

State: New York **Filing Company:** Excellus Health Plan, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Individual Off-Exchange PPO
Project Name/Number: /

Filing at a Glance

Company: Excellus Health Plan, Inc.
 Product Name: Individual Off-Exchange PPO
 State: New York
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Filing Type: Off Exchange NG Forms & Rates
 Date Submitted: 08/19/2013
 SERFF Tr Num: EXHP-129149098
 SERFF Status: Assigned
 State Tr Num: 2013080115
 State Status:
 Co Tr Num:

 Implementation: 01/01/2014
 Date Requested:
 Author(s): 
 Reviewer(s): 
 Disposition Date:
 Disposition Status:
 Implementation Date:

 State Filing Description:

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General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 08/21/2013
	State Status Changed:
Deemer Date:	Created By: [REDACTED]
Submitted By: [REDACTED]	Corresponding Filing Tracking Number:
	PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing includes a rider and schedule of benefits that will be made available to members currently enrolled in the standardized direct pay POS product scheduled to be discontinued as of December 31, 2013. These forms will attach to the individual contract, EXEC-1, previously approved on July 31, 2013 under File No. 2013040122. In addition, this filing also includes revisions to an approved application that will be used to enroll new members into our direct pay products offered off-exchange. The application was revised to better accommodate the "FACETS" claims and membership and billing system. Upon approval, and effective 10/1/2013, the revised version will replace the previous version, B-772 (06/13), approved on July 31, 2013 under File No. 2013040122.

The Plan requests that the Actuarial Memorandum be exempt from disclosure under Public Officers Law Section 87 (2) (d), since it constitutes trade secrets that, if disclosed, would cause substantial injury to the Plan's competitive position.

Company and Contact

Filing Contact Information

[REDACTED]

Filing Company Information

Excellus Health Plan, Inc.	CoCode: 55107	State of Domicile: New York
165 Court Street	Group Code: 99	Company Type: Article 43
Rochester, NY 14647	Group Name:	Health Insurer
[REDACTED]	FEIN Number: 15-0329043	State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

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State Specific

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: Article 43
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.): No
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.): Yes
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.): Not applicable. This is not a rate adjustment filing.

SERFF Tracking #:

EXHP-129149098

State Tracking #:

2013080115

Company Tracking #:

State:

New York

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Excellus Health Plan, Inc.

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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):
Excellus Health Plan, Inc.	New Product	%	%				%	%

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Rate Review Detail

COMPANY:

Company Name: Excellus Health Plan, Inc.
 HHS Issuer Id: 78124
 Product Names: Excellus BCBS PPO Copay; Univera PPO Copay
 Trend Factors:

FORMS:

New Policy Forms: EXER-2, EXES-32
 Affected Forms:
 Other Affected Forms: EXEC-1, EXEC-2, EXER-1

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 3,300
 Benefit Change:
 Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

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

REQUESTED RATE:

Projected Earned Premium: 1,921,387.00
 Projected Incurred Claims: 1,706,192.00
 Annual \$: Min: 508.85 Max: 671.22 Avg: 582.24

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Individual PPO Rate Manual	EXEC-1, EXEC-2, EXER-2, EXER-1	New		EXEC-1_EXEC-2_EXER1_EXER-2-Rate_Manual[1].pdf,

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Univera Healthcare

EXEC-1, EXER-2; EXEC-2,EXER-2; EXER-1

RATE MANUAL TABLE OF CONTENTS

Page(s):

EXEC-1, EXER-2; EXEC-2,EXER-2; EXER-1 Manual

Rates

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Outline of Benefits

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Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield
 Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

EXEC-1, EXER-2; EXEC-2, EXER-2; EXER-1
 Preferred Provider Organization Certificate of Coverage

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

2014 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090004	503.81	1,007.63	856.48	1,435.87	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090002	513.39	1,026.78	872.76	1,463.15	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090003	509.66	1,019.33	866.42	1,452.54	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090001	519.34	1,038.70	882.88	1,480.14	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	207.57
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	209.98

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

2014 Individual Premium Rates - Syracuse Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090004	612.60	1,225.20	1,041.42	1,745.91	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090002	624.24	1,248.48	1,061.20	1,779.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090003	619.72	1,239.42	1,053.51	1,766.18	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090001	631.49	1,262.97	1,073.52	1,799.74	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	252.39
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	255.31

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield
 Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

EXEC-1, EXER-2; EXEC-2, EXER-2; EXER-1
 Preferred Provider Organization Certificate of Coverage

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

2014 Individual Premium Rates - Utica/Watertown Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	271.77

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

2014 Individual Premium Rates - Albany Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	271.77

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield
 Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

EXEC-1, EXER-2; EXEC-2, EXER-2; EXER-1
 Preferred Provider Organization Certificate of Coverage

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

2014 Individual Premium Rates - Mid-Hudson Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	271.77

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2014
 Community Rated

2014 Individual Premium Rates - Buffalo Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Univera Platinum Standard IND PPO	78124NY1100004	633.60	1,267.18	1,077.10	1,805.74	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Univera Platinum Standard IND PPO	78124NY1100002	645.64	1,291.26	1,097.57	1,840.05	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Univera Platinum Standard IND PPO	78124NY1100003	640.95	1,281.89	1,089.60	1,826.70	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Univera Platinum Standard IND PPO	78124NY1100001	653.13	1,306.25	1,110.31	1,861.41	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Univera Platinum Standard IND PPO	78124NY1100006	NA	NA	NA	NA	261.04
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Univera Platinum Standard IND PPO	78124NY1100005	NA	NA	NA	NA	264.06

Outline of Benefits

EXEC-1, EXER-2; EXEC-1, EXER-2

COST-SHARING	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost-Sharing	
Deductible <ul style="list-style-type: none"> • Individual • Family Out-of-Pocket Limit <ul style="list-style-type: none"> • Individual • Family 	None None \$2,000 \$4,000	\$1,000 \$2,000 \$3,000 \$5,000 Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible or Out-of- Pocket Limit. You must pay the amount by which the Non-Participating Provider's charge exceeds Our Allowed Amount.	
OFFICE VISITS	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
Primary Care Office Visits (or Home Visits)	\$15 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Specialist Office Visits (or Home Visits)	\$35 Copayment	20% Coinsurance after Deductible	See Benefit For Description
PREVENTIVE CARE	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
<ul style="list-style-type: none"> • Well Child Visits and Immunizations* • Adult Annual Physical Examinations* • Adult Immunizations* • Routine Gynecological Services/Well Woman Exams* • Mammography Screenings* • Sterilization Procedures for Women* • Vasectomy • Bone Density Testing* • Screening for Prostate Cancer 	Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full \$15 PCP, \$35 Specialist Copayment Covered in full \$15 PCP, \$35 Specialist Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description
<ul style="list-style-type: none"> • All other preventive services required by USPSTF and HRSA. • *When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA. 	Covered in full Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	20% Coinsurance after Deductible Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	
EMERGENCY CARE	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
Pre-Hospital Emergency Medical Services (Ambulance Services)	\$100 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Non-Emergency Ambulance Services	\$100 Copayment	20% Coinsurance after Deductible	See Benefit For Description

Emergency Department Copayment/Coinsurance waived if Hospital admission.	\$100 Copayment	\$100 Copayment	See Benefit For Description
Urgent Care Center	\$55 Copayment	20% Coinsurance after Deductible	See Benefit For Description
PROFESSIONAL SERVICES AND OUTPATIENT CARE	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or	\$35 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Office Setting • Performed as Outpatient Hospital Services	\$35 Copayment	20% Coinsurance after Deductible	
Allergy Testing & Treatment	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	See Benefit For Description
Ambulatory Surgical Center Facility Fee	\$100 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Anesthesia Services (all settings)	Covered in full	20% Coinsurance after Deductible	See Benefit For Description
Autologous Blood Banking	10% Coinsurance	20% Coinsurance after Deductible	See Benefits For Description
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office • Performed as Outpatient Hospital Services • Performed as Inpatient Hospital Services	\$15 Copayment \$15 Copayment Included As Part of Inpatient Hospital Service Cost-Sharing	20% Coinsurance after Deductible 20% Coinsurance after Deductible Included As Part of Inpatient Hospital Service Cost-Sharing	See Benefits For Description
Chemotherapy • Performed in a PCP Office	\$15 Copayment	20% Coinsurance after Deductible	See Benefit For Description
• Performed in a Specialist Office • Performed as Outpatient Hospital Services	\$15 Copayment \$15 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible	
Chiropractic Services	\$35 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Diagnostic Testing • Performed in a PCP Office • Performed in a Specialist Office • Performed as Outpatient Hospital Services	\$15 Copayment \$35 Copayment \$35 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting	\$15 Copayment \$15 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description
• Performed as Outpatient Hospital Services	\$15 Copayment	20% Coinsurance after Deductible	
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	\$25 Copayment	20% Coinsurance after Deductible	60 visits per condition, per lifetime combined therapies
Home Health Care	\$15 Copayment	20% Coinsurance after Deductible	40 Visits per Plan Year
Infertility Services	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	Use Cost Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	See Benefit For Description

Infusion Therapy <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy 	\$15 Copayment \$15 Copayment \$15 Copayment \$15 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	\$0 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Laboratory Procedures			See Benefit For Description
<ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Freestanding Laboratory Facility or Specialist Office • Performed as Outpatient Hospital Services 	\$15 Copayment \$35 Copayment \$35 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	
Maternity & Newborn Care <ul style="list-style-type: none"> • Prenatal Care • Inpatient Hospital Services and Birthing Center • Physician and Nurse Midwife Services for Delivery • Breast Pump 	Covered In Full \$500 Copayment per admission \$100 Copayment per admission Covered in Full	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early Covered for duration of breast feeding
Outpatient Hospital Surgery Facility Charge	\$ 100 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Preadmission Testing	\$0 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Diagnostic Radiology Services <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services 	\$15 Copayment \$35 Copayment \$35 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description
Therapeutic Radiology Services <ul style="list-style-type: none"> • Performed in a Freestanding Radiology Facility or Specialist Office • Performed as Outpatient Hospital Services 	\$15 Copayment \$15 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	\$25 Copayment	20% Coinsurance after Deductible	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	\$35 Copayment	20% Coinsurance after Deductible Second Opinions on Diagnosis of Cancer are Covered at Participating Cost-Sharing for Non-Participating Specialist when a Referral is obtained.	See Benefit For Description

Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy) <ul style="list-style-type: none"> Inpatient Hospital Surgery Outpatient Hospital Surgery Surgery Performed at an Ambulatory Surgical Center Office Surgery 	\$100 Copayment \$100 Copayment \$100 Copayment \$15 PCP, \$35 Specialist Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	See Benefit For Description All Transplants Must be Performed at Designated Facilities
ADDITIONAL SERVICES, EQUIPMENT & DEVICES	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
ABA Treatment for Autism Spectrum Disorder	\$15 Copayment	20% Coinsurance after Deductible	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	\$15 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Diabetic Equipment, Supplies & Self-Management Education <ul style="list-style-type: none"> Diabetic Equipment, Supplies and Insulin (30-Day Supply) 	\$15 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Diabetic Education	\$15 Copayment	20% Coinsurance after Deductible	
Durable Medical Equipment & Braces	10% Coinsurance	20% Coinsurance after Deductible	See Benefit For Description
External Hearing Aids	10% Coinsurance	20% Coinsurance after Deductible	Single Purchase Once Every 3 Years
Cochlear Implants	10% Coinsurance	20% Coinsurance after Deductible	One Per Ear Per Time Covered
Hospice Care <ul style="list-style-type: none"> Inpatient Outpatient 	\$500 Copayment per admission \$15 Copayment	20% Coinsurance per admission after Deductible 20% Coinsurance after Deductible	210 Days per Plan Year 5 Visits for Family Bereavement Counseling
Medical Supplies	10% Coinsurance	20% Coinsurance after Deductible	See Benefit For Description
Prosthetic Devices <ul style="list-style-type: none"> External Internal 	10% Coinsurance \$0 Copayment	20% Coinsurance after Deductible 20% Coinsurance after Deductible	One prosthetic device, per limb, per lifetime Unlimited See Benefit For Description
INPATIENT SERVICES & FACILITIES	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	\$500 Copayment per admission	20% Coinsurance per admission after Deductible	See Benefit For Description
Observation Stay	\$100 Copayment	20% Coinsurance after Deductible	See Benefit For Description
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	\$500 Copayment per admission	20% Coinsurance per admission after Deductible	200 Days Per Plan Year
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy)	\$500 Copayment per admission	20% Coinsurance per admission after Deductible	60 Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits

Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	\$500 Copayment per admission	10% Coinsurance per admission after Deductible	See Benefit For Description
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	\$15 Copayment	10% Coinsurance after Deductible	See Benefit For Description
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	\$500 Copayment per admission	10% Coinsurance per admission after Deductible	See Benefit For Description
Outpatient Substance Use Services	\$15 Copayment	10% Coinsurance after Deductible	Unlimited; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS	Participating Member Responsibility for Cost-Sharing	Non-Participating Member Responsibility for Cost-Sharing	Limits
Retail Pharmacy			
30 Day Supply Tier 1 Tier 2 Tier 3	\$10 Copayment \$30 Copayment \$60 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Mail Order Pharmacy			
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	\$25 Copayment \$75 Copayment \$150 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
WELLNESS BENEFITS	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	
Gym Reimbursement	Up to \$200 per 6 month period; up to an additional \$100 per 6 month period for Spouse	Up to \$200 per 6 month period; up to an additional \$100 per 6 month period for Spouse	Up to \$200 per 6 month period; up to an additional \$100 per 6 month period for Spouse
PEDIATRIC [DENTAL & VISION CARE]	Participating Member Responsibility for Cost- Sharing	Non-Participating Member Responsibility for Cost- Sharing	Limits
[Pediatric Dental Care] • [Preventive/Routine Dental Care] • [Major Dental (Endodontics & Prosthodontics)] • [Orthodontia]	[\$15 Copayment] [\$15 Copayment] [\$15 Copayment]	[20% Coinsurance after Deductible] [20% Coinsurance after Deductible] [20% Coinsurance after Deductible]	[One Dental Exam & Cleaning Per 6-Month Period]
Pediatric Vision Care • Exams • Lenses & Frames • Contact Lenses	\$15 Copayment 10% Coinsurance 10% Coinsurance	20% Coinsurance after Deductible 20% Coinsurance after Deductible 20% Coinsurance after Deductible	One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12- Month Period

EXER-1 : RIDER TO EXTEND COVERAGE FOR YOUNG ADULTS THROUGH AGE 29

This rider which has been selected by the [Subscriber; Group] extends the eligibility of Children for coverage under Your [Contract; Certificate] and any applicable rider(s) thereto. All of the terms, conditions and limitations of the [Contract; Certificate] to which this rider is attached also apply to this Rider, except where they are specifically changed by this rider.

1. Young Adults Covered through Age 29. If You selected Parent and Child /Children or Family coverage, Your young adult Child will be eligible for coverage through the age of 29 years when the young adult:

- A. Is unmarried;
- B. Is not insured by or eligible for coverage under an employer-sponsored health benefit plan covering him or her as an employee or member, whether insured or self-insured;
- C. Lives, works or resides in New York State or Our Service Area.

The young adult need not live with or be financially dependent upon You or be a student in order to be covered under this rider.

The young adult's children are not eligible for coverage under this rider.

SERFF Tracking #:

EXHP-129149098

State Tracking #:

2013080115

Company Tracking #:

State:

New York

Filing Company:

Excellus Health Plan, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Individual Off-Exchange PPO

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	A&H Product Checklist
Comments:	The Product Checklist is attached.
Attachment(s):	Product Checklist with B-772 (08-13).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	We have attached the readability scores, however both forms failed to achieve the required minimum readability score. For EXER-2, we request a waiver pursuant to Insurance Law Section 3102(d)(3) because we were required to use the model language provided by the State and for B-772 (08/13) we request a waiver pursuant to Insurance Law Section 3102(d)(1)(2).
Attachment(s):	EXER-2 FleschCert Waiver Request.pdf B-772 [08-13]FleschCert Waiver Request.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Explanation of Variability
Comments:	The Memoranda of Variable Material are attached.
Attachment(s):	EXES-32 MOV.M.pdf EXER-2 MOV.M.pdf B-772 MOV.M [08-13].pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Attached is the Actuarial Memorandum for the Off Exchange Individual PPO plan.
Attachment(s):	EXEC-1 EXEC-2 EXER-1 EXER-2-Memorandum wSignature.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

EXHP-129149098

State Tracking #:

2013080115

Company Tracking #:

State:

New York

Filing Company:

Excellus Health Plan, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Individual Off-Exchange PPO

Project Name/Number:

/

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Attached is the Actuarial Memorandum.
Attachment(s):	EXEC-1 EXEC-2 EXER-1 EXER-2-Memorandum wSignature.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Individual Medical Rate Instructions/Checklist
Comments:	Checklist received
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculations
Comments:	Attached are the AV Calculations.
Attachment(s):	AV Calculations Individual PPO 08.16.2013.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 1-General Information
Comments:	Attached are the Exhibit 1s.
Attachment(s):	Exhibit 1 - Individual PPO.pdf Exhibit 1 - Individual PPO.xls
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 7-Historical Data
Comments:	Attached are the Exhibit 7s.
Attachment(s):	Exhibit 7 Claim Experience Individual PPO.pdf Exhibit 7 Claim Experience Individual PPO.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

EXHP-129149098

State Tracking #:

2013080115

Company Tracking #:**State:**

New York

Filing Company:

Excellus Health Plan, Inc.

TOI/Sub-TOI:

H151 Individual Health - Hospital/Surgical/Medical Expense/H151.001 Health - Hospital/Surgical/Medical Expense

Product Name:

Individual Off-Exchange PPO

Project Name/Number:

/

Satisfied - Item:	Exhibit 8-Adjustment Factors to Index Rate
Comments:	Attached are the Exhibit 8s.
Attachment(s):	Exhibit 8 - IND PPO 08.16.2013.pdf Exhibit 8 - IND PPO 08.16.2013.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 9-Summary of Administrative Expenses
Comments:	Attached are the Exhibit 9s.
Attachment(s):	Exhibit 9 - Individual PPO 08.16.2013.pdf Exhibit 9 - Individual PPO 08.16.2013.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	Attached are the Unified Rate Review Templates.
Attachment(s):	UnifiedRateReviewSubmission_IND_PPO_8.15.2013.xlsm UnifiedRateReviewSubmission_IND_PPO_8.15.2013.pdf
Item Status:	
Status Date:	

NEW YORK DEPARTMENT OF FINANCIAL SERVICES
Major Medical and Other Similar-Type Comprehensive Health Insurance Checklist for Individuals

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Review Standards for

Major Medical and Other Similar-Type Comprehensive Health Insurance Checklist for Individuals

As of 5/3/13

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. **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 or contract 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”.

NEW YORK DEPARTMENT OF FINANCIAL SERVICES
Major Medical and Other Similar-Type Comprehensive Health Insurance Checklist for Individuals

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

	<u>TOI</u>	<u>LINE(S)</u>	<u>OF INSURANCE</u>	<u>Sub-TOI</u>
HOrg021		Individual Health	Health Organization Maintenance (HMO) HO HO	rg021.005B Individual POS rg021.005D Individual HMO
Individual Health		Major H16	Medical H16	1.005A Individual PPO 1.005C Individual Other
Individual Health			Hospital Surgical Medical Expense	H15I.001 Health
H06		Health	Conversion H06.0	00 Conversion

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	<i>Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions</i>	<i>Note: This checklist is intended to provide guidance in the preparation of policy forms for submission and is not intended as a substitute for statute or regulation.</i>	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement	§4306(d) §4306(e) §3102(c)	This submission contains a complete policy or contract form. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No statement by the individual in his application for a contract or policy shall avoid the contract or be used in legal proceedings thereunder, unless such application or an exact copy thereof is included in or attached to such contract.	

