Filing at a Glance

Company:	CDPHP Universal Benefits Inc
Product Name:	2015 UBI SG On-Renewal
State:	New York
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15G.003 Small Group Only
Filing Type:	Prior Approval Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	CAPD-129571281
SERFF Status:	Assigned
State Tr Num:	2014060201
State Status:	
Co Tr Num:	UBI_SG_ON_RENEWAL
Implementation Date Requested:	01/01/2015
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *CDPHP Universal Benefits Inc*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *2015 UBI SG On-Renewal*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type:
Group Market Type:
Filing Status Changed: 06/16/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number: CAPD-129567960

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

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Exchange Intentions: Prior approval rate filing for small group plans.

Filing Description:
2015 UBI On Exchange Renewal

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

CDPHP Universal Benefits Inc
Patroon Creek Corporate Center
1223 Washington Avenue
Albany, NY 12206-1057
[redacted]

CoCode: 47027
Group Code: -99
Group Name:
FEIN Number: 16-1520935

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

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 a group prefiling notification, out-of-state, or a report 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).]: Prior Approval
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes CAPD-129569048

State: New York **Filing Company:** CDPHP Universal Benefits Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 UBI SG On-Renewal
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval Exchange Form & Rate Filing
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision: 01/01/2014
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:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CDPHP Universal Benefits Inc	Increase	11.760%	11.760%	$291,045	300	$2,473,844	19.680%	2.330%

Rate Review Detail

COMPANY:

Company Name: CDPHP Universal Benefits Inc
HHS Issuer Id: 92551

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
EPO,EPO, HD			458

Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: 02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 5,496
Benefit Change: Increase
Percent Change Requested: Min: 2.33 Max: 19.68 Avg: 11.76

PRIOR RATE:

Total Earned Premium: 2,213,436.00
Total Incurred Claims: 1,773,053.00
Annual $: Min: 263.17 Max: 555.43 Avg: 376.74

REQUESTED RATE:

Projected Earned Premium: 2,473,844.00
Projected Incurred Claims: 1,981,651.00
Annual $: Min: 299.59 Max: 528.91 Avg: 421.06

State: New York **Filing Company:** CDPHP Universal Benefits Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 UBI SG On-Renewal
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual		New		Rate Manual - SG UBI On Exchange TOC.pdf, Rate Manual - SG UBI On Exchange.pdf, Rate Manual - SG UBI On Exchange-New Plan TOC.pdf, Rate Manual - SG UBI On Exchange-New Plan.pdf,

CDPHP, Universal Benefits Inc.

2015 Premium Rate Filing

SG UBI - On Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	
		Small Group
	Albany Region	1-7
	Mid-Hudson Region	8-14
	Syracuse Region	15-21
	Utica/Watertown Region	22-28
II.	**Benefit Summary**	29-36
III.	**Conversion Factor**	37
IV.	**Region Factors**	38
V.	**Tier Factors**	39
VI.	**Rate Calculation**	40
VII.	**Expected Loss Ratio**	41
VIII.	**Underwriting Guidelines**	42
IX.	**Commission Schedule**	43-45

