a set dollar amount
99	Cost Share - Coinsurance (2014)	Member payment as a percentage of cost
100	Effective Copay (2014)	Average copay accounting for scripts which cost less than actual copay
101	Cost / Service (2014)	(94) * [1 + (74)] * [1 + (77)]
102	Net Cost (2014) At Copay	[[(101) - (100) * (96)] * [1 - (97)] + [(101) - (100) * (96)] * (5 / 6)] * (97)
102	Net Cost (2014) At Coinsurance	[(101) * [1 - (99)] * [1 - (97)] + (101) * [1 - (99)] * (5 / 6)] * (97)
103	Utilization Adjustment (2014)	Based on the Milliman Health Cost Guidelines
104	Utilization / 1,000 (2014)	(93) * [1 + (75)] * [1 + (76)] * [1 + (78)] * [1 + (79)] * (103)
105	Claims PMPM (2014)	(102) * (104) / 12000
106	Utilization Adjustment	Based on the Milliman Health Cost Guidelines
107	Actuarial Value (Member)	2012 small group experience claims distribution tables
108	Total 2014 Allowed OON PMPM	2012 small group experience
109	OON Claims PMPM 2014	(108) * [1 - (107)] * (106) * [1 + (74)] * [1 + (75)] * [1 + (76)] * [1 + (77)] * [1 + (78)] * [1 + (79)]
110	INN Medical Paid at Full Coverage	Sum(91); At 0% Coinsurance
111	Pharmacy Paid Full Coverage	Sum(105); At 0% Coinsurance
112	INN Medical Paid (w/ copay / coin only)	Sum(91); At Plan Cost Share (See Rate Manual Benefit Summary)
113	Pharmacy Paid (w/ copay / coin only)	Sum(105); At Plan Cost Share (See Rate Manual Benefit Summary)
114	INN Medical Claims AV	1 - (112) / (110)
115	Pharmacy Claims AV	1 - (113) / (111)
116	Total AV (w/ Deductible and OOP added)	2012 small group experience claims distribution tables
117	Deductible Adjustment	Based on the Milliman Health Cost Guidelines
118	Final INN Medical Paid	(110) * [1 - (116)] * (117)
119	Final INN Pharmacy Paid	(111) * [1 - (116)] * (117)

HealthNow New York Inc.
2014 New York State Public Exchange Rate Submission
Exhibit 12 - Formulas
Rates Effective 1/1/2014

Formulas (Continued):
Medical + Rx Plans

120	Exercise Benefit	Oxford rate manuals
121	Non-System Medical Claims	2012 small group experience projected to 2014 (See Exhibit 1)
122	Non-System Pharmacy Claims (Rebates)	2012 small group experience projected to 2014 (See Exhibit 1)
123	Excise Tax	Estimate with guidance from Milliman
124	CER Fee	2 / 12
125	Reinsurance Contribution	Federal Notice of Benefit and Payment Parameters
126	Risk Adjustment Operational Fee	1 / 12
127	On Exchange Admin (User Fee)	Set to 0
128	Admin	Projected 2014 administrative expense (plan specific, see Exhibit 1)
129	Step-Up Factor	(69)
130	Healthy New York Stop-Loss Recovery	HealthNow Healthy New York 2012 Loss Ratio Reporting
131	Risk Adjustment - Payment / (Receipt)	Deloitte - NYS DFS Simulation
132	Limited Pharmacy Formulary	Internal forecasting and Express Scripts forecasting
133	OON Claims	(109)
134	Population Adjustment Factor	OptumHealth (See Exhibit 1)
135	Geographic Adjustment	(45)
136	Facility Unit Cost Reduction	(52)
137	Align Network Weighting Factor	Internal forecasting and provider negotiations
138	Risk Margin	Internal revenue targets and sales strategy
139	1/1/2014 Medical Single Rate	[[(118) + (133) + (130) + (131)] * (134) * (135) * (136) * (137) * (129) + [(120) + (121) + (124) + (125) + (126) + (128) * [(110) / [(110) + (111)]]] * (137) * (129)] / [[1 - (123)] * [1 - (127)] * [1 - (138)]]
140	1/1/2014 Pharmacy Single Rate	[(119) * (134) * (135) * (137) * (129) + [(122) + (132) + (128) * [(111) / [(110) + (111)]]] * (137) * (129)] / [1 - (138)]
141	Total Adjustment From Index Rate	[(139) + (140)] / (72)
142	MLR	[[(118) * (136) + (119) + (133) + (130) + (131)] * (134) * (135) * (137) * (129) + [(120) + (121) + (122) + (132)] * (137) * (129)] / [[(139) + (140)] * [1 - (123)] * [1 - (127)] - [(124) + (125) + (126)] * (137) * (129)]
143	Single Tier Factor	(64)
144	2 Person Tier Factor	(64)
145	Age 26 E / C Tier Factor	(64)
146	Age 30 E / C Tier Factor	(64)
147	Age 26 Family Tier Factor	(64)
148	Age 30 Family Tier Factor	(64)
149	Single Group Medical Rate	(139) * (143)
150	2 Person Group Medical Rate	(139) * (144)
151	Age 26 E / C Group Medical Rate	(139) * (145)
152	Age 30 E / C Group Medical Rate	(139) * (146)
153	Age 26 Family Group Medical Rate	(139) * (147)
154	Age 30 Family Group Medical Rate	(139) * (148)
155	Single Group Pharmacy Rate	(140) * (143)
156	2 Person Group Pharmacy Rate	(140) * (144)
157	Age 26 E / C Group Pharmacy Rate	(140) * (145)
158	Age 30 E / C Group Pharmacy Rate	(140) * (146)
159	Age 26 Family Group Pharmacy Rate	(140) * (147)
160	Age 30 Family Group Pharmacy Rate	(140) * (148)