NEW YORK DEPARTMENT OF FINANCIAL SERVICES

Major Medical and Other Similar-Type Comprehensive Health Insurance Checklist for Individuals

		<p>No agent or representative of such corporation and no broker, other than an officer or officers designated therein, is authorized to change the contract or waive any of its provisions. <i>Note: If this contract contains any provision purporting to make any portion of the articles, constitution or by-laws of the insurer a part of the contract, such portion shall be set forth in full.</i></p> <p>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 <input type="checkbox"/> No <input type="checkbox"/> (If no is checked, explain in the space provided above.)</p> <p>This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on July 31, 2013, submission number 2013040122.</p>	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	<p>Each form in the filing must meet the following requirements:</p> <ul style="list-style-type: none"> • 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. 	<p>No strikeouts. Form number in lower left-hand corner of cover page. In form intended for use. No illustrative material. Variable material explained in MOVN. Form placed on SERFF Form Schedule.</p>
Flesch Score	§3102(c)	<p>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.</p>	<p>Flesch score certification placed in SERFF</p>
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	<p>The filing must include a SERFF filing description or a letter of submission that contains the following:</p> <ul style="list-style-type: none"> • 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, 	<p>Filing description in SERFF. Refer to Form Schedule tab for list of forms by form number</p>

NEW YORK DEPARTMENT OF FINANCIAL SERVICES

Major Medical and Other Similar-Type Comprehensive Health Insurance Checklist for Individuals

		<p>control number assigned by the Department and the submission date. § 52.33(d)</p> <ul style="list-style-type: none"> • 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 other than a policy or contract form, the letter must identify the form number and 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) • <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.</i> 	
Discrimination	§2606 §2607 §2608	This form does not contain any unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, or marital status.	
APPLICATION FORMS	Model Language		Form/Page/Para Reference
Model Application Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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.	No authorization
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	The application contains the prescribed fraud warning statement immediately above the insured's signature.	page 1, above signature
Prohibited Questions and Provisions	§3216(c)(5)(a) §3204 11 NYCRR 52.51	<p>The application does NOT contain:</p> <p>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.</p> <p>A provision that changes the terms of the policy to which it is attached.</p> <p>A statement that the applicant has not withheld any information or concealed any facts.</p> <p>An agreement that an untrue or false answer material to the risk will render the policy void.</p> <p>An agreement that acceptance of any policy 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).</p>	No prohibited questions or provisions

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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.	page 1, above Release
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE			
Insurer name Model Language Used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Model Language	This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	back page, EXER-2
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover).	back page EXER-2
Free Look	§4306 §3216(c)(10)	This contract or policy contains a “free look” provision that is for a period of not less than 10 days and not more than 20 days.	
Brief Statement	§4306(m)	This contract or policy contains a brief description of the contract on its first page.	
Table of Contents Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3102(c)(1)(G) Model Language	A table of contents is required.	
DEFINITIONS Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217 Model Language	<i>For a complete listing of the definitions click on the adjacent Model Language link.</i>	Form/Page/Para Reference
Services Performed at Comprehensive Care Center for Eating Disorders	§4303(dd) §4328	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.	
HOW THIS COVERAGE			Form/Page/Para

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		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.	
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§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 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 <input type="checkbox"/> No <input type="checkbox"/>	§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.	
Reimbursement of Providers Model Language Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	§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.	EXER-2 paragraph 6
Non-Participating Providers and Non-Authorized Services Model Language Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	§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.	EXES-32
ELIGIBILITY Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language		Form/Page/Para Reference

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Dollar Limits Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-f §4306-e 42 USC §300gg-11 45 CFR §147.126 Model Language	benefits.	
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.	
ADDITIONAL RIDERS			
Out-of-Network Coverage Model Language Used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Out-of-Network coverage is offered please answer the following: Out-of-Network coverage in the base policy/contract or by rider? Policy/Contract <input type="checkbox"/> Rider <input checked="" type="checkbox"/>	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. <i>Note: The Department will not approve 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.</i>	EXER-2
Extended Dependent Coverage Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§4304(d)(1)(B) §3216(a)(4)(C) Model Language	For Parent and Child/Children and/or Family coverage, this policy or contract form must make available and if requested by the subscriber or policyholder, 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 § 3216(a)(4)(C) or 4304(d)(1)(B).	
PROVIDER NETWORKS			
Has network been submitted to and/or approved by the Department of Health or the Exchange? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the name of the network, the	§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	

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<p>network ID number, and the dates that the network was submitted to and/or approved by the Department of Health or the Exchange.</p> <p>Network Name:</p> <p>Network ID #:</p> <p>Date Submitted:</p> <p>Date Approved:</p>		<p>by the Department of Health and/or the Exchange .</p> <p>In addition, the following items or information must be submitted as part of this filing:</p> <ul style="list-style-type: none"> • 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. <p><i>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.</i></p>	
<p>ACTUARIAL SECTION FOR NEW PRODUCT RATE FILINGS ONLY</p>		<p>PLEASE NOTE: A new and detailed set of instructions “Instructions for the Submission of 2014 Premium Rates for Individual On-Exchange Plans and Off-Exchange Plans” will be posted on the Department website and on SERFF.</p> <p><i>Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>The submission contains only application forms, disclosure statements, and/or advertising, OR</i> <input type="checkbox"/> <i>The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR</i> <input type="checkbox"/> <i>The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.</i> <p><i>For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.</i></p>	
<p>ACTUARIAL MEMORANDUM</p>	<p>11NYCRR52.40(a)(1)</p>	<p>Actuarial qualifications:</p> <ol style="list-style-type: none"> 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. 	
<p>Justification of Rates</p>	<p>§3201 11NYCRR52.40(d)(1) 11NYCRR360.10 11NYCRR360.11 §3231(e)(1)(B) §4308(c)(3)(A)</p>	<p>Individual:</p> <ol style="list-style-type: none"> a. Provide community rated rating methodology and assumptions used in calculating rates. b. Expected claim costs. c. Actuarial justification for claim costs and other assumptions. d. Non-claim expense components as a percentage of gross premium. e. Expected loss ratio 88.8 %. 	<p>Act. Memo, p. 1, para A. 3 and attached details</p>

NEW YORK DEPARTMENT OF FINANCIAL SERVICES
Major Medical and Other Similar-Type Comprehensive Health Insurance Checklist for Individuals

Loss Ratios	§3231(e)(1)(B) §4308(c)(3)(A)	Expected loss ratio(s) – with actuarial justification	Act. Memo, p. 5,
Reserve Basis	11NYCRR94	Description of bases for unpaid claim liabilities and extra reserves (if any).	
Actuarial Certification	11NYCRR52.40(a)(1)	<ul style="list-style-type: none"> 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. 	Act. Memo, p. 5, para E.
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 88.8 %.	
RATE MANUAL	11NYCRR52.40(c)(2) §3231(e)(1)(B) §4308(c)(3)(A)	<ul style="list-style-type: none"> 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, issue limits, and renewal conditions. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Outline of marketing rules and methods. i. Underwriting guidelines. j. Expected loss ratio(s). 	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		<i>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.)</i>	F
ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: <ul style="list-style-type: none"> 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(d)(2)	<ul style="list-style-type: none"> a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Description, in detail, of policy benefits. d. Provide complete annual and total New York and nationwide claims experience respectively, since inception, including: 	

Excellus Health Plan, Inc.

This is to certify that the form(s) listed below is/are in compliance with New York State's insurance policy readability law.

1. The form was scored by itself using the Flesch reading ease test and the score meets or exceeds the minimum score of 45*.
2. The form is printed in not less than 10-point type, one point leaded.
3. It is appropriately divided and captioned and presented in a meaningful sequence and each section contains an underlined, boldfaced or otherwise conspicuous title or caption that indicates the nature of the subject matter included in or covered by the section.
4. Where applicable, it contains a table of contents or an index of the principal sections of the form.
5. It has margins that are adequate for purposes of readability.
6. It is printed in such a manner that it includes sufficient contrast of ink and paper to be legible.
7. The form does not use unnecessarily long, complicated or obscure words, sentences or paragraphs.
8. The style, arrangement and overall appearance of the form give no undue prominence to any portion of the form.

[Redacted Signature]

8/6/2013

Senior Deputy General Counsel

Date

Form #	Words	Sentences	Average Characters Per Word	Flesch Score	Medical Terminology Deleted? Yes/No	Defined Words Deleted? Yes/No
EXER-2*	1,417	56	5.3	33.0	No	No

* Request a waiver pursuant to Insurance Law Section 3102(d)(3)

Excellus Health Plan, Inc.

This is to certify that the form(s) listed below is/are in compliance with New York State's insurance policy readability law.

1. The form was scored by itself using the Flesch reading ease test and the score meets or exceeds the minimum score of 45*.
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7. The form does not use unnecessarily long, complicated or obscure words, sentences or paragraphs.
8. The style, arrangement and overall appearance of the form give no undue prominence to any portion of the form.

Form #	Words	Sentences	Average Characters Per Word	Flesch Score	Medical Terminology Deleted? Yes/No	Defined Words Deleted? Yes/No
B-772 [08/13]*	166	5	5.1	22.2	No	Yes

*Request a waiver pursuant to Insurance Law Section 3102(d)(1)(2)

**Memorandum of Variable Material for
Forms EXES-32
SCHEDULE OF BENEFITS**

No.	Variable Material	Explanation
1.	[[[XXX] ExcellusBCBS; Univera] Platinum Standard] SCHEDULE OF BENEFITS	XXX allows the Plan to enter the ID# for each separate plan Brackets around Plan Marketing Name allow the Plan to enter current marketing names: Excellus BCBS or Univera for individual plans, or add new plan marketing names at a later date by submitting an updated MOVIM.
2.	[MM]/[DD]/[YYYY] []	Allows the Plan to enter effective date of the Schedule of Benefits. Plan enters assigned alpha-numeric designation for each version of form in empty bracket, e.g., on versus off-Exchange, and “Blue” versus “Univera” versions. The latter will end with a “U”.
3.	[Dental &]	Allows the Plan to delete from the Pediatric Dental & Vision Care benefits section of the Schedules of Benefits when the Pediatric Dental Care benefit is deleted as described in #4 below
4.	[Pediatric Dental Care]	This benefit is bracketed throughout, allowing the Plan to delete the benefit in its entirety if stand-alone dental coverage has been obtained from a certified stand-alone dental plan offered outside the Exchange