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	PPO	SUPX1012	SUPX1113																
			Single	$ 563.28	$619.84	$ 56.56	10.04%	$ 570.59	$ 628.48	$ 57.89	10.15%	$ 570.87	$ 637.24	$ 66.37	11.63%	$ 571.15	$ 646.12	$ 74.97	13.13%
			Double	$ 1,126.56	$ 1,239.68	$ 113.12	10.04%	$ 1,256.96	$	$ 115.77	10.14%	$ 1,141.74	$ 1,274.48	$ 132.74	11.63%	$ 1,142.30	$ 1,292.25	$ 149.95	13.13%
			Emp/Child(ren)	$ 957.58	$ 1,053.73	$ 96.15	10.04%	$ 970.01	$ 1,068.42	$ 98.41	10.15%	$ 970.48	$ 1,083.31	$ 112.83	11.63%	$ 970.95	$ 1,098.41	$ 127.46	13.13%
			Family	$ 1,605.35	$ 1,766.54	$ 161.19	10.04%	$ 1,626.17	$	$ 164.98	10.15%	$ 1,626.98	$ 1,816.14	$ 189.16	11.63%	$ 1,627.78	$ 1,841.45	$ 213.67	13.13%
Platinum	PPO	SUPX1026	SUPX1116																
			Single	$ 576.80	$ 620.94	$ 44.14	7.65%	$ 584.29	$ 629.60	$ 45.31	7.75%	$ 584.57	$ 638.37	$ 53.80	9.20%	$ 584.86	$ 647.27	$ 62.41	10.67%
			Double	$ 1,153.60	$ 1,241.88	$ 88.28	7.65%	$ 1,169.17	$	$ 90.62	7.75%	$ 1,169.14	$ 1,276.74	$ 107.60	9.20%	$ 1,169.71	$ 1,294.54	$ 124.83	10.67%
			Emp/Child(ren)	$ 980.56	$ 1,055.60	$ 75.04	7.65%	$ 993.29	$ 1,070.31	$ 77.02	7.75%	$ 993.77	$ 1,085.23	$ 91.46	9.20%	$ 994.26	$ 1,100.36	$ 106.10	10.67%
			Family	$ 1,643.88	$ 1,769.68	$ 125.80	7.65%	$ 1,666.25	$	$ 129.13	7.75%	$ 1,666.03	$ 1,819.36	$ 153.33	9.20%	$ 1,666.84	$ 1,844.72	$ 177.88	10.67%
Platinum	PPO	SUPX1040	SUPX1119																
			Single	$ 559.35	$ 614.86	$ 55.51	9.92%	$ 566.62	$ 623.43	$ 56.81	10.03%	$ 566.89	$ 632.12	$ 65.23	11.51%	$ 567.17	$ 640.93	$ 73.76	13.00%
			Double	$ 1,118.71	$ 1,229.72	$ 111.01	9.92%	$ 1,133.25	$	$ 113.63	10.03%	$ 1,133.78	$ 1,264.24	$ 130.46	11.51%	$ 1,134.34	$ 1,281.86	$ 147.52	13.00%
			Emp/Child(ren)	$ 950.90	$ 1,045.26	$ 94.36	9.92%	$ 963.25	$ 1,059.83	$ 96.58	10.03%	$ 963.72	$ 1,074.61	$ 110.89	11.51%	$ 964.19	$ 1,089.58	$ 125.39	13.00%
			Family	$ 1,594.16	$ 1,752.35	$ 158.19	9.92%	$ 1,616.76	$	$ 161.92	10.03%	$ 1,615.64	$ 1,801.54	$ 185.90	11.51%	$ 1,616.43	$ 1,826.66	$ 210.23	13.01%
Platinum	PPO	SUPX1054	SUPX1122																
			Single	$ 563.28	$ 619.84	$ 56.56	10.04%	$ 570.59	$ 628.48	$ 57.89	10.15%	$ 570.87	$ 637.24	$ 66.37	11.63%	$ 571.15	$ 646.12	$ 74.97	13.13%
			Double	$ 1,126.56	$ 1,239.68	$ 113.12	10.04%	$ 1,256.96	$	$ 115.77	10.14%	$ 1,141.74	$ 1,274.48	$ 132.74	11.63%	$ 1,142.30	$ 1,292.25	$ 149.95	13.13%
			Emp/Child(ren)	$ 957.58	$ 1,053.73	$ 96.15	10.04%	$ 970.01	$ 1,068.42	$ 98.41	10.15%	$ 970.48	$ 1,083.31	$ 112.83	11.63%	$ 970.95	$ 1,098.41	$ 127.46	13.13%
			Family	$ 1,605.35	$ 1,766.54	$ 161.19	10.04%	$ 1,626.17	$	$ 164.98	10.15%	$ 1,626.98	$ 1,816.14	$ 189.16	11.63%	$ 1,627.78	$ 1,841.45	$ 213.67	13.13%
Platinum	PPO	SUPX1068	SUPX1125																
			Single	$ 572.78	$ 615.94	$ 43.16	7.54%	$ 580.21	$ 624.53	$ 44.32	7.64%	$ 580.50	$ 633.23	$ 52.73	9.08%	$ 580.78	$ 642.06	$ 61.28	10.55%
			Double	$ 1,145.56	$ 1,231.88	$ 86.32	7.54%	$ 1,160.45	$	$ 88.62	7.64%	$ 1,161.00	$ 1,266.46	$ 105.46	9.08%	$ 1,161.56	$ 1,284.12	$ 122.56	10.55%
			Emp/Child(ren)	$ 973.72	$ 1,047.10	$ 73.38	7.54%	$ 986.37	$ 1,061.69	$ 75.32	7.64%	$ 986.85	$ 1,076.49	$ 89.64	9.08%	$ 987.33	$ 1,091.50	$ 104.17	10.55%
			Family	$ 1,632.42	$ 1,755.43	$ 123.01	7.54%	$ 1,653.60	$	$ 126.29	7.64%	$ 1,654.42	$ 1,804.71	$ 150.29	9.08%	$ 1,655.22	$ 1,829.86	$ 174.64	10.55%
Platinum	PPO	SUPX1082	SUPX1128																
			Single	$ 576.80	$ 620.94	$ 44.14	7.65%	$ 584.29	$ 629.60	$ 45.31	7.75%	$ 584.57	$ 638.37	$ 53.80	9.20%	$ 584.86	$ 647.27	$ 62.41	10.67%
			Double	$ 1,153.60	$ 1,241.88	$ 88.28	7.65%	$ 1,169.17	$	$ 90.62	7.75%	$ 1,169.14	$ 1,276.74	$ 107.60	9.20%	$ 1,169.71	$ 1,294.54	$ 124.83	10.67%
			Emp/Child(ren)	$ 980.56	$ 1,055.60	$ 75.04	7.65%	$ 993.29	$ 1,070.31	$ 77.02	7.75%	$ 993.77	$ 1,085.23	$ 91.46	9.20%	$ 994.26	$ 1,100.36	$ 106.10	10.67%
			Family	$ 1,643.88	$ 1,769.68	$ 125.80	7.65%	$ 1,666.25	$	$ 129.13	7.75%	$ 1,666.03	$ 1,819.36	$ 153.33	9.20%	$ 1,666.84	$ 1,844.72	$ 177.88	10.67%
Platinum	PPO	SUPX1096	SUPX1131																
			Single	$ 572.78	$ 615.94	$ 43.16	7.54%	$ 580.21	$ 624.53	$ 44.32	7.64%	$ 580.50	$ 633.23	$ 52.73	9.08%	$ 580.78	$ 642.06	$ 61.28	10.55%
			Double	$ 1,145.56	$ 1,231.88	$ 86.32	7.54%	$ 1,160.45	$	$ 88.62	7.64%	$ 1,161.00	$ 1,266.46	$ 105.46	9.08%	$ 1,161.56	$ 1,284.12	$ 122.56	10.55%
			Emp/Child(ren)	$ 973.72	$ 1,047.10	$ 73.38	7.54%	$ 986.37	$ 1,061.69	$ 75.32	7.64%	$ 986.85	$ 1,076.49	$ 89.64	9.08%	$ 987.33	$ 1,091.50	$ 104.17	10.55%
			Family	$ 1,632.42	$ 1,755.43	$ 123.01	7.54%	$ 1,653.60	$	$ 126.29	7.64%	$ 1,654.42	$ 1,804.71	$ 150.29	9.08%	$ 1,655.22	$ 1,829.86	$ 174.64	10.55%