HealthNow New York Inc.
2014 New York State Public Exchange Rate Submission
Exhibit 13 - Formulas
Rates Effective 1/1/2014

Formulas (Continued):

Stand Alone Pediatric Dental

161	2012 HealthPlex Premium at 70% AV	HealthPlex (Dental Vendor)
162	HealthNow 2014 Admin Expense	Projected 2014 administrative expense
163	Excise Tax	Estimate with guidance from Milliman
164	On Exchange Admin	Set to 0
165	Step-Up Factor	(40)
166	Margin	Internal revenue targets and sales strategy
167	1/1/2014 Single Rate	[[(161) + (162)] * (165)] / [[1 - (163)] * [1 - (164)] * [1 - (166)]]

Stand Alone Adult Dental

168	2014 HealthPlex Premium (Group)	HealthPlex (Dental Vendor)
169	2014 HealthPlex Premium (Individual)	HealthPlex (Dental Vendor)
170	HealthNow 2014 Admin Expense	Projected 2014 administrative expense
171	Excise Tax	Estimate with guidance from Milliman
172	On Exchange Admin	Set to 0
173	Step-Up Factor	Set to 1
174	Margin	Internal revenue targets and sales strategy
175	1/1/2014 Single Rate (Group)	[[(168) + (170)] * (173)] / [[1 - (171)] * [1 - (172)] * [1 - (174)]]
176	1/1/2014 Single Rate (Individual)	[[(169) + (170)] * (173)] / [[1 - (171)] * [1 - (172)] * [1 - (174)]]

Dental Tier Rates

177	1 Child Tier Factor	(39)
178	2+ Children Tier Factor	(39)
179	1 Adult Tier Factor	Set to 1
180	2 Adults Tier Factor	Set to 2
181	1 Child Tier Rate	(167) * (177)
182	2+ Children Tier Rate	(167) * (178)
183	1 Adult Tier Rate	(175) * (179)
184	2 Adults Tier Rate	(175) * (180)

Geographic Factors - Supporting Exhibit

2012 Statewide Paid Claims	282.17
2 Year Trend	1.124
2014 Statewide Paid Claims	317.03
2014 Total Region #1 Claims	374.34
2014 Total Region #2 Claims	291.82
2014 Total Region #7 Claims	391.45
2014 Total Region #1A* Claims	366.29

*Albany, Rensselaer, Saratoga, and Schenectady counties.

	Region #1 and #7					Region #2			
Product	EPO / PPO		EPO	POS		EPO / PPO		POS / EPO	
Network	National		Local	Local		National		Local	
Claim Type	Local	National	Local	Local		Local	National	Local	
Type Of Service	Relative Claim Cost				Weight	Relative Claim Cost			Weight
Inpatient	1.00	1.40	1.00	1.00	22.5%	1.20	1.35	1.00	25.7%
Outpatient	1.00	1.40	1.00	1.00	26.9%	1.00	1.35	1.00	19.5%
Medical	1.00	1.40	1.00	1.00	32.2%	1.00	1.35	1.00	36.4%
Prescription Drug	1.00	1.00	1.00	1.00	18.4%	1.00	1.00	1.00	18.4%
Weighted Cost Factor	1.000	1.326	1.000	1.000		1.051	1.286	1.000	
Distribution By Claim Type	69.8%	30.2%	100.0%	100.0%		66.2%	33.8%	100.0%	
Weighted Product Factor	1.099		1.000	1.000		1.131		1.000	
Non PCP	1.020		1.020	1.000		1.020		1.000	
Reduced Medical Management	1.030		1.030	1.000		1.030		1.000	
Adjusted Product Factor	1.154		1.050	1.000		1.188		1.000	
Percent of All Claims	60.2%		5.7%	34.2%		14.3%		85.7%	
Aggregate Factor	1.096					1.027			
Adjustment to Regional Claims	1.054		0.958	0.913		1.157		0.974	
Region #1 Claim Costs*	**394.39**		**358.75**	**341.66**					
Region #2 Claim Costs*						**337.56**		**284.19**	
Region #7 Claim Costs*	**412.41**		**375.14**	**357.27**					
Region #1A Claim Costs*			**351.03**						

*These costs are used in "Rate Development" exhibit 2 to develop the final geographic factors

NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Benjamin M. Lawsky
Superintendent

November 19, 2012

Refer to:
[redacted]
File No.: 2012090124

[redacted]

Re: HealthNow New York Inc.

Form No.: HEALTHNOW/GRP-HCC.04/NY/07-01 (Rev)
HEALTHNOW/ADDGC/04/NY/07-01 (Rev)

Explanations of Variability: HEALTHNOW/GRP-HCC.04/NY/07-01 (Rev)
HEALTHNOW/ADDGC/04/NY/07-01 (Rev)

Dear Mr. [redacted]

Please be advised the above-captioned form has been approved and the explanations of variability filed for reference as of today's date. A duplicate copy bearing the Department's stamp of approval is enclosed herewith.

This approval is subject to the condition that the company does an on-going review of this form for compliance with all applicable statutes and regulations.

Very truly yours,

[redacted]