



*Dedicated to
Making a Difference*

Independent Health Benefits Corporation

Independent Health's Individual Rate Manual

For Plans offered Off the New York State's Health Insurance Exchange

Effective January 1, 2014



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Independent Health Benefits Corporation

511 Farber Lakes Drive

Buffalo, NY 14221

**Independent Health's Individual Rate Manual
For Plans Offered Off the NYS Health Insurance Exchange**

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Independent Health Benefits Corporation
Individual Off Exchange Premium Rates Effective January 1, 2014

HIOS Plan ID	Form Numbers		Product Name	Product Description	Single	Double	Employee / Child(ren)	Family
Platinum Plans								
29 = Child Definition Extension to Age 29 SNF = Unlimited Skilled Nursing Facility								
18029NY1180001-00	IHBC-C1024	IHBC-SBP001-4		Platinum Plan A	Base	\$610.67	\$1,221.34	\$1,038.14 \$1,740.41
18029NY1180002-00	IHBC-C1024	IHBC-SBP001-4	IHBC-R1064	Platinum Plan A	29	\$612.91	\$1,225.82	\$1,041.95 \$1,746.79
18029NY1180008-00	IHBC-C1024	IHBC-SBP001-4		Platinum Plan A	SNF	\$610.67	\$1,221.34	\$1,038.14 \$1,740.41
18029NY1180010-00	IHBC-C1024	IHBC-SBP001-4	IHBC-R1064	Platinum Plan A	29, SNF	\$612.91	\$1,225.82	\$1,041.95 \$1,746.79
18029NY1180009-00	IHBC-C1025	IHBC-SBP003-4		Platinum Plan A (CO)	Base	\$251.60	N/A	N/A N/A
18029NY1180012-00	IHBC-C1025	IHBC-SBP003-4		Platinum Plan A (CO)	SNF	\$251.60	N/A	N/A N/A
18029NY1190001-00	IHBC-C1024	IHBC-SBP002-4		Platinum Plan B	Base	\$610.64	\$1,221.28	\$1,038.09 \$1,740.32
18029NY1190002-00	IHBC-C1024	IHBC-SBP002-4	IHBC-R1064	Platinum Plan B	29	\$612.87	\$1,225.74	\$1,041.88 \$1,746.68
18029NY1190003-00	IHBC-C1024	IHBC-SBP002-4		Platinum Plan B	SNF	\$610.64	\$1,221.28	\$1,038.09 \$1,740.32
18029NY1190004-00	IHBC-C1024	IHBC-SBP002-4	IHBC-R1064	Platinum Plan B	29, SNF	\$612.87	\$1,225.74	\$1,041.88 \$1,746.68
18029NY1190005-00	IHBC-C1025	IHBC-SBP008-4		Platinum Plan B (CO)	Base	\$251.58	N/A	N/A N/A
18029NY1190006-00	IHBC-C1025	IHBC-SBP008-4		Platinum Plan B (CO)	SNF	\$251.58	N/A	N/A N/A
18029NY1180005-00	IHBC-C1024	IHBC-SBP013-4		Platinum Plan E	Base	\$616.82	\$1,233.64	\$1,048.59 \$1,757.94
18029NY1180006-00	IHBC-C1024	IHBC-SBP013-4	IHBC-R1064	Platinum Plan E	29	\$619.10	\$1,238.20	\$1,052.47 \$1,764.44
18029NY1180013-00	IHBC-C1024	IHBC-SBP013-4		Platinum Plan E	SNF	\$616.82	\$1,233.64	\$1,048.59 \$1,757.94
18029NY1180014-00	IHBC-C1024	IHBC-SBP013-4	IHBC-R1064	Platinum Plan E	29, SNF	\$619.10	\$1,238.20	\$1,052.47 \$1,764.44
18029NY1180007-00	IHBC-C1025	IHBC-SBP013-4		Platinum Plan E (CO)	Base	\$255.07	N/A	N/A N/A
18029NY1180015-00	IHBC-C1025	IHBC-SBP013-4		Platinum Plan E (CO)	SNF	\$255.07	N/A	N/A N/A
Gold Plans								
18029NY1220001-00	IHBC-C1024	IHBC-SBG001-4		Gold Plan A	Base	\$530.80	\$1,061.60	\$902.36 \$1,512.78
18029NY1220002-00	IHBC-C1024	IHBC-SBG001-4	IHBC-R1064	Gold Plan A	29	\$532.73	\$1,065.46	\$905.64 \$1,518.28
18029NY1220005-00	IHBC-C1024	IHBC-SBG001-4		Gold Plan A	SNF	\$530.80	\$1,061.60	\$902.36 \$1,512.78
18029NY1220006-00	IHBC-C1024	IHBC-SBG001-4	IHBC-R1064	Gold Plan A	29, SNF	\$532.73	\$1,065.46	\$905.64 \$1,518.28
18029NY1220009-00	IHBC-C1025	IHBC-SBG002-4		Gold Plan A (CO)	Base	\$218.70	N/A	N/A N/A
18029NY1220007-00	IHBC-C1025	IHBC-SBG002-4		Gold Plan A (CO)	SNF	\$218.70	N/A	N/A N/A
Silver Plans								
18029NY1260001-00	IHBC-C1024	IHBC-SBS001-4		Silver Plan A	Base	\$464.40	\$928.80	\$789.48 \$1,323.54
18029NY1260002-00	IHBC-C1024	IHBC-SBS001-4	IHBC-R1064	Silver Plan A	29	\$466.11	\$932.22	\$792.39 \$1,328.41
18029NY1260005-00	IHBC-C1024	IHBC-SBS001-4		Silver Plan A	SNF	\$464.40	\$928.80	\$789.48 \$1,323.54
18029NY1260006-00	IHBC-C1024	IHBC-SBS001-4	IHBC-R1064	Silver Plan A	29, SNF	\$466.11	\$932.22	\$792.39 \$1,328.41
18029NY1260009-00	IHBC-C1025	IHBC-SBS002-4		Silver Plan A (CO)	Base	\$191.34	N/A	N/A N/A
18029NY1260007-00	IHBC-C1025	IHBC-SBS002-4		Silver Plan A (CO)	SNF	\$191.34	N/A	N/A N/A
Bronze Plans								
18029NY1310009-00	IHBC-C1024	IHBC-SBB001-4		Bronze Plan A	Base	\$389.71	\$779.42	\$662.51 \$1,110.67
18029NY1310010-00	IHBC-C1024	IHBC-SBB001-4	IHBC-R1064	Bronze Plan A	29	\$391.13	\$782.26	\$664.92 \$1,114.72
18029NY1310001-00	IHBC-C1024	IHBC-SBB001-4		Bronze Plan A	SNF	\$389.71	\$779.42	\$662.51 \$1,110.67
18029NY1310002-00	IHBC-C1024	IHBC-SBB001-4	IHBC-R1064	Bronze Plan A	29, SNF	\$391.13	\$782.26	\$664.92 \$1,114.72
18029NY1310013-00	IHBC-C1025	IHBC-SBB002-4		Bronze Plan A (CO)	Base	\$160.55	N/A	N/A N/A
18029NY1310003-00	IHBC-C1025	IHBC-SBB002-4		Bronze Plan A (CO)	SNF	\$160.55	N/A	N/A N/A