Platinum	PPO	SUPX1110	SUPX1134																
			Single	$ 559.35	$ 614.86	$ 55.51	9.92%	$ 566.62	$ 623.43	$ 56.81	10.03%	$ 566.89	$ 632.12	$ 65.23	11.51%	$ 567.17	$ 640.93	$ 73.76	13.00%
			Double	$ 1,118.71	$ 1,229.72	$ 111.01	9.92%	$ 1,133.25	$	$ 113.63	10.03%	$ 1,133.78	$ 1,264.24	$ 130.46	11.51%	$ 1,134.34	$ 1,281.86	$ 147.52	13.00%
			Emp/Child(ren)	$ 950.90	$ 1,045.26	$ 94.36	9.92%	$ 963.25	$ 1,059.83	$ 96.58	10.03%	$ 963.72	$ 1,074.61	$ 110.89	11.51%	$ 964.19	$ 1,089.58	$ 125.39	13.00%
			Family	$ 1,594.16	$ 1,752.35	$ 158.19	9.92%	$ 1,616.76	$	$ 161.92	10.03%	$ 1,615.64	$ 1,801.54	$ 185.90	11.51%	$ 1,616.43	$ 1,826.66	$ 210.23	13.01%
Platinum	EPO	SUPX1005	SUPX1112																
			Single	$ 526.00	$ 603.65	$ 77.65	14.76%	$ 532.83	$ 612.06	$ 79.23	14.87%	$ 533.09	$ 620.60	$ 87.51	16.42%	$ 533.35	$ 629.25	$ 95.90	17.98%
			Double	$ 1,052.01	$ 1,207.30	$ 155.29	14.76%	$ 1,065.67	$	$ 158.46	14.87%	$ 1,066.18	$ 1,241.19	$ 175.01	16.41%	$ 1,066.70	$ 1,258.49	$ 191.79	17.98%
			Emp/Child(ren)	$ 894.21	$ 1,026.21	$ 132.00	14.76%	$ 905.82	$ 1,040.51	$ 134.69	14.87%	$ 906.26	$ 1,055.01	$ 148.75	16.41%	$ 906.70	$ 1,069.72	$ 163.02	17.98%
			Family	$ 1,499.11	$ 1,720.40	$ 221.29	14.76%	$ 1,518.57	$	$ 225.81	14.87%	$ 1,519.31	$ 1,768.70	$ 249.39	16.41%	$ 1,520.05	$ 1,793.35	$ 273.30	17.98%
Platinum	EPO	SUPX1019	SUPX1115																
			Single	$ 538.63	$ 604.72	$ 66.09	12.27%	$ 545.62	$ 613.15	$ 67.53	12.38%	$ 545.89	$ 621.70	$ 75.81	13.89%	$ 546.15	$ 630.36	$ 84.21	15.42%
			Double	$ 1,077.26	$ 1,209.44	$ 132.18	12.27%	$ 1,091.40	$	$ 135.06	12.38%	$ 1,091.77	$ 1,243.39	$ 151.62	13.89%	$ 1,092.31	$ 1,260.72	$ 168.41	15.42%
			Emp/Child(ren)	$ 915.67	$ 1,028.02	$ 112.35	12.27%	$ 927.56	$ 1,042.35	$ 114.79	12.38%	$ 928.01	$ 1,056.88	$ 128.87	13.89%	$ 928.46	$ 1,071.62	$ 143.16	15.42%
			Family	$ 1,535.09	$ 1,723.45	$ 188.36	12.27%	$ 1,555.02	$	$ 192.46	12.38%	$ 1,555.78	$ 1,771.83	$ 216.05	13.89%	$ 1,556.54	$ 1,796.53	$ 239.99	15.42%
Platinum	EPO	SUPX1033	SUPX1118																
			Single	$ 522.34	$ 598.79	$ 76.45	14.64%	$ 529.12	$ 607.14	$ 78.02	14.75%	$ 529.38	$ 615.60	$ 86.22	16.29%	$ 529.63	$ 624.18	$ 94.55	17.85%
			Double	$ 1,044.68	$ 1,197.58	$ 152.90	14.64%	$ 1,058.27	$	$ 156.03	14.74%	$ 1,058.75	$ 1,231.20	$ 172.45	16.29%	$ 1,059.27	$ 1,248.36	$ 189.09	17.85%
			Emp/Child(ren)	$ 887.97	$ 1,017.94	$ 129.97	14.64%	$ 899.50	$ 1,032.13	$ 132.63	14.74%	$ 899.94	$ 1,046.52	$ 146.58	16.29%	$ 900.38	$ 1,061.11	$ 160.73	17.85%
			Family	$ 1,488.66	$ 1,706.55	$ 217.89	14.64%	$ 1,507.90	$	$ 222.35	14.74%	$ 1,508.72	$ 1,754.46	$ 245.74	16.29%	$ 1,509.46	$ 1,778.91	$ 269.45	17.85%
Platinum	EPO	SUPX1047	SUPX1121																
			Single	$ 526.00	$ 603.65	$ 77.65	14.76%	$ 532.83	$ 612.06	$ 79.23	14.87%	$ 533.09	$ 620.60	$ 87.51	16.42%	$ 533.35	$ 629.25	$ 95.90	17.98%
			Double	$ 1,052.01	$ 1,207.30	$ 155.29	14.76%	$ 1,065.67	$	$ 158.46	14.87%	$ 1,066.18	$ 1,241.19	$ 175.01	16.41%	$ 1,066.70	$ 1,258.49	$ 191.79	17.98%
			Emp/Child(ren)	$ 894.21	$ 1,026.21	$ 132.00	14.76%	$ 905.82	$ 1,040.51	$ 134.69	14.87%	$ 906.26	$ 1,055.01	$ 148.75	16.41%	$ 906.70	$ 1,069.72	$ 163.02	17.98%
			Family	$ 1,499.11	$ 1,720.40	$ 221.29	14.76%	$ 1,518.57	$	$ 225.81	14.87%	$ 1,519.31	$ 1,768.70	$ 249.39	16.41%	$ 1,520.05	$ 1,793.35	$ 273.30	17.98%
Platinum	EPO	SUPX1061	SUPX1124																
			Single	$ 534.87	$ 599.85	$ 64.98	12.15%	$ 541.82	$ 608.21	$ 66.39	12.25%	$ 542.08	$ 616.69	$ 74.61	13.76%	$ 542.35	$ 625.29	$ 82.94	15.29%
			Double	$ 1,069.75	$ 1,199.70	$ 129.95	12.15%	$ 1,083.64	$	$ 132.78	12.25%	$ 1,084.16	$ 1,233.38	$ 149.22	13.76%	$ 1,084.69	$ 1,250.57	$ 165.88	15.29%
			Emp/Child(ren)	$ 909.29	$ 1,019.75	$ 110.46	12.15%	$ 921.09	$ 1,033.96	$ 112.87	12.25%	$ 921.54	$ 1,048.37	$ 126.83	13.76%	$ 921.99	$ 1,062.99	$ 141.00	15.29%
			Family	$ 1,524.39	$ 1,709.57	$ 185.18	12.15%	$ 1,543.40	$	$ 189.22	12.25%	$ 1,544.93	$ 1,757.56	$ 212.63	13.76%	$ 1,545.69	$ 1,782.06	$ 236.37	15.29%
Platinum	EPO	SUPX1075	SUPX1127																
			Single	$ 538.63	$ 604.72	$ 66.09	12.27%	$ 545.62	$ 613.15	$ 67.53	12.38%	$ 545.89	$ 621.70	$ 75.81	13.89%	$ 546.15	$ 630.36	$ 84.21	15.42%
			Double	$ 1,077.26	$ 1,209.44	$ 132.18	12.27%	$ 1,091.40	$	$ 135.06	12.38%	$ 1,091.77	$ 1,243.39	$ 151.62	13.89%	$ 1,092.31	$ 1,260.72	$ 168.41	15.42%
			Emp/Child(ren)	$ 915.67	$ 1,028.02	$ 112.35	12.27%	$ 927.56	$ 1,042.35	$ 114.79	12.38%	$ 928.01	$ 1,056.88	$ 128.87	13.89%	$ 928.46	$ 1,071.62	$ 143.16	15.42%
			Family	$ 1,535.09	$ 1,723.45	$ 188.36	12.27%	$ 1,555.02	$	$ 192.46	12.38%	$ 1,555.78	$ 1,771.83	$ 216.05	13.89%	$ 1,556.54	$ 1,796.53	$ 239.99	15.42%