**Memorandum of Variable Material for
Form EXER-2
Out-of-Network Benefits Rider**

No.	Page No.	Paragraph Number and/or Name	Variable Field	Explanation
1.	1		Logos	Selected by Plan depending upon the d/b/a under which form is issued
2.	1		[A nonprofit independent licensee of the BlueCross BlueShield Association]	Selected by Plan when form is issued under “Blue” d/b/a and deleted in its entirety when issued under “Univera” d/b/a
3.	1	Footer	[MM]/[DD]/[YYYY] []	Allows Plan to enter effective date of rider. Plan enters assigned alpha-numeric designation for each version of form in empty bracket, e.g., “Blue” versus “Univera” versions. The latter will end with a “U”.
4.	2	6. Allowed Amount	[80]%, , [150]%, [80]%, [150]%, [75]%, [75]%, [75]%, [75]%	Allows Plan to submit additional percentage of CMS PPS amount variables for approval Allows Plan to submit additional percentage of Facility and/or Provider charge amount variables for approval
5.	3	6. Allowed Amount	[or to pay a BlueCross and/or BlueShield Host Plans’ rate, if lower]	Selected by Plan when form is issued under “Blue” d/b/a and deleted in its entirety when issued under “Univera” d/b/a
6.	4		[Excellus BlueCross Blue Shield 165 Court Street Rochester, NY 14647; Univera Healthcare 205 Park Club Lane Buffalo, NY 14221]	Selected by Plan depending upon the d/b/a under which the form is issued
7.	4		[Signature] [Christopher C. Booth [President and Chief Operating Officer]	Can be updated by Plan if/when the name and/or title of the officer whose signature appears on contract forms changes

[4823-9422-6963, v. 1]

**Memorandum of Variable Material for
Form B-772 (8/13)**

No.	Section	Page	Variable Field	Variables
1.	Header	1	Logos	Selected by the Plan depending upon the d/b/a under which enrollment form will be issued
2.	Header	1	[A nonprofit independent licensee of the BlueCross BlueShield Association]	Selected by the Plan when coverage is issued under the “Blue” d/b/a and deleted in its entirety when coverage is issued under the Univera d/b/a
3.	Header	1	P.O. Box [22999; 23000] Rochester, NY 14692	“22999” is selected and “23000” deleted by the Plan when coverage is issued under the “Blue” d/b/a “23000” is selected and “22999” deleted by the Plan when coverage is issued under the Univera d/b/a
4.	✓ CHECK DESIRED COVERAGE Column A	1	<input type="checkbox"/> Platinum Standard * <input type="checkbox"/> Gold Standard* <input type="checkbox"/> Silver Standard* <input type="checkbox"/> Bronze Standard* <input type="checkbox"/> Platinum Select <input type="checkbox"/> Gold Select <input type="checkbox"/> Silver Select <input type="checkbox"/> Bronze Select <input type="checkbox"/> Bassett Gold <input type="checkbox"/> Platinum Standard (w/Out-of-Network Coverage)*]]	Plan selects based on the plan(s) and/or option(s) that may be chosen by applicant
5.	✓ CHECK DESIRED COVERAGE Column B	1	<input type="checkbox"/> <input type="checkbox"/>	Plan selects based on the corresponding plan(s) and/or option(s) in Column A that may be chosen by applicant
6.	✓ CHECK DESIRED COVERAGE Column C	1	<input type="checkbox"/> <input type="checkbox"/>	Plan selects based on the corresponding plan(s) and/or option(s) in Column A that may be chosen by applicant
7.	✓ CHECK		<input type="checkbox"/>	Plan selects based on the corresponding

	DESIRED COVERAGE Column D		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	plan(s) and/or option(s) in Column A that may be chosen by applicant
8.	Footer	1	B-772 (08/13) []	Empty brackets allows the Plan to use an alphanumeric designation to identify production version of enrollment form
9.	Please mail application to:	2	[22999; 23000]	<p>“22999” is selected and “23000” deleted by the Plan when coverage is issued under the “Blue” d/b/a</p> <p>“23000” is selected and “22999” deleted by the Plan when coverage is issued under the Univera d/b/a</p>
9.	If you have any questions		[at: 1-8##-###-#####] [Or, visit: www.excellusbcs.com ; www.univerahealthcare.com]	Brackets will allow the Plan to update contact information if/when revised

Memorandum

The purpose of this filing is to demonstrate compliance with the applicable laws and regulations of the State of New York and is not intended to be used for any other purposes. We request that the Actuarial Memorandum be exempt from disclosure under Public Officers Law Section 87(2)(d), since it constitutes trade secrets, that if disclosed, would cause substantial injury to our competitive position.

A. Derivation of Rates

1. Description of Rating Approach:

Policy forms EXEC-1, EXER-2[,EXER-1] ; EXEC-2,EXER-2[,EXER-1] will be offered to individuals on a community rated basis.

Community Rating

The rating regions for community rated purposes are as follows:

Albany: Montgomery, Fulton

Buffalo: Alleghany, Cattaraugus, Chautauqua, Erie, Genessee, Niagara, Orleans, Wyoming Counties.

Mid Hudson: Delaware

Rochester: Livingston, Monroe, Ontario, Seneca, Wayne, Yates Counties.

Syracuse: Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins Counties.

Utica-Watertown: Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence Counties.

2. Sources:

Excellus Health Plan, Inc. Data.
 Milliman, Inc. Health Cost Guidelines.

3. Premium Rate Development:

EXEC-1, EXER-2[,EXER-1] ; EXEC-2,EXER-2[,EXER-1]

EXEC-1, EXER-2[,EXER-1] ; EXEC-2,EXER-2[,EXER-1] is being filed to replace the Individual Off Exchange PPO plan originally filed under SERFF tracking number EXHP-128987637. These plans are identical to the approved Individual Platinum Standard plan, with the exception of adding the required OON coverage mandated by the DFS. The premiums were derived in the same manner outlined in EXHP-128987637 Exhibit 8. These steps are outlined below.

a. Medical Rate Derivation

Index PMPM	\$	435.65
Plan Level Adjustments		
Pricing actuarial value (without induced demand factor) #		0.8980
Induced Demand Factor		1.1500
Administrative costs (excl Exchange user fees and profits)		1.1095
Profit/Contribution to surplus margins		1.0102
Addition of Out of Network Benefit Option		1.0127
Impact of Plan Level Adjustments		1.1722
Total Projected Index Rate	\$	510.66
Step Up Factor		1.201
Single Rate	\$	613.19

b. Pediatric Dental Rate Derivation

Index PMPM	\$	6.41
Plan Level Adjustments		
Pricing actuarial value (without induced demand factor) #		0.8844
Administrative costs (excl Exchange user fees and profits)		1.0356
Profit/Contribution to surplus margins		1.0101
Addition of Out of Network Benefit Option		1.0000
Impact of Plan Level Adjustments		0.9251
Total Projected Index Rate	\$	5.93
Step Up Factor		1.20
Single Rate	\$	7.12

c. DFS Final Rate Adjustment	0.9603
d. Mandated Tier Factors	
Single	1.00
Sub and Spouse	2.00
Sub and Children	1.70
Family	2.85
Child Only	0.41
e. Dependent to Age 29 Factor	1.019
f. Area Factors	
Albany	1.1074
Buffalo	1.0760
Mid-Hudson	1.1074
Rochester	0.8556
Syracuse	1.0403
Utica	1.1074
g. Premium Rates	
Final Premium Rates are Derived in the following manner (Rounded to 2 decimals at each step):	
1) Plan excluding Pediatric Dental without Dependent to age 29:	
$[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * DFS\ Adjustment\ (c)]$	
2) Plan excluding Pediatric Dental with Dependent to age 29:	
$[[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * Dep\ 29\ Factor\ (e)] * DFS\ Adjustment\ (c)]$	
3) Plan including Pediatric Dental without Dependent to age 29:	
$[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] + [[Single\ Rate\ (b) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * DFS\ Adjustment\ (c)]$	
4) Plan including Pediatric Dental and Dependent to age 29:	
$[[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] + [[Single\ Rate\ (b) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * Dep\ 29\ Factor\ (e)] * DFS\ Adjustment\ (c)]$	

2014 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u>						
Excellus BCBS78124NY1090004		503.81	1,007.63	856.48	1,435.87	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u>						
Excellus BCBS78124NY1090002		513.39	1,026.78	872.76	1,463.15	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u>						
Excellus BCBS78124NY1090003		509.66	1,019.33	866.42	1,452.54	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u>						
Excellus BCBS78124NY1090001		519.34	1,038.70	882.88	1,480.14	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u>						
Excellus BCBS78124NY1090006		NA	NA	NA	NA	207.57
<u>EXEC-2, EXER-2[with Pediatric Dental]</u>						
Excellus BCBS78124NY1090005		NA	NA	NA	NA	209.98

2014 Individual Premium Rates - Syracuse Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	612.60	1,225.20	1,041.42	1,745.91	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090002	624.24	1,248.48	1,061.20	1,779.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	619.72	1,239.42	1,053.51	1,766.18	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090001	631.49	1,262.97	1,073.52	1,799.74	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	252.39
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	255.31

2014 Individual Premium Rates - Utica/Watertown Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	271.77

2014 Individual Premium Rates -Albany Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	271.77

2014 Individual Premium Rates - Mid-Hudson Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	271.77

2014 Individual Premium Rates - Buffalo Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Univera Platinc 78124NY1100004	633.60	1,267.18	1,077.10	1,805.74	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Univera Platinc 78124NY1100002	645.64	1,291.26	1,097.57	1,840.05	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Univera Platinc 78124NY1100003	640.95	1,281.89	1,089.60	1,826.70	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Univera Platinc 78124NY1100001	653.13	1,306.25	1,110.31	1,861.41	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Univera Platinc 78124NY1100006	NA	NA	NA	NA	261.04
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Univera Platinc 78124NY1100005	NA	NA	NA	NA	264.06

B. Loss Ratio

Expected Incurred Loss Ratio 88.8%

C. Expense Components of Premium

Net .to Statutory Reserves and Surplus 11.2%

D. Commissions

The applicable commission schedule is placed on file with the New York State Insurance Department, Department Control no. 2013040106.

E. Actuarial Certification

I am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering opinions with regard to health rate filings. I certify that this rate submission with Appendix (if attached) is in compliance with the applicable laws and regulations of the State of New York and that the expected loss ratio meets the minimum requirements. I also certify that the proposed rates are reasonable in relation to the benefits provided, adequate and neither excessive nor unfairly discriminatory.