Benefits	Platinum Plan A	Platinum Plan A (CO)	Platinum Plan B	Platinum Plan B (CO)	Platinum Plan E	Platinum Plan E (CO)
Standardized Plan	Yes	Yes	Yes	Yes	Yes	Yes
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Standard plans = Embedded Non-standard = True Family						
Coinsurance, if applicable (plan responsibility)	100%	100%	100%	100%	100%	100%
OOP Maximum	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Rx	\$10/\$30/\$60	\$10/\$30/\$60	\$10/\$30/\$60	\$10/\$30/\$60	\$10/\$30/\$60	\$10/\$30/\$60
Medical Benefits:						
Emergency Room Services	\$100	\$100	\$100	\$100	\$100	\$100
All Inpatient Hospital Services (inc. MHA)	\$500	\$500	\$500	\$500	\$500	\$500
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	\$15	\$15	\$15	\$15	\$15	\$15
Specialist Visit	\$35	\$35	\$35	\$35	\$35	\$35
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$15	\$15	\$15	\$15	\$15	\$15
Imaging (CT/PET Scans, MRIs)	\$35	\$35	\$35	\$35	\$35	\$35
Rehabilitative Speech Therapy	\$25	\$25	\$25	\$25	\$25	\$25
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$25	\$25	\$25	\$25	\$25	\$25
Preventive Care/Screening/Immunization	\$0 preventive	\$0 preventive	\$0 preventive	\$0 preventive	\$0 preventive	\$0 preventive
Laboratory Outpatient and Professional Services	\$35	\$35	\$35	\$35	\$35	\$35
X-rays and Diagnostic Imaging	\$35	\$35	\$35	\$35	\$35	\$35
Skilled Nursing Facility	\$500	\$500	\$500	\$500	\$500	\$500
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100	\$100	\$100	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$100	\$100	\$100	\$100	\$100	\$100
\$250 First Dollar Primary Care Allowance:	N/A	N/A	N/A	N/A	N/A	N/A
See Assumptions #17						
Wellness benefit (required as part of Essential Health Benefits)	Oxford Gym	Oxford Gym	Oxford Gym	Oxford Gym	Oxford Gym	Oxford Gym
In-Network Deductible (single)	\$0	\$0	\$0	\$0	\$0	\$0
Standard Plans = Embedded Non-standard = True Family						
In-Network Coinsurance	100%	100%	100%	100%	100%	100%
In-Network Out-of-Pocket Max Limit (single)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Includes the deductible						
Out-of-Network Deductible (Separate)	\$2000	\$2,000	N/A	N/A	\$1,000	\$1,000
Out-of-Network Coinsurance	40%	40%	N/A	N/A	20%, 10% for MH/SA	20%, 10% for MH/SA
Out-of-Network Out-of-Pocket Max :	Unlimited	Unlimited	N/A	N/A	\$3,000	\$3,000
Region Available for Sale						
8-counties indicates: Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans	8 Counties	8 Counties	8 Counties	8 Counties	8 Counties	8 Counties

