Atlantis Health Plan d/b/a Easy Choice Health Plan of NY

2014 Premium Rate Filing

Individual - Off Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	2
II.	**Benefit Summary**	7
III.	**Conversion Factor**	8
IV.	**Tier Factors**	9
V.	**Rate Calculation**	10
VI.	**Expected Loss Ratio**	11
VII.	**Commissions and Fees**	12
VIII.	**UW Rules and Guidelines**	13
IX.	**Rating Counties**	14
X.	**Form Number**	15

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Platinum	HMO	N/A	95456NY1810001				
			Single	N/A	$ 709.80	$ -	0.00%
			Double	N/A	$ 1,419.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,206.66	$ -	0.00%
			Family	N/A	$ 2,022.94	$ -	0.00%
Platinum	HMO	N/A	95456NY1810002				
			Single	N/A	$ 727.87	$ -	0.00%
			Double	N/A	$ 1,455.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,237.38	$ -	0.00%
			Family	N/A	$ 2,074.43	$ -	0.00%
Gold	HMO	N/A	95456NY1810003				
			Single	N/A	$ 591.34	$ -	0.00%
			Double	N/A	$ 1,182.69	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.29	$ -	0.00%
			Family	N/A	$ 1,685.33	$ -	0.00%
Gold	HMO	N/A	95456NY1810004				
			Single	N/A	$ 608.05	$ -	0.00%
			Double	N/A	$ 1,216.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,033.68	$ -	0.00%
			Family	N/A	$ 1,732.94	$ -	0.00%
Silver	HMO	N/A	95456NY1810005				
			Single	N/A	$ 501.63	$ -	0.00%
			Double	N/A	$ 1,003.26	$ -	0.00%
			Emp/Child(ren)	N/A	$ 852.77	$ -	0.00%
			Family	N/A	$ 1,429.64	$ -	0.00%
Silver	HMO	N/A	95456NY1810006				
			Single	N/A	$ 516.97	$ -	0.00%
			Double	N/A	$ 1,033.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 878.85	$ -	0.00%
			Family	N/A	$ 1,473.36	$ -	0.00%
Bronze	HMO	N/A	95456NY1810007				
			Single	N/A	$ 393.62	$ -	0.00%
			Double	N/A	$ 787.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 669.15	$ -	0.00%
			Family	N/A	$ 1,121.82	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Bronze	HMO	N/A	95456NY1810008				
			Single	N/A	$ 407.60	$ -	0.00%
			Double	N/A	$ 815.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 692.91	$ -	0.00%
			Family	N/A	$ 1,161.65	$ -	0.00%
Platinum	HMO	N/A	95456NY1810009				
			Single	N/A	$ 723.18	$ -	0.00%
			Double	N/A	$ 1,446.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,229.40	$ -	0.00%
			Family	N/A	$ 2,061.05	$ -	0.00%
Platinum	HMO	N/A	95456NY1810010				
			Single	N/A	$ 722.58	$ -	0.00%
			Double	N/A	$ 1,445.16	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,228.38	$ -	0.00%
			Family	N/A	$ 2,059.35	$ -	0.00%
Platinum	HMO	N/A	95456NY1810011				
			Single	N/A	$ 740.97	$ -	0.00%
			Double	N/A	$ 1,481.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,259.65	$ -	0.00%
			Family	N/A	$ 2,111.77	$ -	0.00%
Gold	HMO	N/A	95456NY1810012				
			Single	N/A	$ 626.44	$ -	0.00%
			Double	N/A	$ 1,252.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,064.95	$ -	0.00%
			Family	N/A	$ 1,785.35	$ -	0.00%
Gold	HMO	N/A	95456NY1810013				
			Single	N/A	$ 601.99	$ -	0.00%
			Double	N/A	$ 1,203.98	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,023.38	$ -	0.00%
			Family	N/A	$ 1,715.67	$ -	0.00%
Gold	HMO	N/A	95456NY1810014				
			Single	N/A	$ 618.99	$ -	0.00%
			Double	N/A	$ 1,237.99	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.29	$ -	0.00%
			Family	N/A	$ 1,764.13	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Silver	HMO	N/A	95456NY1810015				
			Single	N/A	$ 535.84	$ -	0.00%
			Double	N/A	$ 1,071.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.92	$ -	0.00%
			Family	N/A	$ 1,527.14	$ -	0.00%
Silver	HMO	N/A	95456NY1810016				
			Single	N/A	$ 510.66	$ -	0.00%
			Double	N/A	$ 1,021.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.12	$ -	0.00%
			Family	N/A	$ 1,455.37	$ -	0.00%
Silver	HMO	N/A	95456NY1810017				
			Single	N/A	$ 526.27	$ -	0.00%
			Double	N/A	$ 1,052.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 894.66	$ -	0.00%
			Family	N/A	$ 1,499.88	$ -	0.00%
Bronze	HMO	N/A	95456NY1810018				
			Single	N/A	$ 424.54	$ -	0.00%
			Double	N/A	$ 849.09	$ -	0.00%
			Emp/Child(ren)	N/A	$ 721.73	$ -	0.00%
			Family	N/A	$ 1,209.95	$ -	0.00%