[Redacted Signature]

8/16/2013

Date

[Redacted Signature]

Memorandum

The purpose of this filing is to demonstrate compliance with the applicable laws and regulations of the State of New York and is not intended to be used for any other purposes. We request that the Actuarial Memorandum be exempt from disclosure under Public Officers Law Section 87(2)(d), since it constitutes trade secrets, that if disclosed, would cause substantial injury to our competitive position.

A. Derivation of Rates

1. Description of Rating Approach:

Policy forms EXEC-1, EXER-2[,EXER-1] ; EXEC-2,EXER-2[,EXER-1] will be offered to individuals on a community rated basis.

Community Rating

The rating regions for community rated purposes are as follows:

Albany: Montgomery, Fulton

Buffalo: Alleghany, Cattaraugus, Chautauqua, Erie, Genessee, Niagara, Orleans, Wyoming Counties.

Mid Hudson: Delaware

Rochester: Livingston, Monroe, Ontario, Seneca, Wayne, Yates Counties.

Syracuse: Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins Counties.

Utica-Watertown: Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence Counties.

2. Sources:

Excellus Health Plan, Inc. Data.
 Milliman, Inc. Health Cost Guidelines.

3. Premium Rate Development:

EXEC-1, EXER-2[,EXER-1] ; EXEC-2,EXER-2[,EXER-1]

EXEC-1, EXER-2[,EXER-1] ; EXEC-2,EXER-2[,EXER-1] is being filed to replace the Individual Off Exchange PPO plan originally filed under SERFF tracking number EXHP-128987637. These plans are identical to the approved Individual Platinum Standard plan, with the exception of adding the required OON coverage mandated by the DFS. The premiums were derived in the same manner outlined in EXHP-128987637 Exhibit 8. These steps are outlined below.

a. Medical Rate Derivation

Index PMPM \$ 435.65

Plan Level Adjustments

Pricing actuarial value (without induced demand factor) #	0.8980
Induced Demand Factor	1.1500
Administrative costs (excl Exchange user fees and profits)	1.1095
Profit/Contribution to surplus margins	1.0102
Addition of Out of Network Benefit Option	1.0127
Impact of Plan Level Adjustments	1.1722
Total Projected Index Rate	\$ 510.66
Step Up Factor	1.201
Single Rate	\$ 613.19

b. Pediatric Dental Rate Derivation

Index PMPM \$ 6.41

Plan Level Adjustments

Pricing actuarial value (without induced demand factor) #	0.8844
Administrative costs (excl Exchange user fees and profits)	1.0356
Profit/Contribution to surplus margins	1.0101
Addition of Out of Network Benefit Option	1.0000
Impact of Plan Level Adjustments	0.9251
Total Projected Index Rate	\$ 5.93
Step Up Factor	1.20
Single Rate	\$ 7.12

c. DFS Final Rate Adjustment	0.9603
d. Mandated Tier Factors	
Single	1.00
Sub and Spouse	2.00
Sub and Children	1.70
Family	2.85
Child Only	0.41
e. Dependent to Age 29 Factor	1.019
f. Area Factors	
Albany	1.1074
Buffalo	1.0760
Mid-Hudson	1.1074
Rochester	0.8556
Syracuse	1.0403
Utica	1.1074
g. Premium Rates	
Final Premium Rates are Derived in the following manner (Rounded to 2 decimals at each step):	
1) Plan excluding Pediatric Dental without Dependent to age 29:	
$[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * DFS\ Adjustment\ (c)]$	
2) Plan excluding Pediatric Dental with Dependent to age 29:	
$[[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * Dep\ 29\ Factor\ (e)] * DFS\ Adjustment\ (c)]$	
3) Plan including Pediatric Dental without Dependent to age 29:	
$[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] + [[Single\ Rate\ (b) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * DFS\ Adjustment\ (c)]$	
4) Plan including Pediatric Dental and Dependent to age 29:	
$[[[[Single\ Rate\ (a) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] + [[Single\ Rate\ (b) * Tier\ Factor\ (d)] * Area\ Factor\ (f)] * Dep\ 29\ Factor\ (e)] * DFS\ Adjustment\ (c)]$	

2014 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u>						
Excellus BCBS78124NY1090004		503.81	1,007.63	856.48	1,435.87	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u>						
Excellus BCBS78124NY1090002		513.39	1,026.78	872.76	1,463.15	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u>						
Excellus BCBS78124NY1090003		509.66	1,019.33	866.42	1,452.54	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u>						
Excellus BCBS78124NY1090001		519.34	1,038.70	882.88	1,480.14	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u>						
Excellus BCBS78124NY1090006		NA	NA	NA	NA	207.57
<u>EXEC-2, EXER-2[with Pediatric Dental]</u>						
Excellus BCBS78124NY1090005		NA	NA	NA	NA	209.98

2014 Individual Premium Rates - Syracuse Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	612.60	1,225.20	1,041.42	1,745.91	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090002	624.24	1,248.48	1,061.20	1,779.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	619.72	1,239.42	1,053.51	1,766.18	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090001	631.49	1,262.97	1,073.52	1,799.74	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	252.39
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	255.31

2014 Individual Premium Rates - Utica/Watertown Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Excellus BCBS78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	271.77

2014 Individual Premium Rates -Albany Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	271.77

2014 Individual Premium Rates - Mid-Hudson Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090004	652.11	1,304.21	1,108.58	1,858.51	NA
<u>EXEC-1, EXER-2[no Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090002	664.50	1,328.99	1,129.64	1,893.82	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090003	659.68	1,319.36	1,121.45	1,880.08	NA
<u>EXEC-1, EXER-2[with Pediatric Dental],EXER-1</u> Excellus BCBS78124NY1090001	672.21	1,344.42	1,142.76	1,915.81	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Excellus BCBS78124NY1090006	NA	NA	NA	NA	268.66
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Excellus BCBS78124NY1090005	NA	NA	NA	NA	271.77

2014 Individual Premium Rates - Buffalo Region

HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
<u>EXEC-1, EXER-2[no Pediatric Dental]</u> Univera Platinc 78124NY1100004	633.60	1,267.18	1,077.10	1,805.74	NA
<u>EXEC-1, EXER-2[no Pediatric Dental], EXER-1</u> Univera Platinc 78124NY1100002	645.64	1,291.26	1,097.57	1,840.05	NA
<u>EXEC-1, EXER-2[with Pediatric Dental]</u> Univera Platinc 78124NY1100003	640.95	1,281.89	1,089.60	1,826.70	NA
<u>EXEC-1, EXER-2[with Pediatric Dental], EXER-1</u> Univera Platinc 78124NY1100001	653.13	1,306.25	1,110.31	1,861.41	NA
<u>EXEC-2, EXER-2[no Pediatric Dental]</u> Univera Platinc 78124NY1100006	NA	NA	NA	NA	261.04
<u>EXEC-2, EXER-2[with Pediatric Dental]</u> Univera Platinc 78124NY1100005	NA	NA	NA	NA	264.06

B. Loss Ratio

Expected Incurred Loss Ratio 88.8%

C. Expense Components of Premium

Net .to Statutory Reserves and Surplus 11.2%

D. Commissions

The applicable commission schedule is placed on file with the New York State Insurance Department, Department Control no. 2013040106.

E. Actuarial Certification

I am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering opinions with regard to health rate filings. I certify that this rate submission with Appendix (if attached) is in compliance with the applicable laws and regulations of the State of New York and that the expected loss ratio meets the minimum requirements. I also certify that the proposed rates are reasonable in relation to the benefits provided, adequate and neither excessive nor unfairly discriminatory.

[Redacted Signature]

8/16/2013

[Redacted Signature]

Date

Excellus Health Plan, Inc.
Excellus BCBS, Univera Healthcare

Actuarial Value Calculations
Individual On and Off Exchange

COMPANY NAME
MARKET
Marketing Name

Excellus BlueCrossBlueShield / Univera Healthcare
Individual, OFF-Exchange Market Only
Platinum Standard IND PPO

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

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
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	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.280%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.750%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$43.70	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:
Actuarial Value:
Metal Tier:

Calculation Successful.
88.1%
Platinum

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Excellus Health Plan, Inc</u> <small>Company submitting the rate adjustment request</small> <u>165 Court Street, Rochester, NY 14647</u> <small>Company mailing address</small>	<u>Article 43 and HMO</u> <small>Company Type</small>	<u>Not-for-Profit</u> <small>Org. Type</small>	<u>55107</u> <small>Company NAIC Code</small>
B.	Contact Person: <u>[REDACTED]</u> <small>Rate filing contact person name, title</small>	<u>[REDACTED]</u> <small>Contact phone number</small>	<u>[REDACTED]</u> <small>Contact Email address</small>	
C.	Actuarial Contact (If different from above): _____ <small>Actuary name, title</small>	_____ <small>Actuary phone number</small>	_____ <small>Actuary Email address</small>	
D.	New Rate Information (See Note #1): <u>January 1, 2014-December 31 2014</u> <small>New rate applicability period</small>	_____ <small>New rate effective date</small>	<u>1/1/2014</u>	<u>EXHP-129149098</u> <small>SERFF Tracking Number</small>
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	<u>Individual</u>		
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).	<u>Yes. This is a new business submission in support of Exchange plans to be effective 1/1/2014. Model language has been used for all submitted plans.</u>		
	2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>Yes. The Broker Commission schedule included in the rate manuals in this submission has been submitted separately under SERFF ID EXHP-128990122.</u>		
	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).	<u>Not Applicable</u>		
	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 exhibit is not applicable?	<u>Yes.</u>		
	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 prefilling.	<u>Not Applicable</u>		

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/subscribers/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: Excelsus Health Plan, Inc.
 NAIC Code: 55107
 SERFF Number: EXHP-129149098
 Market Segment: IND