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	EPO	SUPX1089	SUPX1130																
			Single	$ 534.87	$ 599.85	$ 64.98	12.15%	$ 541.82	$ 608.21	$ 66.39	12.25%	$ 542.08	$ 616.69	$ 74.61	13.76%	$ 542.35	$ 625.29	$ 82.94	15.29%
			Double	$ 1,069.75	$ 1,199.70	$ 129.95	12.15%	$ 1,083.64	$	$ 132.78	12.25%	$ 1,084.16	$ 1,233.38	$ 149.22	13.76%	$ 1,084.69	$ 1,250.57	$ 165.88	15.29%
			Emp/Child(ren)	$ 909.29	$ 1,019.75	$ 110.46	12.15%	$ 921.09	$ 1,033.96	$ 112.87	12.25%	$ 921.54	$ 1,048.37	$ 126.83	13.76%	$ 921.99	$ 1,062.99	$ 141.00	15.29%
			Family	$ 1,524.39	$ 1,709.57	$ 185.18	12.15%	$ 1,544.40	$	$ 189.22	12.25%	$ 1,544.93	$ 1,757.56	$ 212.63	13.76%	$ 1,545.69	$ 1,782.06	$ 236.37	15.29%
Platinum	EPO	SUPX1103	SUPX1133																
			Single	$ 522.34	$ 598.79	$ 76.45	14.64%	$ 529.12	$ 607.14	$ 78.02	14.75%	$ 529.38	$ 615.60	$ 86.22	16.29%	$ 529.63	$ 624.18	$ 94.55	17.85%
			Double	$ 1,044.68	$ 1,197.58	$ 152.90	14.64%	$ 1,058.27	$	$ 156.03	14.74%	$ 1,058.75	$ 1,231.20	$ 172.45	16.29%	$ 1,059.27	$ 1,248.36	$ 189.09	17.85%
			Emp/Child(ren)	$ 887.97	$ 1,017.94	$ 129.97	14.64%	$ 899.50	$ 1,032.13	$ 132.63	14.74%	$ 899.94	$ 1,046.52	$ 146.58	16.29%	$ 900.38	$ 1,061.11	$ 160.73	17.85%
			Family	$ 1,488.66	$ 1,706.55	$ 217.89	14.64%	$ 1,507.96	$	$ 222.35	14.74%	$ 1,508.72	$ 1,754.46	$ 245.74	16.29%	$ 1,509.46	$ 1,778.91	$ 269.45	17.85%
Platinum	EPO	SUPX1001	SUPX1111																
			Single	$ 517.77	$ 591.34	$ 73.57	14.21%	$ 524.50	$ 599.58	$ 75.08	14.31%	$ 524.75	$ 607.94	$ 83.19	15.85%	$ 525.01	$ 616.41	$ 91.40	17.41%
			Double	$ 1,035.55	$ 1,182.68	$ 147.13	14.21%	$ 1,049.97	$	$ 150.18	14.32%	$ 1,049.50	$ 1,215.88	$ 166.38	15.85%	$ 1,050.01	$ 1,232.83	$ 182.82	17.41%
			Emp/Child(ren)	$ 880.21	$ 1,005.28	$ 125.07	14.21%	$ 891.64	$ 1,019.29	$ 127.65	14.32%	$ 892.08	$ 1,033.50	$ 141.42	15.85%	$ 892.51	$ 1,047.90	$ 155.39	17.41%
			Family	$ 1,475.65	$ 1,685.32	$ 209.67	14.21%	$ 1,494.81	$	$ 214.00	14.32%	$ 1,495.54	$ 1,732.63	$ 237.09	15.85%	$ 1,496.27	$ 1,756.78	$ 260.51	17.41%
Platinum	EPO	SUPX1015	SUPX1114																
			Single	$ 527.83	$ 592.39	$ 64.56	12.23%	$ 534.68	$ 600.65	$ 65.97	12.34%	$ 534.94	$ 609.02	$ 74.08	13.85%	$ 535.20	$ 617.51	$ 82.31	15.38%
			Double	$ 1,055.66	$ 1,184.78	$ 129.12	12.23%	$ 1,069.29	$	$ 131.93	12.34%	$ 1,069.88	$ 1,218.04	$ 148.16	13.85%	$ 1,070.41	$ 1,235.02	$ 164.61	15.38%
			Emp/Child(ren)	$ 897.31	$ 1,007.06	$ 109.75	12.23%	$ 908.96	$ 1,021.10	$ 112.14	12.34%	$ 909.40	$ 1,035.33	$ 125.93	13.85%	$ 909.85	$ 1,049.77	$ 139.92	15.38%
			Family	$ 1,504.31	$ 1,688.31	$ 184.00	12.23%	$ 1,523.85	$	$ 188.01	12.34%	$ 1,524.59	$ 1,735.71	$ 211.12	13.85%	$ 1,525.33	$ 1,759.90	$ 234.57	15.38%
Platinum	EPO	SUPX1029	SUPX1117																
			Single	$ 511.87	$ 586.58	$ 74.71	14.60%	$ 518.51	$ 594.76	$ 76.25	14.71%	$ 518.76	$ 603.05	$ 84.29	16.25%	$ 519.02	$ 611.45	$ 92.43	17.81%
			Double	$ 1,023.73	$ 1,173.16	$ 149.43	14.60%	$ 1,037.52	$	$ 152.49	14.70%	$ 1,037.53	$ 1,206.09	$ 168.56	16.25%	$ 1,038.03	$ 1,222.91	$ 184.88	17.81%
			Emp/Child(ren)	$ 870.17	$ 997.19	$ 127.02	14.60%	$ 881.47	$ 1,011.09	$ 129.62	14.70%	$ 881.90	$ 1,025.18	$ 143.28	16.25%	$ 882.33	$ 1,039.47	$ 157.14	17.81%
			Family	$ 1,458.82	$ 1,671.75	$ 212.93	14.60%	$ 1,478.06	$	$ 217.30	14.70%	$ 1,478.48	$ 1,718.68	$ 240.20	16.25%	$ 1,479.20	$ 1,742.64	$ 263.44	17.81%
Platinum	EPO	SUPX1043	SUPX1120																
			Single	$ 515.46	$ 591.34	$ 75.88	14.72%	$ 522.15	$ 599.58	$ 77.43	14.83%	$ 522.40	$ 607.94	$ 85.54	16.37%	$ 522.66	$ 616.41	$ 93.75	17.94%
			Double	$ 1,030.92	$ 1,182.68	$ 151.76	14.72%	$ 1,044.37	$	$ 154.87	14.83%	$ 1,044.81	$ 1,215.88	$ 171.07	16.37%	$ 1,045.32	$ 1,232.83	$ 187.51	17.94%
			Emp/Child(ren)	$ 876.28	$ 1,005.28	$ 129.00	14.72%	$ 887.66	$ 1,019.29	$ 131.63	14.83%	$ 888.09	$ 1,033.50	$ 145.41	16.37%	$ 888.52	$ 1,047.90	$ 159.38	17.94%
			Family	$ 1,469.06	$ 1,685.32	$ 216.26	14.72%	$ 1,488.63	$	$ 220.68	14.83%	$ 1,488.85	$ 1,732.63	$ 243.78	16.37%	$ 1,489.58	$ 1,756.78	$ 267.20	17.94%
Platinum	EPO	SUPX1057	SUPX1123																
			Single	$ 524.15	$ 587.62	$ 63.47	12.11%	$ 530.95	$ 595.81	$ 64.86	12.22%	$ 531.21	$ 604.12	$ 72.91	13.73%	$ 531.47	$ 612.54	$ 81.07	15.25%
			Double	$ 1,048.30	$ 1,175.24	$ 126.94	12.11%	$ 1,061.92	$	$ 129.71	12.21%	$ 1,062.43	$ 1,208.23	$ 145.80	13.72%	$ 1,062.95	$ 1,225.07	$ 162.12	15.25%
			Emp/Child(ren)	$ 891.06	$ 998.95	$ 107.89	12.11%	$ 902.62	$ 1,012.88	$ 110.26	12.22%	$ 903.06	$ 1,027.00	$ 123.94	13.72%	$ 903.50	$ 1,041.31	$ 137.81	15.25%