Bronze	HMO	N/A	95456NY1810019				
			Single	N/A	$ 400.71	$ -	0.00%
			Double	N/A	$ 801.41	$ -	0.00%
			Emp/Child(ren)	N/A	$ 681.20	$ -	0.00%
			Family	N/A	$ 1,142.01	$ -	0.00%
Bronze	HMO	N/A	95456NY1810020				
			Single	N/A	$ 414.93	$ -	0.00%
			Double	N/A	$ 829.87	$ -	0.00%
			Emp/Child(ren)	N/A	$ 705.39	$ -	0.00%
			Family	N/A	$ 1,182.56	$ -	0.00%
Catastrophic	HMO	N/A	95456NY1810021				
			Single	N/A	$ 290.16	$ -	0.00%
			Double	N/A	$ 580.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 493.26	$ -	0.00%
			Family	N/A	$ 826.94	$ -	0.00%
Platinum	HMO	N/A	95456NY1810023				
			Single (Child-Only)	N/A	$ 292.44	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Gold	HMO	N/A	95456NY1810024				
			Single (Child-Only)	N/A	$ 243.63	$ -	0.00%
Silver	HMO	N/A	95456NY1810025				
			Single (Child-Only)	N/A	$ 206.67	$ -	0.00%
Bronze	HMO	N/A	95456NY1810026				
			Single (Child-Only)	N/A	$ 162.17	$ -	0.00%
Platinum	POS	N/A	95456NY1830001				
			Single	N/A	$ 734.65	$ -	0.00%
			Double	N/A	$ 1,469.29	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,248.90	$ -	0.00%
			Family	N/A	$ 2,093.74	$ -	0.00%
Silver	POS	N/A	95456NY1830002				
			Single	N/A	$ 519.19	$ -	0.00%
			Double	N/A	$ 1,038.37	$ -	0.00%
			Emp/Child(ren)	N/A	$ 882.61	$ -	0.00%
			Family	N/A	$ 1,479.68	$ -	0.00%
Platinum	POS	N/A	95456NY1830003				
			Single	N/A	$ 747.87	$ -	0.00%
			Double	N/A	$ 1,495.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,271.38	$ -	0.00%
			Family	N/A	$ 2,131.43	$ -	0.00%
Silver	POS	N/A	95456NY1830004				
			Single	N/A	$ 528.53	$ -	0.00%
			Double	N/A	$ 1,057.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 898.50	$ -	0.00%
			Family	N/A	$ 1,506.31	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Current Rate	2014 Proposed Rate	Amount of Adjustment	Percent Change
					Calendar Year 2014		
Platinum	HMO	N/A	95456NY1850001				
			Single	N/A	$ 710.39	$ -	0.00%
			Double	N/A	$ 1,420.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,207.66	$ -	0.00%
			Family	N/A	$ 2,024.61	$ -	0.00%
Gold	HMO	N/A	95456NY1850002				
			Single	N/A	$ 615.36	$ -	0.00%
			Double	N/A	$ 1,230.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,046.12	$ -	0.00%
			Family	N/A	$ 1,753.78	$ -	0.00%
Silver	HMO	N/A	95456NY1850003				
			Single	N/A	$ 526.36	$ -	0.00%
			Double	N/A	$ 1,052.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 894.82	$ -	0.00%
			Family	N/A	$ 1,500.14	$ -	0.00%
Bronze	HMO	N/A	95456NY1850004				
			Single	N/A	$ 417.04	$ -	0.00%
			Double	N/A	$ 834.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 708.96	$ -	0.00%
			Family	N/A	$ 1,188.56	$ -	0.00%
Platinum	HMO	N/A	95456NY1850005				
			Single (Child-Only)	N/A	$ 292.68	$ -	0.00%
Gold	HMO	N/A	95456NY1850006				
			Single (Child-Only)	N/A	$ 253.53	$ -	0.00%
Silver	HMO	N/A	95456NY1850007				
			Single (Child-Only)	N/A	$ 216.86	$ -	0.00%
Bronze	HMO	N/A	95456NY1850008				
			Single (Child-Only)	N/A	$ 171.82	$ -	0.00%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Benefit Summary
Individual Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	Product Type	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Product Line	Benefit Type	Rx Benefit	Riders
	Individual	HMO	Platinum	Medical	N/A	95456NY1810001	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$30/$60	
	Individual	HMO	Gold	Medical	N/A	95456NY1810003	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Gold	Medical	N/A	95456NY1810004	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$5/$39/$79	Adult Dental + Vision
	Individual	HMO	Silver	Medical	N/A	95456NY1810005	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Silver	Medical	N/A	95456NY1810006	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$5/$39/$79	Adult Dental + Vision
	Individual	HMO	Bronze	Medical	N/A	95456NY1810007	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	50%	
	Individual	HMO	Bronze	Medical	N/A	95456NY1810008	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	50%	Adult Dental + Vision
	Individual	HMO	Platinum	Medical	N/A	95456NY1810009	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$30/$60	Age 29