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Uplstate 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), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO Based POS, POS-ON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form										Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a	1b	1c	2	3	4	5	6	7	8	9	14.1	14.2	14.3	14.4	14.5	14.6	14.7	14.8	14.9	14.10
Base medical policy form number	Product Name as in Rate Manual	Product Street Name as indicated to consumers	Rating Pool Identifier	Effective date of rate change (MM/DD/YY)	Market Segment	Product type (see above for examples) (drop down menu)	Is a rolling rate structure used for this base medical policy form? (Yes or No) (drop down menu)	Is base medical policy form open (new sales allowed) or closed (no new sales) (drop down menu)	Number of policyholders affected by rate change. (For group business this is number of groups.)	Number of covered lives affected by rate change	Beginning Date of the experience period (MM/DD/YY)	Ending Date of the experience period (MM/DD/YY)	Member months for experience period	Earned premiums for experience period (\$)	Standardized earned premiums for experience period (\$)	Stop loss pools and before any adjustment for payments to the standard direct pay and Healthy NY stop loss pools or payments to the pool as a positive value (\$)	Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools or payments to the pool as a positive value (\$)	Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter negative value and payments from the pool as a positive value) (\$)	Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter negative value and payments from the pool as a positive value) (\$)	Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)
EXC-C-10, EXR-C-32	(Copoly, Hybrid) PPO Base Plan	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Syracuse	01/01/14	SP	PPO	Yes	Closed	676	1,130	10/01/11	09/30/12	13,200	6,127,111	6,810,711	6,412,587	6,488,111	0	0	600,481
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	[Healthy Blue, Simply Blue] HDHP	Syracuse	01/01/14	SP	HDHP	Yes	Closed	944	1,881	10/01/11	09/30/12	19,882	4,819,062	5,774,339	3,279,168	3,332,728	0	0	902,852
EXC-8	Blue Choice (25, 30) Basic Contract	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Rochester	01/01/14	SP	PPO	No	Closed	2	2	10/01/11	09/30/12	29	21,032	22,887	28,948	29,692	0	0	1,309
EXC-C-10, EXR-C-32	(Copoly, Hybrid) PPO Base Plan	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Rochester	01/01/14	SP	PPO	Yes	Closed	908	1,550	10/01/11	09/30/12	16,702	6,503,317	7,385,428	5,055,702	5,571,174	0	0	758,877
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	[Healthy Blue, Simply Blue] HDHP	Rochester	01/01/14	SP	HDHP	Yes	Closed	1,316	2,544	10/01/11	09/30/12	27,376	5,512,096	6,805,978	4,183,473	4,233,063	0	0	1,244,081
EXC-8	Blue Choice (25, 30) Basic Contract	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Rochester	01/01/14	SG	HMO	No	Closed	73	113	10/01/11	09/30/12	1,320	626,871	694,802	761,355	765,558	0	0	60,198
EXC-C-10, EXR-C-32	(Copoly, Hybrid) PPO Base Plan	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Utica Group	01/01/14	SG	PPO	Yes	Closed	451	738	10/01/11	09/30/12	8,667	4,811,725	5,289,396	3,341,117	3,393,199	0	0	393,923
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	[Healthy Blue, Simply Blue] HDHP	Utica Group	01/01/14	SG	HDHP	Yes	Closed	627	1,101	10/01/11	09/30/12	13,206	3,612,047	4,331,612	2,631,644	2,648,421	0	0	599,894
EXC-8	HMO Blue (25, 30) Basic Contract	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Utica Group	01/01/14	SG	HMO	No	Closed	9	16	10/01/11	09/30/12	203	106,431	114,862	134,914	146,338	0	0	9,178
EXC-C-10, EXR-C-32	(Copoly, Hybrid) PPO Base Plan	[Healthy Blue, Simply Blue] PPO (Hybrid, Copay)	Univera Group	01/01/14	SG	PPO	Yes	Closed	148	245	10/01/11	09/30/12	3,223	1,624,762	1,787,951	1,359,570	1,378,613	0	0	146,158
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	[Healthy Blue, Simply Blue] HDHP	Univera Group	01/01/14	SG	HDHP	Yes	Closed	432	794	10/01/11	09/30/12	9,625	2,271,579	2,752,503	1,609,776	1,673,863	0	0	436,828
UNC-7	Value Plus	[Healthy Blue, Simply Blue] HDHP	Univera Group	01/01/14	SG	HMO	Yes	Closed	-1	1	10/01/11	09/30/12	18	15,277	16,060	16,184	16,198	0	0	814
EX-36 Rev 2	Comprehensive Low Deductible and PPO Plans	SSA - Comprehensive Low Deductible and PPO Plans	SSA	01/01/14	SG	Comprehensive	No	Closed	29	1,592	10/01/11	09/30/12	22,717	6,818,314	7,048,001	8,064,586	8,104,448	0	0	786,596
EXHP-36	HMO	Healthy New York Part A.B	Healthy New York Part A.B	01/01/14	HNY-SG	HMO	No	Closed	3	353	10/01/11	09/30/12	4,197	1,036,338	1,037,166	1,066,752	1,088,874	4,197	(181,360)	104,294
EXHP-80	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	HMO	No	Closed	1,524	1,788	10/01/11	09/30/12	22,690	5,860,362	5,885,081	9,388,353	9,428,280	0	0	564,356
EXHP-78	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	EPO	No	Closed	2,396	2,939	10/01/11	09/30/12	33,294	5,595,262	5,599,503	4,094,551	4,144,870	(922,236)	0	824,968
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	Healthy New York Plus (Trade Act 2)	01/01/14	HNY-IND	HMO	No	Closed	5	7	10/01/11	09/30/12	114	42,919	42,958	20,442	20,641	0	0	202,441
EXHP-36	HMO	Healthy New York Part A.B	Healthy New York Part A.B	01/01/14	HNY-SG	HMO	No	Closed	2	269	10/01/11	09/30/12	1,111	962,958	963,710	1,388,078	1,391,533	(282,675)	0	77,319
EXHP-38	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	HMO	No	Closed	1,169	1,481	10/01/11	09/30/12	12,789	4,062,307	4,065,547	5,941,483	5,963,021	(1,290,446)	0	317,813
EXHP-80	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	EPO	No	Closed	1,364	1,760	10/01/11	09/30/12	19,735	3,795,507	3,798,349	5,742,954	5,744,581	(350,268)	0	488,787
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-SG	EPO	No	Closed	2	595	10/01/11	09/30/12	6,604	1,234,817	1,235,715	1,088,266	1,103,025	(195,949)	0	163,300
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	Healthy New York Plus (Trade Act 2)	01/01/14	HNY-IND	HMO	No	Closed	12	15	10/01/11	09/30/12	215	133,619	133,727	87,847	87,847	58,291	0	5,351
EXHP-36	HMO	Healthy New York Part A.B	Healthy New York Part A.B	01/01/14	HNY-SG	HMO	No	Closed	11	270	10/01/11	09/30/12	3,359	925,176	925,855	869,082	874,133	(148,427)	0	75,704
EXHP-38	HMO	Healthy New York Part A.B	Healthy New York Part A.B	01/01/14	HNY-IND	HMO	No	Closed	653	810	10/01/11	09/30/12	10,080	3,128,257	3,130,726	4,893,376	4,908,843	(995,795)	0	250,333
EXHP-80	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	EPO	Yes	Closed	1,129	1,500	10/01/11	09/30/12	16,914	3,353,399	3,355,897	2,794,088	2,833,658	(503,137)	0	418,847
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-SG	EPO	Yes	Closed	2	628	10/01/11	09/30/12	7,312	1,365,535	1,367,605	1,146,310	1,158,525	(193,568)	0	181,117
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	Healthy New York Plus (Trade Act 2)	01/01/14	HNY-IND	HMO	No	Closed	6	11	10/01/11	09/30/12	162	101,841	101,920	39,987	38,579	0	0	4,023
EXHP-36	HMO	Healthy New York Part A.B	Healthy New York Part A.B	01/01/14	HNY-SG	HMO	No	Closed	1	316	10/01/11	09/30/12	277	52,798	52,818	39,932	40,913	(9,229)	0	6,564
EXHP-38	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	HMO	No	Closed	1,393	1,638	10/01/11	09/30/12	584	124,313	124,363	1,479,261	1,482,223	(488,330)	0	14,022
EXHP-80	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-IND	EPO	No	Closed	1,857	2,263	10/01/11	09/30/12	25,838	4,463,723	4,467,267	3,803,121	3,833,128	(711,509)	0	641,236
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York Part A.B	01/01/14	HNY-SG	EPO	No	Closed	8,942	9,97	10/01/11	09/30/12	8,942	1,042,892	1,043,869	802,296	806,650	(218,895)	0	154,625
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	Healthy New York Plus (Trade Act 2)	01/01/14	HNY-IND	HMO	No	Closed	27	40	10/01/11	09/30/12	507	259,155	259,353	147,547	150,296	(37,031)	0	12,574
HNYCERT-44MG	HMO	Healthy New York Option A (Group Certificate)	Healthy New York Option A (Group Certificate)	01/01/14	HNY-SG	EPO	No	Closed	0	0	10/01/11	09/30/12	8,844	984,411	985,195	922,313	930,596	(153,481)	0	95,731
HNYCONTRACT-441	HMO	Healthy New York Option A (Individual)	Healthy New York Option A (Individual)	01/01/14	HNY-IND	EPO	No	Closed	0	0	10/01/11	09/30/12	19,810	4,949,048	4,953,163	811,546	872,431	(1,640,777)	0	488,742
EXHP-41	HMO	Standardized Individual HMO Contract	Mandated	01/01/14	IND	HMO	No	Closed	193	214	10/01/11	09/30/12	2,498	2,877,600	2,819,152	3,000,063	3,040,528	(402,446)	0	61,981
EXHP-42	HMO	Standardized Individual POS Contract	Mandated	01/01/14	IND	HMO	Yes	Closed	93	98	10/01/11	09/30/12	1,174	1,497,780	1,466,706	2,670,815	2,678,908	(361,174)	0	29,170
EXHP-41	HMO	Standardized Individual HMO Contract	Mandated	01/01/14	IND	HMO	No	Closed	38	40	10/01/11	09/30/12	416	547,624	536,786	394,724	395,180	(47,930)	0	10,307
EXHP-42	HMO	Standardized Individual POS Contract	Mandated	01/01/14	IND	HMO	No	Closed	130	153	10/01/11	09/30/12	1,773	2,065,564	2,045,066	1,814,791	1,817,613	(290,739)	0	44,003
EXHP-41	HMO	Standardized Individual HMO Contract	Mandated	01/01/14	IND	HMO	No	Closed	31	37	10/01/11	09/30/12	421	594,002	581,233	608,315	609,172	(103,688)	0	10,480
EXHP-42	HMO	Standardized Individual POS Contract	Mandated	01/01/14	IND	HMO	No	Closed	19	21	10/01/11	09/30/12	257	414,584	405,995	152,891	153,027	(27,447)	0	6,385
EXHP-41	HMO	Standardized Individual HMO Contract	Mandated	01/01/14	IND	HMO	No	Closed	78	85	10/01/11	09/30/12	1,091	1,233,141	1,197,351	919,934	920,236	(82,139)	0	27,749
EXHP-42	HMO	Standardized Individual POS Contract	Mandated	01/01/14	IND	HMO	No	Closed	17	18	10/01/11	09/30/12	205	275,175	269,851	166,550	166,677	(15,842)	0	5,076
LI-1, 6, 7, 8, 9, 10, TR-153	Exclusive Provider Organization	Valued Plus ValuMed/ValuM	Valued Plus ValuMed/ValuM	01/01/14	IND	EPO	No	Closed	790	1,253	10/01/11	09/30/12	15,748	1,847,292	1,808,990	1,313,493	1,328,484	0	0	391,295
VP-1 Rev 2	Exclusive Provider Organization	Valued Plus ValuMed/ValuM	Valued Plus ValuMed/ValuM	01/01/14	IND	EPO	No	Closed	964	637	10/01/11	09/30/12	7,377	2,189,639	2,146,007	2,511,763	2,543,369	0	0	182,915
VP-1 Rev 2	Exclusive Provider Organization	Valued Plus ValuMed/ValuM	Valued Plus ValuMed/ValuM	01/01/14	IND	EPO	No	Closed	244	273	10/01/11	09/30/12	3,192	1,112,721	1,090,786	1,033,611	1,048,715	(164,075)	0	78,823
VP-1 Rev 2	Exclusive Provider Organization	Valued Plus ValuMed/ValuM	Valued Plus ValuMed/ValuM	01/01/14	IND	EPO	No	Closed	159	162	10/01/11	09/30/12	2,101	762,532	746,422	728,833	739,271	0	0	52,265