			Family	$ 1,493.83	$ 1,674.72	$ 180.89	12.11%	$ 1,513.28	$	$ 184.84	12.22%	$ 1,513.96	$ 1,721.73	$ 207.77	13.72%	$ 1,514.70	$ 1,745.73	$ 231.03	15.25%
Platinum	EPO	SUPX1071	SUPX1126																
			Single	$ 527.83	$ 592.39	$ 64.56	12.23%	$ 534.68	$ 600.65	$ 65.97	12.34%	$ 534.94	$ 609.02	$ 74.08	13.85%	$ 535.20	$ 617.51	$ 82.31	15.38%
			Double	$ 1,055.66	$ 1,184.78	$ 129.12	12.23%	$ 1,069.29	$	$ 131.93	12.34%	$ 1,069.88	$ 1,218.04	$ 148.16	13.85%	$ 1,070.41	$ 1,235.02	$ 164.61	15.38%
			Emp/Child(ren)	$ 897.31	$ 1,007.06	$ 109.75	12.23%	$ 908.96	$ 1,021.10	$ 112.14	12.34%	$ 909.40	$ 1,035.33	$ 125.93	13.85%	$ 909.85	$ 1,049.77	$ 139.92	15.38%
			Family	$ 1,504.31	$ 1,688.31	$ 184.00	12.23%	$ 1,523.85	$	$ 188.01	12.34%	$ 1,524.59	$ 1,735.71	$ 211.12	13.85%	$ 1,525.33	$ 1,759.90	$ 234.57	15.38%
Platinum	EPO	SUPX1085	SUPX1129																
			Single	$ 524.15	$ 587.62	$ 63.47	12.11%	$ 530.95	$ 595.81	$ 64.86	12.22%	$ 531.21	$ 604.12	$ 72.91	13.73%	$ 531.47	$ 612.54	$ 81.07	15.25%
			Double	$ 1,048.30	$ 1,175.24	$ 126.94	12.11%	$ 1,061.92	$	$ 129.71	12.21%	$ 1,062.43	$ 1,208.23	$ 145.80	13.72%	$ 1,062.95	$ 1,225.07	$ 162.12	15.25%
			Emp/Child(ren)	$ 891.06	$ 998.95	$ 107.89	12.11%	$ 902.62	$ 1,012.88	$ 110.26	12.22%	$ 903.06	$ 1,027.00	$ 123.94	13.72%	$ 903.50	$ 1,041.31	$ 137.81	15.25%
			Family	$ 1,493.83	$ 1,674.72	$ 180.89	12.11%	$ 1,513.28	$	$ 184.84	12.22%	$ 1,513.96	$ 1,721.73	$ 207.77	13.72%	$ 1,514.70	$ 1,745.73	$ 231.03	15.25%
Platinum	EPO	SUPX1099	SUPX1132																
			Single	$ 511.87	$ 586.58	$ 74.71	14.60%	$ 518.51	$ 594.76	$ 76.25	14.71%	$ 518.76	$ 603.05	$ 84.29	16.25%	$ 519.02	$ 611.45	$ 92.43	17.81%
			Double	$ 1,023.73	$ 1,173.16	$ 149.43	14.60%	$ 1,037.52	$	$ 152.49	14.70%	$ 1,037.53	$ 1,206.09	$ 168.56	16.25%	$ 1,038.03	$ 1,222.91	$ 184.88	17.81%
			Emp/Child(ren)	$ 870.17	$ 997.19	$ 127.02	14.60%	$ 881.47	$ 1,011.09	$ 129.62	14.70%	$ 881.90	$ 1,025.18	$ 143.28	16.25%	$ 882.33	$ 1,039.47	$ 157.14	17.81%
			Family	$ 1,458.82	$ 1,671.75	$ 212.93	14.60%	$ 1,478.06	$	$ 217.30	14.70%	$ 1,478.48	$ 1,718.68	$ 240.20	16.25%	$ 1,479.20	$ 1,742.64	$ 263.44	17.81%
Gold	EPO	SUGX2006	SUGX2104																
			Single	$ 468.55	$ 502.02	$ 33.47	7.14%	$ 474.63	$ 509.02	$ 34.39	7.25%	$ 474.86	$ 516.11	$ 41.25	8.69%	$ 475.10	$ 523.31	$ 48.21	10.15%
			Double	$ 937.10	$ 1,004.04	$ 66.94	7.14%	$ 949.27	$ 1,018.04	$ 68.77	7.24%	$ 949.73	$ 1,032.23	$ 82.50	8.69%	$ 950.19	$ 1,046.61	$ 96.42	10.15%
			Emp/Child(ren)	$ 796.54	$ 853.43	$ 56.89	7.14%	$ 806.88	$ 865.33	$ 58.45	7.24%	$ 807.27	$ 877.39	$ 70.12	8.69%	$ 807.66	$ 889.62	$ 81.96	10.15%
			Family	$ 1,335.37	$ 1,430.76	$ 95.39	7.14%	$ 1,352.70	$	$ 98.00	7.24%	$ 1,353.36	$ 1,470.92	$ 117.56	8.69%	$ 1,354.02	$ 1,491.43	$ 137.41	10.15%
Gold	EPO	SUGX2019	SUGX2105																
			Single	$ 479.80	$ 502.91	$ 23.11	4.82%	$ 486.02	$ 509.92	$ 23.90	4.92%	$ 486.26	$ 517.03	$ 30.77	6.33%	$ 486.50	$ 524.23	$ 37.73	7.76%
			Double	$ 959.59	$ 1,005.82	$ 46.23	4.82%	$ 972.05	$ 1,019.84	$ 47.79	4.92%	$ 972.52	$ 1,034.06	$ 61.54	6.33%	$ 973.00	$ 1,048.47	$ 75.47	7.76%
			Emp/Child(ren)	$ 815.65	$ 854.95	$ 39.30	4.82%	$ 826.24	$ 866.86	$ 40.62	4.92%	$ 826.64	$ 878.95	$ 52.31	6.33%	$ 827.05	$ 891.20	$ 64.15	7.76%
			Family	$ 1,367.42	$ 1,433.29	$ 65.87	4.82%	$ 1,385.27	$	$ 68.10	4.92%	$ 1,385.84	$ 1,473.53	$ 87.69	6.33%	$ 1,386.52	$ 1,494.07	$ 107.55	7.76%
Gold	EPO	SUGX2032	SUGX2106																
			Single	$ 465.28	$ 497.98	$ 32.70	7.03%	$ 471.32	$ 504.92	$ 33.60	7.13%	$ 471.55	$ 511.96	$ 40.41	8.57%	$ 471.78	$ 519.10	$ 47.32	10.03%
			Double	$ 930.57	$ 995.96	$ 65.39	7.03%	$ 942.65	$ 1,009.84	$ 67.19	7.13%	$ 943.11	$ 1,023.92	$ 80.81	8.57%	$ 943.57	$ 1,038.19	$ 94.62	10.03%
			Emp/Child(ren)	$ 790.98	$ 846.57	$ 55.59	7.03%	$ 801.25	$ 858.37	$ 57.12	7.13%	$ 801.64	$ 870.33	$ 68.69	8.57%	$ 802.03	$ 882.46	$ 80.43	10.03%
			Family	$ 1,326.06	$ 1,419.24	$ 93.18	7.03%	$ 1,343.28	$	$ 95.75	7.13%	$ 1,343.93	$ 1,459.08	$ 115.15	8.57%	$ 1,344.59	$ 1,479.42	$ 134.83	10.03%
Gold	EPO	SUGX2045	SUGX2107																
			Single	$ 468.55	$ 502.02	$ 33.47	7.14%	$ 474.63	$ 509.02	$ 34.39	7.25%	$ 474.86	$ 516.11	$ 41.25	8.69%	$ 475.10	$ 523.31	$ 48.21	10.15%
			Double	$ 937.10	$ 1,004.04	$ 66.94	7.14%	$ 949.27	$ 1,018.04	$ 68.77	7.24%	$ 949.73	$ 1,032.23	$ 82.50	8.69%	$ 950.19	$ 1,046.61	$ 96.42	10.15%
			Emp/Child(ren)	$ 796.54	$ 853.43	$ 56.89	7.14%	$ 806.88	$ 865.33	$ 58.45	7.24%	$ 807.27	$ 877.39	$ 70.12	8.69%	$ 807.66	$ 889.62	$ 81.96	10.15%
			Family	$ 1,335.37	$ 1,430.76	$ 95.39	7.14%	$ 1,352.70	$	$ 98.00	7.24%	$ 1,353.36	$ 1,470.92	$ 117.56	8.69%	$ 1,354.02	$ 1,491.43	$ 137.41	10.15%