	Individual	HMO	Platinum	Medical	N/A	95456NY1810010	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$30/$60	Age 29
	Individual	HMO	Platinum	Medical	N/A	95456NY1810011	15	30	250	85%	100	100	90%	N/A	0	0	3800	7600	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$30/$60	Adult Dental + Vision/Age 29
	Individual	HMO	Gold	Medical	N/A	95456NY1810012	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	Age 29
	Individual	HMO	Gold	Medical	N/A	95456NY1810013	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$39/$79	Age 29
	Individual	HMO	Gold	Medical	N/A	95456NY1810014	25	50	1500	85%	150	150	60%	N/A	800	1600	5400	10800	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$5/$39/$79	Adult Dental + Vision/Age 29
	Individual	HMO	Silver	Medical	N/A	95456NY1810015	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	Age 29
	Individual	HMO	Silver	Medical	N/A	95456NY1810016	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$39/$79	Age 29
	Individual	HMO	Silver	Medical	N/A	95456NY1810017	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$5/$39/$79	Adult Dental + Vision/Age 29
	Individual	HMO	Bronze	Medical	N/A	95456NY1810018	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	Age 29
	Individual	HMO	Bronze	Medical	N/A	95456NY1810019	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	50%	Age 29
	Individual	HMO	Bronze	Medical	N/A	95456NY1810020	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	50%	Adult Dental + Vision/Age 29
	Individual	HMO	Catastrophic	Medical	N/A	95456NY1810021	0%	0%	0%	0%	0%	0%	0%	0%	6350	12700	6400	12800	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$0/$0	
	Individual	POS	Platinum	Medical	N/A	95456NY1830001	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	80%	1000	2000	3000	6000	POS	Copayment	$0/$30/$60	
	Individual	POS	Silver	Medical	N/A	95456NY1830002	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	80%	1000	2000	6350	12700	POS	Copayment	$5/$39/$79	
	Individual	POS	Platinum	Medical	N/A	95456NY1830003	20	20	100	95%	75	100	90%	N/A	0	0	3000	6000	80%	1000	2000	3000	6000	POS	Copayment	$0/$30/$60	Age 29
	Individual	POS	Silver	Medical	N/A	95456NY1830004	30	50	1750	80%	150	150	60%	N/A	2500	5000	6250	12500	80%	1000	2000	6350	12700	POS	Copayment	$5/$39/$79	Age 29
	Individual	HMO	Platinum	Medical	N/A	95456NY1850001	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$30/$60	
	Individual	HMO	Gold	Medical	N/A	95456NY1850002	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Bronze	Medical	N/A	95456NY1850004	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Platinum	Medical	N/A	95456NY1810023	25	40	500	95%	100	100	90%	N/A	0	0	2500	5000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$30/$60	
	Individual	HMO	Gold	Medical	N/A	95456NY1810024	25	50	1500	85%	150	150	60%	N/A	800	1600	3625	7250	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Silver	Medical	N/A	95456NY1810025	30	50	1750	65%	150	150	60%	N/A	2500	5000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$0/$39/$79	
	Individual	HMO	Bronze	Medical	N/A	95456NY1810026	50%	50%	50%	50%	50%	50%	50%	50%	4800	9600	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	50%	
	Individual	HMO	Silver	Medical	N/A	95456NY1850003	30	50	1500	100	150	150	30%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Silver	Medical	N/A	95456NY1850004	30	50	1500	100	150	150	30%	N/A	2001	4002	5501	11002	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$71	Adult Dental + Vision
	Individual	HMO	Platinum	Medical	N/A	95456NY1850005	15	35	500	100	100	100	90%	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$30/$60	
	Individual	HMO	Gold	Medical	N/A	95456NY1850006	25	40	1000	100	150	150	80%	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Silver	Medical	N/A	95456NY1850007	30	50	1500	100	150	150	70%	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	
	Individual	HMO	Bronze	Medical	N/A	95456NY1850008	50%	50%	50%	50%	50%	50%	50%	50%	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	HMO	Copayment	$10/$35/$70	