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

Data Item for Specified Base			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)									
1a Base medical policy form number	1b Product Name as in Rate Manual	1c Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YYYY)	15.2 Ending Date of the experience period (MM/DD/YYYY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or payments to the pool as a positive value (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.1 Beginning date of the experience period (MM/DD/YYYY)	16.2 Ending Date of the experience period (MM/DD/YYYY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or payments to the pool as a negative value (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)
EXC-C-10, EXR-C-32, EXR-C-34	(Copoly, Hybrid) PPO Base Plan	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	10,073	4,370,352.5	147,655.4	256,408,365.6	0	0	440,849	10/01/09	09/30/10	7,273,002	2,817,702	3,498,800	3,256,244	3,256,636	0	0	315,639	
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	(Healthy Blue, Simply Blue) HDHP	10/01/10	09/30/11	16,286	3,573,207	4,637,905	2,289,124	2,270,260	0	715,114	10/01/09	09/30/10	8,244,001	1,750,260	2,277,173	897,157	897,157	0	0	357,820	
EXC-C-10, EXR-C-32, EXR-C-34	Blue Choice (25, 30) Basic Contract	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	61	40,555,445	437,433,836	4,837	0	0	2,666	10/01/09	09/30/10	110,026,233	81,053	49,819	49,819	0	0	4,770		
EXC-C-10, EXR-C-32, EXR-C-34	(Copoly, Hybrid) PPO Base Plan	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	15,439	5,103,246.8	223,235.5	2,208,909	5,211,068	0	675,486	10/01/09	09/30/10	11,400,003	269,410	4,197,340	3,413,858	3,414,080	0	0	495,079	
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	(Healthy Blue, Simply Blue) HDHP	10/01/10	09/30/11	20,967	3,641,802	4,918,118	2,134,993	2,137,472	0	917,990	10/01/09	09/30/10	6,994,001	1,526,001	2,037,798	1,151,856	1,151,937	0	0	421,022	
EXC-C-10, EXR-C-32, EXR-C-34	Blue Choice (25, 30) Basic Contract	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	998	386,302	484,421	212,391	213,031	0	45,523	10/01/09	09/30/10	2,146,075	1,864	1,027,000	644,334	644,337	0	0	93,051	
EXC-C-10, EXR-C-32, EXR-C-34	(Copoly, Hybrid) PPO Base Plan	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	7,755	3,723,839.4	543,859	3,698,163	3,689,384	0	339,291	10/01/09	09/30/10	6,611,002	325,787	3,699,512	3,113,687	3,113,735	0	0	286,906	
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	(Healthy Blue, Simply Blue) HDHP	10/01/10	09/30/11	10,212	2,417,957.3	296,086	1,728,902	1,728,674	0	447,215	10/01/09	09/30/10	4,418,010	1,017,781	1,380,919	663,364	663,380	0	0	191,786	
EXC-C-10, EXR-C-32, EXR-C-34	HMO Blue (25, 30) Basic Contract	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	273	116,338	135,571	208,564	208,566	0	11,944	10/01/09	09/30/10	27,000	107,573	140,762	169,359	169,359	0	0	12,016	
EXC-C-10, EXR-C-32, EXR-C-34	(Copoly, Hybrid) PPO Base Plan	(Healthy Blue, Simply Blue) PPO (Hybrid, Copay)	10/01/10	09/30/11	3,638	1,561,601	1,809,395	1,943,799	1,944,534	0	137,874	10/01/09	09/30/10	3,138,011	182,169	1,529,073	1,033,781	1,033,932	0	0	136,174	
EXC-C-11, EXR-C-32, EXR-C-34	HSA Base Plan	(Healthy Blue, Simply Blue) HDHP	10/01/10	09/30/11	8,996	1,950,650	2,515,446	1,831,962	1,833,615	0	393,692	10/01/09	09/30/10	6,851,001	1,323,739	1,789,064	944,395	944,447	0	0	297,334	
UNC-7	HMO	Value Plus	10/01/10	09/30/11	55	37,318,444	134,729,124	79,124	0	0	2,406	10/01/09	09/30/10	104,004,344	68,017	30,724	30,724	0	0	0	4,509	
EX-36 Rev 2	Comprehensive Low Deductible and PPO Plans	SSA - Comprehensive Low Deductible and PPO Plans	10/01/10	09/30/11	28,776	8,274,771	9,654,614	8,736,678	8,739,183	0	814,843	10/01/09	09/30/10	36,124,001	9,753,160	12,859,144	9,310,062	9,311,665	0	0	966,564	
EXHP-38	HMO	Healthy New York Part A.B	10/01/10	09/30/11	4,730	1,121,860	1,432,266	1,361,091	1,414,144	0	153,356	10/01/09	09/30/10	5,235,001	1,044,440	1,216,710	1,139,977	1,139,977	0	0	227,112	
EXHP-38	HMO	Healthy New York Part A.B	10/01/10	09/30/11	25,192	6,349,497	6,460,844	9,855	139,856,033	(3,935,518)	815,122	10/01/09	09/30/10	26,633,001	6,587,141	7,242,533	11,266,443	11,266,443	-3,562,366	0	0	1,242,184
EXHP-80	Exclusive Provider Organization	HNH B EPO Group	10/01/10	09/30/11	31,163	5,247,392	5,335,944	3,811	965,381,041	(1,232,655)	1,007,796	10/01/09	09/30/10	31,413,001	4,963,266	5,441,713	3,915,285	3,915,318	-1,054,766	0	0	1,362,929
EXHP-81	Exclusive Provider Organization	HNH B EPO Group	10/01/10	09/30/11	7,561	1,180,362	1,179,323	970,347	970,384	0	242,791	10/01/09	09/30/10	7,040,001	1,004,334	1,104,104	752,814	752,820	0	0	305,451	
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	10/01/10	09/30/11	131,56	983	85,444	108,456	108,488	0	4,107	10/01/09	09/30/10	99,000	26,486	30,320	29,049	29,050	0	0	2,560	
EXHP-36	HMO	Healthy New York Part A.B	10/01/10	09/30/11	3,773	1,171,459	1,195,717	1,205,541	1,209,573	0	123,117	10/01/09	09/30/10	4,495,001	1,269,163	1,396,841	1,407,680	1,407,680	0	0	195,002	
EXHP-38	HMO	Healthy New York Part A.B	10/01/10	09/30/11	14,197	4,454,306	4,532,687	6,671	947,672,213	0	459,952	10/01/09	09/30/10	16,463,001	4,739,850	5,216,515	6,117,530	6,117,530	0	0	714,186	
EXHP-80	Exclusive Provider Organization	HNH B EPO Direct	10/01/10	09/30/11	19,696	3,794,550	3,857,898	2,714,696	2,715,141	0	636,354	10/01/09	09/30/10	19,929,001	3,605,890	3,950,036	2,201,294	2,201,294	0	0	884,683	
EXHP-81	Exclusive Provider Organization	HNH B EPO Group	10/01/10	09/30/11	6,293	1,181,194	1,200,670	918,310	918,497	0	203,096	10/01/09	09/30/10	6,222,000	1,179,141	1,295,919	1,067,623	1,067,623	0	0	291,634	
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	10/01/10	09/30/11	272	169,049	173,153	125,731	125,797	0	8,919	10/01/09	09/30/10	55,000	29,787	33,669	29,880	29,881	0	0	2,367	
EXHP-36	HMO	Healthy New York Part A.B	10/01/10	09/30/11	3,116	933,101	951,119	965,428	965,446	0	101,239	10/01/09	09/30/10	3,810,000	1,025,918	1,131,975	1,080,946	1,080,946	0	0	165,273	
EXHP-38	HMO	Healthy New York Part A.B	10/01/10	09/30/11	11,635	3,559,868	3,620,817	5,104,588	5,104,614	0	377,610	10/01/09	09/30/10	14,049,001	3,940,899	4,340,157	5,885,069	5,885,069	0	0	609,451	
EXHP-80	Exclusive Provider Organization	HNH B EPO Direct	10/01/10	09/30/11	16,279	3,243,113	3,296,468	2,151,175	2,151,785	0	525,670	10/01/09	09/30/10	17,474,001	3,244,712	3,558,380	2,681,247	2,681,247	0	0	758,129	
EXHP-81	Exclusive Provider Organization	HNH B EPO Group	10/01/10	09/30/11	6,969	1,312,363	1,337,537	943,491	943,762	0	224,649	10/01/09	09/30/10	7,140,000	1,269,708	1,394,198	1,052,210	1,052,210	0	0	309,775	
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	10/01/10	09/30/11	122	75,550	76,787	19,770	19,770	0	3,701	10/01/09	09/30/10	47,028,545	32,613	19,656	10,656	0	0	2,940		
EXHP-36	HMO	Healthy New York Part A.B	10/01/10	09/30/11	47	9,267	9,510	11,649	11,652	0	1,534	10/01/09	09/30/10	50,009,029	10,102	476	476	0	0	0		
EXHP-38	HMO	Healthy New York Part A.B	10/01/10	09/30/11	198	40,061	40,880	12,352	12,354	0	6,375	10/01/09	09/30/10	257,004	48,135	53,395	23,036	23,036	0	0	11,149	
EXHP-80	Exclusive Provider Organization	HNH B EPO Direct	10/01/10	09/30/11	28,002	4,623,110	4,713,193	3,203,288	3,209,423	0	969,269	10/01/09	09/30/10	28,753,001	4,620,741	5,092,719	2,969,247	2,969,247	0	0	1,246,244	
EXHP-81	Exclusive Provider Organization	HNH B EPO Group	10/01/10	09/30/11	5,820	865,630	861,924	848,332	848,367	0	187,031	10/01/09	09/30/10	5,738,001	853,128	973,073	494,623	494,623	0	0	248,625	
EXHP-78	HMO	Healthy New York Plus (Trade Act 2)	10/01/10	09/30/11	555	274,380	278,270	138,708	138,746	0	17,536	10/01/09	09/30/10	433,001	191,114	210,574	144,193	144,194	0	0	18,760	
HNHCERT-44MG	HMO	Healthy New York Option A (Group Certificate)	10/01/10	09/30/11	4,624	1,111,894	1,131,753	1,267,871	1,267,896	0	150,270	10/01/09	09/30/10	5,475,001	1,195,055	1,329,666	1,731,003	1,731,014	0	0	237,513	
HNHYCONTR-441	HMO	Healthy New York Option A (Individual)	10/01/10	09/30/11	25,878	6,338,997	6,460,465	9,727,887	9,740,717	0	841,017	10/01/09	09/30/10	33,694,001	672,747	8,539,310	11,946,736	11,946,800	0	0	1,457,771	
EXHP-41	HMO	Standardized Individual HMO Contract	10/01/10	09/30/11	2,867	3,466,587	3,251,488	3,277,651	3,277,753	(423,544)	93,142	10/01/09	09/30/10	3,017,003	379,134	3,438,262	2,630,986	2,631,007	-288,133	0	0	130,875
EXHP-42	HMO	Standardized Individual POS Contract	10/01/10	09/30/11	1,392	1,849,916	1,736,252	2,898,395	2,898,422	(286,748)	45,711	10/01/09	09/30/10	1,693,001	1,936,640	1,974,888	2,172,440	2,172,456	-221,508	0	0	69,537
EXHP-41	HMO	Standardized Individual HMO Contract	10/01/10	09/30/11	448	625,439	588,009	563,854	563,887	(45,812)	14,711	10/01/09	09/30/10	523,001	498,225	659,071	741,435	741,435	0	0	22,686	
EXHP-42	HMO	Standardized Individual POS Contract	10/01/10	09/30/11	1,968	2,436,372	2,290,181	2,307,860	2,308,145	(217,899)	63,794	10/01/09	09/30/10	2,272,001	548,696	2,617,692	2,451,697	2,451,697	0	0	98,550	
EXHP-41	HMO	Standardized Individual HMO Contract	10/01/10	09/30/11	507	745,490	699,325	773,161	773,161	(9,395)	16,512	10/01/09	09/30/10	707,001	956,687	975,400	1,039,129	1,039,129	0	0	30,666	
EXHP-4																						