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2058	SUGX2108																
			Single	$ 476.45	$ 498.86	$ 22.41	4.70%	$ 482.64	$ 505.81	$ 23.17	4.80%	$ 482.87	$ 512.86	$ 29.99	6.21%	$ 483.11	$ 520.01	$ 36.90	7.64%
			Double	$ 952.90	$ 997.72	$ 44.82	4.70%	$ 965.27	$ 1,011.63	$ 46.36	4.80%	$ 965.74	$ 1,025.73	$ 59.99	6.21%	$ 966.21	$ 1,040.03	$ 73.82	7.64%
			Emp/Child(ren)	$ 809.97	$ 848.06	$ 38.09	4.70%	$ 820.48	$ 859.88	$ 39.40	4.80%	$ 820.88	$ 871.87	$ 50.99	6.21%	$ 821.28	$ 884.02	$ 62.74	7.64%
			Family	$ 1,357.89	$ 1,421.75	$ 63.86	4.70%	$ 1,375.57	$	$ 66.06	4.80%	$ 1,376.18	$ 1,461.66	$ 85.48	6.21%	$ 1,376.86	$ 1,482.04	$ 105.18	7.64%
Gold	EPO	SUGX2071	SUGX2109																
			Single	$ 479.80	$ 502.91	$ 23.11	4.82%	$ 486.02	$ 509.92	$ 23.90	4.92%	$ 486.26	$ 517.03	$ 30.77	6.33%	$ 486.50	$ 524.23	$ 37.73	7.76%
			Double	$ 959.59	$ 1,005.82	$ 46.23	4.82%	$ 972.05	$ 1,019.84	$ 47.79	4.92%	$ 972.52	$ 1,034.06	$ 61.54	6.33%	$ 973.00	$ 1,048.47	$ 75.47	7.76%
			Emp/Child(ren)	$ 815.65	$ 854.95	$ 39.30	4.82%	$ 826.24	$ 866.86	$ 40.62	4.92%	$ 826.64	$ 878.95	$ 52.31	6.33%	$ 827.05	$ 891.20	$ 64.15	7.76%
			Family	$ 1,367.42	$ 1,433.29	$ 65.87	4.82%	$ 1,385.27	$	$ 68.10	4.92%	$ 1,385.84	$ 1,473.53	$ 87.69	6.33%	$ 1,386.52	$ 1,494.07	$ 107.55	7.76%
Gold	EPO	SUGX2084	SUGX2110																
			Single	$ 476.45	$ 498.86	$ 22.41	4.70%	$ 482.64	$ 505.81	$ 23.17	4.80%	$ 482.87	$ 512.86	$ 29.99	6.21%	$ 483.11	$ 520.01	$ 36.90	7.64%
			Double	$ 952.90	$ 997.72	$ 44.82	4.70%	$ 965.27	$ 1,011.63	$ 46.36	4.80%	$ 965.74	$ 1,025.73	$ 59.99	6.21%	$ 966.21	$ 1,040.03	$ 73.82	7.64%
			Emp/Child(ren)	$ 809.97	$ 848.06	$ 38.09	4.70%	$ 820.48	$ 859.88	$ 39.40	4.80%	$ 820.88	$ 871.87	$ 50.99	6.21%	$ 821.28	$ 884.02	$ 62.74	7.64%
			Family	$ 1,357.89	$ 1,421.75	$ 63.86	4.70%	$ 1,375.57	$	$ 66.06	4.80%	$ 1,376.18	$ 1,461.66	$ 85.48	6.21%	$ 1,376.86	$ 1,482.04	$ 105.18	7.64%
Gold	EPO	SUGX2097	SUGX2111																
			Single	$ 465.28	$ 497.98	$ 32.70	7.03%	$ 471.32	$ 504.92	$ 33.60	7.13%	$ 471.55	$ 511.96	$ 40.41	8.57%	$ 471.78	$ 519.10	$ 47.32	10.03%
			Double	$ 930.57	$ 995.96	$ 65.39	7.03%	$ 942.65	$ 1,009.84	$ 67.19	7.13%	$ 943.11	$ 1,023.92	$ 80.81	8.57%	$ 943.57	$ 1,038.19	$ 94.62	10.03%
			Emp/Child(ren)	$ 790.98	$ 846.57	$ 55.59	7.03%	$ 801.25	$ 858.37	$ 57.12	7.13%	$ 801.64	$ 870.33	$ 68.69	8.57%	$ 802.03	$ 882.46	$ 80.43	10.03%
			Family	$ 1,326.06	$ 1,419.24	$ 93.18	7.03%	$ 1,343.28	$	$ 95.75	7.13%	$ 1,343.93	$ 1,459.08	$ 115.15	8.57%	$ 1,344.59	$ 1,479.42	$ 134.83	10.03%
Gold	EPO	SUGX2001	SUGX2112																
			Single	$ 454.44	$ 500.27	$ 45.83	10.08%	$ 460.34	$ 507.24	$ 46.90	10.19%	$ 460.57	$ 514.31	$ 53.74	11.67%	$ 460.79	$ 521.48	$ 60.69	13.17%
			Double	$ 908.88	$ 1,000.54	$ 91.66	10.08%	$ 920.68	$ 1,014.49	$ 93.81	10.19%	$ 921.13	$ 1,028.63	$ 107.50	11.67%	$ 921.58	$ 1,042.97	$ 121.39	13.17%
			Emp/Child(ren)	$ 772.55	$ 850.46	$ 77.91	10.08%	$ 782.58	$ 862.31	$ 79.73	10.19%	$ 782.96	$ 874.33	$ 91.37	11.67%	$ 783.34	$ 886.52	$ 103.18	13.17%
			Family	$ 1,295.16	$ 1,425.77	$ 130.61	10.08%	$ 1,311.97	$	$ 133.67	10.19%	$ 1,312.61	$ 1,465.79	$ 153.18	11.67%	$ 1,313.25	$ 1,486.23	$ 172.98	13.17%
Gold	EPO	SUGX2014	SUGX2114																
			Single	$ 463.27	$ 501.15	$ 37.88	8.18%	$ 469.28	$ 508.14	$ 38.86	8.28%	$ 469.51	$ 515.22	$ 45.71	9.74%	$ 469.74	$ 522.40	$ 52.66	11.21%
			Double	$ 926.54	$ 1,002.30	$ 75.76	8.18%	$ 938.56	$ 1,016.27	$ 77.71	8.28%	$ 939.02	$ 1,030.44	$ 91.42	9.74%	$ 939.48	$ 1,044.80	$ 105.32	11.21%
			Emp/Child(ren)	$ 787.56	$ 851.96	$ 64.40	8.18%	$ 797.78	$ 863.83	$ 66.05	8.28%	$ 798.17	$ 875.87	$ 77.70	9.73%	$ 798.56	$ 888.08	$ 89.52	11.21%
			Family	$ 1,320.31	$ 1,428.28	$ 107.97	8.18%	$ 1,338.49	$	$ 110.74	8.28%	$ 1,338.11	$ 1,468.37	$ 130.26	9.73%	$ 1,338.76	$ 1,488.84	$ 150.08	11.21%
Gold	EPO	SUGX2027	SUGX2116																
			Single	$ 449.26	$ 496.25	$ 46.99	10.46%	$ 455.09	$ 503.17	$ 48.08	10.56%	$ 455.31	$ 510.18	$ 54.87	12.05%	$ 455.53	$ 517.29	$ 61.76	13.56%
			Double	$ 898.51	$ 992.50	$ 93.99	10.46%	$ 910.18	$ 1,006.33	$ 96.15	10.56%	$ 910.62	$ 1,020.36	$ 109.74	12.05%	$ 911.07	$ 1,034.58	$ 123.51	13.56%
			Emp/Child(ren)	$ 763.74	$ 843.63	$ 79.89	10.46%	$ 773.65	$ 855.38	$ 81.73	10.56%	$ 774.03	$ 867.31	$ 93.28	12.05%	$ 774.41	$ 879.40	$ 104.99	13.56%
			Family	$ 1,280.38	$ 1,414.31	$ 133.93	10.46%	$ 1,297.00	$	$ 137.03	10.57%	$ 1,297.64	$ 1,454.02	$ 156.38	12.05%	$ 1,298.27	$ 1,474.28	$ 176.01	13.56%