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
III. Conversion Factor Summary - 4-tier only

	Contract Mix	Average Contract Size	Desired Loading Factors	Conversion Factor
Four Tier Premiums				
Single	53.3%	1.00	1.00	
Double	12.8%	2.00	2.00	
Emp/Child(ren)	9.2%	2.65	1.70	
Family	24.8%	4.03	2.85	
Total 4T	100.0%	2.03	1.65	**1.230**

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
IV. Tier Factors

2014 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1.00
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual Product
V. Sample Rate Calculation

Effective Date **January 1, 2014**
Plan Code 95456NY1850001

	Single	Employee and Spouse	Employee and Child(ren)	Family
(1) Starting Rate PMPM (I. Rate Pages)	$625.19	$625.19	$625.19	$625.19
(2) Conversion Factor (III. Conversion Factor)	1.230	1.230	1.230	1.230
(3) Tier Factors (IV. Tier Factors)	1.000	2.000	1.700	2.850
(4) DFS Adjustment Factor	0.9238	0.9238	0.9238	0.9238
(5) Rates (1) x (2) x (3) x (4)	$710.39	$1,420.78	$1,207.66	$2,024.61

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
VI. Expected Loss Ratio

All policy forms

Expected Loss Ratio is 82.8%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
VII. Broker Commissions and Fees

All policy forms

Broker Commission and Fees is 4%

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
VIII. Underwritting Rules and Guidelines

All policy forms

Easy Choice Health Plan of NY is an article 44 HMO which provides for community rating and guarantee issue of insurance. This does not allow for experience rating for individuals or groups. Therefore, underwriting rules and guidelines follow our license requirements.

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
IX. Counties Included In Filing

All policy forms

The following counties are included in this filing: Bronx, Kings, New York, Queens, Richmond, Rockland, and Westchester.

Atlantis Health Plan d/b/a Easy Choice Health Plan of NY
Individual
X. Policy Forms Included In Filing

Contract Identifier
Ind_Form_001
Ind_Form_003
Ind_Form_007
Child_Form_018
Catas_Form_023

Schedule of Benefits Identifier
SOB_001_001
SOB_001_002
SOB_001_002.1
SOB_001_002.2
SOB_001_002.3
SOB_001_003
SOB_001_004
SOB_001_005
SOB_003_007
SOB_003_008
SOB_007_009
SOB_007_010
SOB_007_011
SOB_007_012
SOB_018_009
SOB_018_010
SOB_018_011
SOB_018_012
SOB_023_006