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Excelsus Health Plan, Inc.
 NAIC Code: 55107
 SERFF Number: exhp-129149098
 Market Segment: Individual On/Off Exchange

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

Line #	General	Excelsus PPO Copay						Univera PPO Copay					
1	Product*	78124NY109						78124NY110					
2	Product ID*	78124NY109						78124NY110					
3	Metal Level (or catastrophic)*	Platinum											
4	AV Metal Value (HHS Calculator)*	0.879	0.879	0.879	0.879	0.879	0.879	0.879	0.879	0.879	0.879	0.879	
5	AV Pricing Value (total, risk pool experience based)*	0.911	0.911	0.911	0.911	0.911	0.911	0.911	0.911	0.911	0.911	0.911	
6	Plan Type*	PPO											
7	Plan Name*	Platinum Standard IND PPO											
8	Plan ID*	78124NY1090001	78124NY1090002	78124NY1090003	78124NY1090004	78124NY1090005	78124NY1090006	78124NY1100001	78124NY1100002	78124NY1100003	78124NY1100004	78124NY1100005	78124NY1100006
9	Exchange Plan?*	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 (excl. Reg 146 & Stop Loss pools) for Latest Experience Period	\$676,102,922											
10B	Member-Months for Latest Experience Period	2,421,513											
10C	Average PMPM Incurred Claims [(10A/L10B)] (Initial Index Rate Factor)	279.21											
11	Average Pricing Actuarial Value reflected in experience period	0.871											
12	AV Adjusted Experience Period Index Rate (L10/L11)	320.49	320.49	320.49	320.49	320.49	320.49	320.49	320.49	320.49	320.49	320.49	320.49

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	0.978											
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)	1.300											
19	Adjustment for changes in distribution of risk pool membership by rating regions ***	1.000											
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.000											
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.924											
22	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000											
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.157											
24	Other 1 (specify)	1.000											
25	Other 2 (specify)	1.000											
26	Other 3 (specify)	1.000											
27	Impact of Market Wide Adjustments (product L13 through L26)	1.359	1.359	1.359	1.359	1.359	1.359	1.359	1.359	1.359	1.359	1.359	1.359

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

28	Pricing actuarial value (without induced demand factor) #	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033	1.033
29	Pricing actuarial value (only the induced demand 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
30	Impact of provider network characteristics ##	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 characteristics ##	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 utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	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	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Administrative costs (excluding Exchange user fees and profits)	1.108	1.108	1.108	1.108	1.108	1.108	1.108	1.108	1.108	1.108	1.108	1.108
35	Profit/Contribution to surplus margins	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.971
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	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013	1.013
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	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 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	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)	1.126	1.126	1.126	1.126	1.126	1.126	1.126	1.126	1.126	1.126	1.126	1.126

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)	490.39	490.39	490.39	490.39	490.39	490.39	490.39	490.39	490.39	490.39	490.39	490.39
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Data Collection Template																							
2																								
3	Company Legal Name:	Excelsus Health Plan, Inc					State:	NY																
4	HIOS Issuer ID:	78124					Market:	Individual																
5	Effective Date of Rate Change(s):	1/1/2014																						
6																								
7																								
8	Market Level Calculations (Same for all Plans)																							
9																								
10																								
11	Section I: Experience period data																							
12	Experience Period:	10/1/2011		to	9/30/2012																			
13		<u>Experience Period</u>																						
14		<u>Aggregate Amount</u>		<u>PMPM</u>	<u>% of Prem</u>																			
15	Premiums (net of MLR Rebate) in Experience Period:	\$740,116,014		\$305.64		100.00%																		
16	Incurred Claims in Experience Period	\$676,102,922		279.21		91.35%																		
17	Allowed Claims:	\$773,688,245		319.51		104.54%																		
18	Index Rate of Experience Period			\$320.49																				
19	Experience Period Member Months	2,421,513																						
20	Section II: Allowed Claims, PMPM basis																							
21		<u>Experience Period</u>				<u>Projection Period: 1/1/2014 to 12/31/2014</u>				Mid-point to Mid-point, Experience to Projection: 27 months														
22		<u>on Actual Experience Allowed</u>				<u>Adj't. from Experience to Projection Period</u>				<u>Annualized Trend Factors</u>				<u>Projections, before credibility Adjustment</u>				<u>Credibility Manual</u>						
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk</u>				<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>									
24	Inpatient Hospital	Admits	75.36	\$10,814.94	\$67.91	1.300	0.978	1.023	1.040	107.03	\$11,129.44	\$99.27	107.03	\$11,129.44	\$99.27									
25	Outpatient Hospital	Services	2,109.99	489.70	86.10	1.300	0.978	1.023	1.040	2,996.87	503.94	125.85	2996.87	503.94	125.85									
26	Professional	Services	7,266.55	155.01	93.87	1.300	0.978	1.023	1.040	10,320.84	159.52	137.20	10320.84	159.52	137.20									
27	Other Medical	Services	937.72	124.21	9.71	1.300	0.978	1.023	1.040	1,331.86	127.83	14.19	1331.86	127.83	14.19									
28	Capitation	Services	23.06	155.01	0.30	1.300	0.978	1.023	1.040	32.75	159.52	0.44	32.75	159.52	0.44									
29	Prescription Drug	Prescriptions	10,857.04	68.10	61.62	1.300	0.978	1.042	1.035	15,264.49	73.00	92.87	15264.49	73.00	92.87									
30	Total					\$319.51								\$469.80				\$469.80						
31																								
32	Section III: Projected Experience:																							
33		Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										100.00%		0.00%		\$469.80		\$182,118,165						
34		Paid to Allowed Average Factor in Projection Period												0.871										
35		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$409.29		\$158,659,028								
36		Projected Risk Adjustments PMPM												0.00		388								
37		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$409.29		\$158,658,641								
38		Projected ACA reinsurance recoveries, net of rein prem, PMPM												30.88		11,970,570								
39		Projected Incurred Claims												\$378.41		\$146,688,070								
40		Administrative Expense Load												9.07%		40.20		15,584,029						
41		Profit & Risk Load												1.00%		4.43		1,717,867						
42		Taxes & Fees												4.54%		20.11		7,796,704						
43		Single Risk Pool Gross Premium Avg. Rate, PMPM												\$443.15		\$171,786,670								
44		Index Rate for Projection Period												\$435.65										
45		% increase over Experience Period												44.99%										
46		% Increase, annualized:												17.95%										
47		Projected Member Months														387,648								
48																								
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																							
50																								