Benefits	Gold Plan A	Gold Plan A (CO)
Standardized Plan	Yes	Yes
Deductible Standard plans = Embedded Non-standard = True Family	\$600	\$600
Coinsurance, if applicable (plan responsibility)	100%	100%
OOP Maximum	\$4,000	\$4,000
Rx	\$10/\$35/\$70	\$10/\$35/\$70
Medical Benefits:		
Emergency Room Services	\$150	\$150
All Inpatient Hospital Services (inc. MHSA)	\$1,000	\$1,000
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	\$25	\$25
Specialist Visit	\$40	\$40
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$25	\$25
Imaging (CT/PET Scans, MRIs)	\$40	\$40
Rehabilitative Speech Therapy	\$30	\$30
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	\$30
Preventive Care/Screening/Immunization	\$0 preventive	\$0 preventive
Laboratory Outpatient and Professional Services	\$40	\$40
X-rays and Diagnostic Imaging	\$40	\$40
Skilled Nursing Facility	\$1,000	\$1,000
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$100	\$100
\$250 First Dollar Primary Care Allowance: See Assumptions #17	N/A	N/A
Wellness benefit (required as part of Essential Health Benefits)	Oxford Gym	Oxford Gym
In-Network Deductible (single) Standard Plans = Embedded Non-standard = True Family	\$600	\$600
In-Network Coinsurance	100%	100%
In-Network Out-of-Pocket Max Limit (single) Includes the deductible	\$4,000	\$4,000
Out-of-Network Deductible (Separate)	\$2,500	\$2,500
Out-of-Network Coinsurance	40%	40%
Out-of-Network Out-of-Pocket Max :	Unlimited	Unlimited
Region Available for Sale 8-counties indicates: Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans	8 Counties	8 Counties