Gold	EPO	SUGX2040	SUGX2118																
			Single	$ 452.41	$ 500.27	$ 47.86	10.58%	$ 458.28	$ 507.24	$ 48.96	10.68%	$ 458.51	$ 514.31	$ 55.80	12.17%	$ 458.73	$ 521.48	$ 62.75	13.68%
			Double	$ 904.82	$ 1,000.54	$ 95.72	10.58%	$ 916.57	$ 1,014.49	$ 97.92	10.68%	$ 917.01	$ 1,028.63	$ 111.62	12.17%	$ 917.46	$ 1,042.97	$ 125.51	13.68%
			Emp/Child(ren)	$ 769.10	$ 850.46	$ 81.36	10.58%	$ 779.08	$ 862.31	$ 83.23	10.68%	$ 779.46	$ 874.33	$ 94.87	12.17%	$ 779.84	$ 886.52	$ 106.68	13.68%
			Family	$ 1,289.37	$ 1,425.77	$ 136.40	10.58%	$ 1,305.64	$	$ 139.53	10.68%	$ 1,306.74	$ 1,465.79	$ 159.05	12.17%	$ 1,307.38	$ 1,486.23	$ 178.85	13.68%
Gold	EPO	SUGX2053	SUGX2120																
			Single	$ 460.04	$ 497.12	$ 37.08	8.06%	$ 466.01	$ 504.05	$ 38.04	8.16%	$ 466.24	$ 511.08	$ 44.84	9.62%	$ 466.47	$ 518.20	$ 51.73	11.09%
			Double	$ 920.08	$ 994.24	$ 74.16	8.06%	$ 932.02	$ 1,008.10	$ 76.08	8.16%	$ 932.48	$ 1,022.15	$ 89.67	9.62%	$ 932.93	$ 1,036.40	$ 103.47	11.09%
			Emp/Child(ren)	$ 782.07	$ 845.10	$ 63.03	8.06%	$ 792.22	$ 856.88	$ 64.66	8.16%	$ 792.60	$ 868.83	$ 76.23	9.62%	$ 792.99	$ 880.94	$ 87.95	11.09%
			Family	$ 1,311.11	$ 1,416.79	$ 105.68	8.06%	$ 1,328.53	$	$ 108.41	8.16%	$ 1,328.78	$ 1,456.56	$ 127.78	9.62%	$ 1,329.43	$ 1,476.87	$ 147.44	11.09%
Gold	EPO	SUGX2066	SUGX2122																
			Single	$ 463.27	$ 501.15	$ 37.88	8.18%	$ 469.28	$ 508.14	$ 38.86	8.28%	$ 469.51	$ 515.22	$ 45.71	9.74%	$ 469.74	$ 522.40	$ 52.66	11.21%
			Double	$ 926.54	$ 1,002.30	$ 75.76	8.18%	$ 938.56	$ 1,016.27	$ 77.71	8.28%	$ 939.02	$ 1,030.44	$ 91.42	9.74%	$ 939.48	$ 1,044.80	$ 105.32	11.21%
			Emp/Child(ren)	$ 787.56	$ 851.96	$ 64.40	8.18%	$ 797.78	$ 863.83	$ 66.05	8.28%	$ 798.17	$ 875.87	$ 77.70	9.73%	$ 798.56	$ 888.08	$ 89.52	11.21%
			Family	$ 1,320.31	$ 1,428.28	$ 107.97	8.18%	$ 1,338.49	$	$ 110.74	8.28%	$ 1,338.11	$ 1,468.37	$ 130.26	9.73%	$ 1,338.76	$ 1,488.84	$ 150.08	11.21%
Gold	EPO	SUGX2079	SUGX2124																
			Single	$ 460.04	$ 497.12	$ 37.08	8.06%	$ 466.01	$ 504.05	$ 38.04	8.16%	$ 466.24	$ 511.08	$ 44.84	9.62%	$ 466.47	$ 518.20	$ 51.73	11.09%
			Double	$ 920.08	$ 994.24	$ 74.16	8.06%	$ 932.02	$ 1,008.10	$ 76.08	8.16%	$ 932.48	$ 1,022.15	$ 89.67	9.62%	$ 932.93	$ 1,036.40	$ 103.47	11.09%
			Emp/Child(ren)	$ 782.07	$ 845.10	$ 63.03	8.06%	$ 792.22	$ 856.88	$ 64.66	8.16%	$ 792.60	$ 868.83	$ 76.23	9.62%	$ 792.99	$ 880.94	$ 87.95	11.09%
			Family	$ 1,311.11	$ 1,416.79	$ 105.68	8.06%	$ 1,328.53	$	$ 108.41	8.16%	$ 1,328.78	$ 1,456.56	$ 127.78	9.62%	$ 1,329.43	$ 1,476.87	$ 147.44	11.09%
Gold	EPO	SUGX2092	SUGX2126																
			Single	$ 449.26	$ 496.25	$ 46.99	10.46%	$ 455.09	$ 503.17	$ 48.08	10.56%	$ 455.31	$ 510.18	$ 54.87	12.05%	$ 455.53	$ 517.29	$ 61.76	13.56%
			Double	$ 898.51	$ 992.50	$ 93.99	10.46%	$ 910.18	$ 1,006.33	$ 96.15	10.56%	$ 910.62	$ 1,020.36	$ 109.74	12.05%	$ 911.07	$ 1,034.58	$ 123.51	13.56%
			Emp/Child(ren)	$ 763.74	$ 843.63	$ 79.89	10.46%	$ 773.65	$ 855.38	$ 81.73	10.56%	$ 774.03	$ 867.31	$ 93.28	12.05%	$ 774.41	$ 879.40	$ 104.99	13.56%
			Family	$ 1,280.38	$ 1,414.31	$ 133.93	10.46%	$ 1,297.00	$	$ 137.03	10.57%	$ 1,297.64	$ 1,454.02	$ 156.38	12.05%	$ 1,298.27	$ 1,474.28	$ 176.01	13.56%
Gold	EPO	SUGX2012	SUGX2113																
			Single	$ 448.78	$ 524.08	$ 75.30	16.78%	$ 454.60	$ 531.39	$ 76.79	16.89%	$ 454.82	$ 538.79	$ 83.97	18.46%	$ 455.05	$ 546.30	$ 91.25	20.05%
			Double	$ 897.55	$ 1,048.16	$ 150.61	16.78%	$ 909.21	$ 1,062.77	$ 153.56	16.89%	$ 909.65	$ 1,077.58	$ 167.93	18.46%	$ 910.09	$ 1,092.61	$ 182.52	20.06%
			Emp/Child(ren)	$ 762.92	$ 890.94	$ 128.02	16.78%	$ 772.82	$ 903.35	$ 130.53	16.89%	$ 773.20	$ 915.95	$ 142.75	18.46%	$ 773.58	$ 928.71	$ 155.13	20.05%
			Family	$ 1,279.01	$ 1,493.63	$ 214.62	16.78%	$ 1,296.67	$	$ 218.83	16.89%	$ 1,296.25	$ 1,535.56	$ 239.31	18.46%	$ 1,296.88	$ 1,556.96	$ 260.08	20.05%
Gold	EPO	SUGX2025	SUGX2115																
			Single	$ 459.55	$ 525.01	$ 65.46	14.24%	$ 465.51	$ 532.33	$ 66.82	14.35%	$ 465.74	$ 539.75	$ 74.01	15.89%	$ 465.97	$ 547.27	$ 81.30	17.45%
			Double	$ 919.09	$ 1,050.02	$ 130.93	14.25%	$ 931.03	$ 1,064.66	$ 133.63	14.35%	$ 931.48	$ 1,079.50	$ 148.02	15.89%	$ 931.93	$ 1,094.54	$ 162.61	17.45%
			Emp/Child(ren)	$ 781.23	$ 892.52	$ 111.29	14.25%	$ 791.37	$ 904.96	$ 113.59	14.35%	$ 791.76	$ 917.57	$ 125.81	15.89%	$ 792.14	$ 930.36	$ 138.22	17.45%
			Family	$ 1,309.71	$ 1,496.28	$ 186.57	14.25%	$ 1,327.14	$	$ 190.43	14.35%	$ 1,327.36	$ 1,538.28	$ 210.92	15.89%	$ 1,328.01	$ 1,559.73	$ 231.72	17.45%