Benefits	Silver Plan A	Silver Plan A (CO)
Standardized Plan	Yes	Yes
Deductible Standard plans = Embedded Non-standard = True Family	\$2,000	\$2,000
Coinsurance, if applicable (plan responsibility)	100%	100%
OOP Maximum	\$5,500	\$5,500
Rx	\$10/\$35/\$70	\$10/\$35/\$70
Medical Benefits:		
Emergency Room Services	\$150	\$150
All Inpatient Hospital Services (inc. MHSA)	\$1,500	\$1,500
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	\$30	\$30
Specialist Visit	\$50	\$50
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$30	\$30
Imaging (CT/PET Scans, MRIs)	\$50	\$50
Rehabilitative Speech Therapy	\$30	\$30
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	\$30
Preventive Care/Screening/Immunization	\$0 preventive	\$0 preventive
Laboratory Outpatient and Professional Services	\$50	\$50
X-rays and Diagnostic Imaging	\$50	\$50
Skilled Nursing Facility	\$1,500	\$1,500
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$100
Outpatient Surgery Physician/Surgical Services	\$100	\$100
\$250 First Dollar Primary Care Allowance: See Assumptions #17	N/A	N/A
Wellness benefit (required as part of Essential Health Benefits)	Oxford Gym	Oxford Gym
In-Network Deductible (single) Standard Plans = Embedded Non-standard = True Family	\$2,000	\$2,000
In-Network Coinsurance	100%	100%
In-Network Out-of-Pocket Max Limit (single) Includes the deductible	\$5,500	\$5,500
Out-of-Network Deductible (Separate)	\$3,000	\$3,000
Out-of-Network Coinsurance	40%	40%
Out-of-Network Out-of-Pocket Max :	Unlimited	Unlimited
Region Available for Sale 8-counties indicates: Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans	8 Counties	8 Counties

Benefits	Bronze Plan A	Bronze Plan A (CO)
Standardized Plan	Yes	Yes
Deductible Standard plans = Embedded Non-standard = True Family	\$3,000	\$3,000
Coinsurance, if applicable (plan responsibility)	50%	50%
OOP Maximum	\$6,350	\$6,350
Rx	\$10/\$35/\$70	\$10/\$35/\$70
Medical Benefits:		
Emergency Room Services	50%	50%
All Inpatient Hospital Services (inc. MHSA)	50%	50%
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	50%	50%
Specialist Visit	50%	50%
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	50%	50%
Imaging (CT/PET Scans, MRIs)	50%	50%
Rehabilitative Speech Therapy	50%	50%
Rehabilitative Occupational and Rehabilitative Physical Therapy	50%	50%
Preventive Care/Screening/Immunization	0% preventive	0% preventive
Laboratory Outpatient and Professional Services	50%	50%
X-rays and Diagnostic Imaging	50%	50%
Skilled Nursing Facility	50%	50%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50%	50%
Outpatient Surgery Physician/Surgical Services	50%	50%
\$250 First Dollar Primary Care Allowance: See Assumptions #17	N/A	N/A
Wellness benefit (required as part of Essential Health Benefits)	Oxford Gym	Oxford Gym
In-Network Deductible (single) Standard Plans = Embedded Non-standard = True Family	\$3,000	\$3,000
In-Network Coinsurance	50%	50%
In-Network Out-of-Pocket Max Limit (single) Includes the deductible	\$6,350	\$6,350
Out-of-Network Deductible (Separate)	\$5,000	\$5,000
Out-of-Network Coinsurance	50%	50%
Out-of-Network Out-of-Pocket Max :	Unlimited	Unlimited
Region Available for Sale 8-counties indicates: Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans	8 Counties	8 Counties

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Rating Regions

The rating region for this rate manual is the Western New York service area including Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans Counties.

Expected Loss Ratio

The Expected Loss Ratio for all products in this manual is 87%

Since this rate manual applies to individual business only, broker commissions do not apply. However, IHBC has filed its broker commissions on SERFF under state tracking number 2013030148.

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Underwriting Guidelines

Eligible Individual –

Means an individual, who is seeking to enroll in a qualified health plan in the individual market, but not offered through the Exchange, and lawfully resides in the eight counties of WNY. Incarcerated individuals are excluded, except for individuals pending the disposition of charges.

Rating arrangement –

Community rated, meaning a rate methodology in which the premium for all persons covered is the same and based on the experience of the entire pool without regard to age, sex, health status or occupation.

Out of area Individuals –

IHBC products are limited to individuals who reside within the WNY service area.

Off cycle plan changes –

All product changes must occur on the anniversary date.

Pre-existing conditions limitations –

Per Section 1501 of PPACA, pre-existing conditions limitations are waived for all enrollees.