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2038	SUGX2117																
			Single	$ 445.65	$ 519.87	$ 74.22	16.65%	$ 451.43	$ 527.12	$ 75.69	16.77%	$ 451.65	$ 534.46	$ 82.81	18.33%	$ 451.87	$ 541.91	$ 90.04	19.93%
			Double	$ 891.30	$ 1,039.74	$ 148.44	16.65%	$ 902.87	$ 1,054.23	$ 151.36	16.76%	$ 903.31	$ 1,068.93	$ 165.62	18.33%	$ 903.75	$ 1,083.83	$ 180.08	19.93%
			Emp/Child(ren)	$ 757.60	$ 883.78	$ 126.18	16.66%	$ 767.44	$ 896.10	$ 128.66	16.76%	$ 767.81	$ 908.59	$ 140.78	18.34%	$ 768.19	$ 921.25	$ 153.06	19.92%
			Family	$ 1,270.10	$ 1,481.63	$ 211.53	16.65%	$ 1,282.29	$	$ 215.69	16.76%	$ 1,287.21	$ 1,523.22	$ 236.01	18.34%	$ 1,287.84	$ 1,544.46	$ 256.62	19.93%
Gold	EPO	SUGX2051	SUGX2119																
			Single	$ 448.78	$ 524.08	$ 75.30	16.78%	$ 454.60	$ 531.39	$ 76.79	16.89%	$ 454.82	$ 538.79	$ 83.97	18.46%	$ 455.05	$ 546.30	$ 91.25	20.05%
			Double	$ 897.55	$ 1,048.16	$ 150.61	16.78%	$ 909.21	$ 1,062.77	$ 153.56	16.89%	$ 909.65	$ 1,077.58	$ 167.93	18.46%	$ 910.09	$ 1,092.61	$ 182.52	20.06%
			Emp/Child(ren)	$ 762.92	$ 890.94	$ 128.02	16.78%	$ 772.82	$ 903.35	$ 130.53	16.89%	$ 773.20	$ 915.95	$ 142.75	18.46%	$ 773.58	$ 928.71	$ 155.13	20.05%
			Family	$ 1,279.01	$ 1,493.63	$ 214.62	16.78%	$ 1,295.67	$	$ 218.83	16.89%	$ 1,296.25	$ 1,535.56	$ 239.31	18.46%	$ 1,296.88	$ 1,556.96	$ 260.08	20.05%
Gold	EPO	SUGX2064	SUGX2121																
			Single	$ 456.34	$ 520.79	$ 64.45	14.12%	$ 462.27	$ 528.05	$ 65.78	14.23%	$ 462.49	$ 535.41	$ 72.92	15.77%	$ 462.72	$ 542.87	$ 80.15	17.32%
			Double	$ 912.69	$ 1,041.58	$ 128.89	14.12%	$ 924.54	$ 1,056.10	$ 131.56	14.23%	$ 924.99	$ 1,070.82	$ 145.83	15.77%	$ 925.44	$ 1,085.75	$ 160.31	17.32%
			Emp/Child(ren)	$ 775.79	$ 885.34	$ 109.55	14.12%	$ 785.86	$ 897.68	$ 111.82	14.23%	$ 786.24	$ 910.20	$ 123.96	15.77%	$ 786.62	$ 922.88	$ 136.26	17.32%
			Family	$ 1,300.58	$ 1,484.25	$ 183.67	14.12%	$ 1,317.96	$	$ 187.48	14.23%	$ 1,318.11	$ 1,525.92	$ 207.81	15.77%	$ 1,318.75	$ 1,547.19	$ 228.44	17.32%
Gold	EPO	SUGX2077	SUGX2123																
			Single	$ 459.55	$ 525.01	$ 65.46	14.24%	$ 465.51	$ 532.33	$ 66.82	14.35%	$ 465.74	$ 539.75	$ 74.01	15.89%	$ 465.97	$ 547.27	$ 81.30	17.45%
			Double	$ 919.09	$ 1,050.02	$ 130.93	14.25%	$ 931.03	$ 1,064.66	$ 133.63	14.35%	$ 931.48	$ 1,079.50	$ 148.02	15.89%	$ 931.93	$ 1,094.54	$ 162.61	17.45%
			Emp/Child(ren)	$ 781.23	$ 892.52	$ 111.29	14.25%	$ 791.37	$ 904.96	$ 113.59	14.35%	$ 791.76	$ 917.57	$ 125.81	15.89%	$ 792.14	$ 930.36	$ 138.22	17.45%
			Family	$ 1,309.71	$ 1,496.28	$ 186.57	14.25%	$ 1,326.74	$	$ 190.43	14.35%	$ 1,327.36	$ 1,538.28	$ 210.92	15.89%	$ 1,328.01	$ 1,559.73	$ 231.72	17.45%
Gold	EPO	SUGX2090	SUGX2125																
			Single	$ 456.34	$ 520.79	$ 64.45	14.12%	$ 462.27	$ 528.05	$ 65.78	14.23%	$ 462.49	$ 535.41	$ 72.92	15.77%	$ 462.72	$ 542.87	$ 80.15	17.32%
			Double	$ 912.69	$ 1,041.58	$ 128.89	14.12%	$ 924.54	$ 1,056.10	$ 131.56	14.23%	$ 924.99	$ 1,070.82	$ 145.83	15.77%	$ 925.44	$ 1,085.75	$ 160.31	17.32%
			Emp/Child(ren)	$ 775.79	$ 885.34	$ 109.55	14.12%	$ 785.86	$ 897.68	$ 111.82	14.23%	$ 786.24	$ 910.20	$ 123.96	15.77%	$ 786.62	$ 922.88	$ 136.26	17.32%
			Family	$ 1,300.58	$ 1,484.25	$ 183.67	14.12%	$ 1,317.96	$	$ 187.48	14.23%	$ 1,318.11	$ 1,525.92	$ 207.81	15.77%	$ 1,318.75	$ 1,547.19	$ 228.44	17.32%
Gold	EPO	SUGX2103	SUGX2127																
			Single	$ 445.65	$ 519.87	$ 74.22	16.65%	$ 451.43	$ 527.12	$ 75.69	16.77%	$ 451.65	$ 534.46	$ 82.81	18.33%	$ 451.87	$ 541.91	$ 90.04	19.93%
			Double	$ 891.30	$ 1,039.74	$ 148.44	16.65%	$ 902.87	$ 1,054.23	$ 151.36	16.76%	$ 903.31	$ 1,068.93	$ 165.62	18.33%	$ 903.75	$ 1,083.83	$ 180.08	19.93%
			Emp/Child(ren)	$ 757.60	$ 883.78	$ 126.18	16.66%	$ 767.44	$ 896.10	$ 128.66	16.76%	$ 767.81	$ 908.59	$ 140.78	18.34%	$ 768.19	$ 921.25	$ 153.06	19.92%
			Family	$ 1,270.10	$ 1,481.63	$ 211.53	16.65%	$ 1,282.29	$	$ 215.69	16.76%	$ 1,287.21	$ 1,523.22	$ 236.01	18.34%	$ 1,287.84	$ 1,544.46	$ 256.62	19.93%
Silver	PPO	SUSX3015	SUSX3133																
			Single	$ 391.88	$ 449.10	$ 57.22	14.60%	$ 396.97	$ 455.36	$ 58.39	14.71%	$ 397.16	$ 461.71	$ 64.55	16.25%	$ 397.36	$ 468.14	$ 70.78	17.81%
			Double	$ 783.77	$ 898.20	$ 114.43	14.60%	$ 793.94	$ 910.72	$ 116.78	14.71%	$ 794.33	$ 923.41	$ 129.08	16.25%	$ 794.72	$ 936.29	$ 141.57	17.81%
			Emp/Child(ren)	$ 666.20	$ 763.47	$ 97.27	14.60%	$ 674.85	$ 774.11	$ 99.26	14.71%	$ 675.18	$ 784.90	$ 109.72	16.25%	$ 675.51	$ 795.84	$ 120.33	17.81%
			Family	$ 1,116.87	$ 1,279.94	$ 163.07	14.60%	$ 1,131.41	$	$ 166.41	14.71%	$ 1,131.92	$ 1,315.87	$ 183.95	16.25%	$ 1,132.47	$ 1,334.21	$ 201.74	17.81%
Silver	PPO	SUSX3034	SUSX3136																
			Single	$ 401.29	$ 449.90	$ 48.61	12.11%	$ 406.50	$ 456.17	$ 49.67	12.22%	$ 406.70	$ 462.53	$ 55.83	13.73%	$ 406.89	$ 468.98	$ 62.09	15.26%
			Double	$ 802.58	$ 899.80	$ 97.22	12.11%	$ 813.00	$ 912.34	$ 99.34	12.22%	$ 813.39	$ 925.06	$ 111.67	13.73%	$ 813.79	$ 937.95	$ 124.16	15.26%
			Emp/Child(ren)	$ 682.19	$ 764.83	$ 82.64	12.11%	$ 691.05	$ 775.49	$ 84.44	12.22%	$ 691.38	$ 786.30	$ 94.92	13.73%	$ 691.72	$ 797.26	$ 105.54	15.26%
			Family	$ 1,143.67	$ 1,282.22	$ 138.55	12.11%	$ 1,158.92	$	$ 141.57	12.22%	$ 1,159.08	$ 1,318.21	$ 159.13	13.73%	$ 1,159.65	$ 1,336.58	$ 176.93	15.26%
Silver	PPO	SUSX3050	SUSX3139																
			Single	$ 389.15	$ 445.49	$ 56.34	14.48%	$ 394.20	$ 451.70	$ 57.50	14.59%	$ 394.40	$ 458.00	$ 63.60	16.13%	$ 394.59	$ 464.38	$ 69.79	17.69%
			Double	$ 778.30	$ 890.98	$ 112.68	14.48%	$ 788.41	$ 903.40	$ 114.99	14.59%	$ 788.79	$ 915.99	$ 127.20	16.13%	$ 789.18	$ 928.76	$ 139.58	17.69%
			Emp/Child(ren)	$ 661.56	$ 757.33	$ 95.77	14.48%	$ 670.15	$ 767.89	$ 97.74	14.58%	$ 670.47	$ 778.59	$ 108.12	16.13%	$ 670.80	$ 789.45	$ 118.65	17.69%
			Family	$ 1,109.08	$ 1,269.65	$ 160.57	14.48%	$ 1,123.48	$	$ 163.86	14.59%	$ 1,124.03	$ 1,305.29	$ 181.26	16.13%	$ 1,124.58	$ 1,323.48	$ 198.90	17.69%
Silver	PPO	SUSX3066	SUSX3142																
			Single	$ 391.88	$ 449.10	$ 57.22	14.60%	$ 396.97	$ 455.36	$ 58.39	14.71%	$ 397.16	$ 461.71	$ 64.55	16.25%	$ 397.36	$ 468.14	$ 70.78	17.81%
			Double	$ 783.77	$ 898.20	$ 114.43	14.60%	$ 793.94	$ 910.72	$ 116.78	14.71%	$ 794.33	$ 923.41	$ 129.08	16.25%	$ 794.72	$ 936.29	$ 141.57	17.81%
			Emp/Child(ren)	$ 666.20	$ 763.47	$ 97.27	14.60%	$ 674.85	$ 774.11	$ 99.26	14.71%	$ 675.18	$ 784.90	$ 109.72	16.25%	$ 675.51	$ 795.84	$ 120.33	17.81%
			Family	$ 1,116.87	$ 1,279.94	$ 163.07	14.60%	$ 1,131.41	$	$ 166.41	14.71%	$ 1,131.92	$ 1,315.87	$ 183.95	16.25%	$ 1,132.47	$ 1,334.21	$ 201.74	17.81%
Silver	PPO	SUSX3082	SUSX3145																
			Single	$ 398.49	$ 446.28	$ 47.79	11.99%	$ 403.66	$ 452.50	$ 48.84	12.10%	$ 403.86	$ 458.81	$ 54.95	13.61%	$ 404.06	$ 465.20	$ 61.14	15.13%
			Double	$ 796.98	$ 892.56	$ 95.58	11.99%	$ 807.33	$ 905.00	$ 97.67	12.10%	$ 807.72	$ 917.62	$ 109.90	13.61%	$ 808.12	$ 930.41	$ 122.29	15.13%
			Emp/Child(ren)	$ 677.44	$ 758.68	$ 81.24	11.99%	$ 686.23	$ 769.25	$ 83.02	12.10%	$ 686.56	$ 779.97	$ 93.41	13.61%	$ 686.90	$ 790.85	$ 103.95	15.13%
			Family	$ 1,135.70	$ 1,271.90	$ 136.20	11.99%	$ 1,150.44	$	$ 139.19	12.10%	$ 1,151.01	$ 1,307.60	$ 156.59	13.60%	$ 1,151.57	$ 1,325.83	$ 174.26	15.13%
Silver	PPO	SUSX3098	SUSX3148																
			Single	$ 401.29	$ 449.90	$ 48.61	12.11%	$ 406.50	$ 456.17	$ 49.67	12.22%	$ 406.70	$ 462.53	$ 55.83	13.73%	$ 406.89	$ 468.98	$ 62.09	15.26%
			Double	$ 802.58	$ 899.80	$ 97.22	12.11%	$ 813.00	$ 912.34	$ 99.34	12.22%	$ 813.39	$ 925.06	$ 111.67	13.73%	$ 813.79	$ 937.95	$ 124.16	15.26%
			Emp/Child(ren)	$ 682.19	$ 764.83	$ 82.64	12.11%	$ 691.05	$ 775.49	$ 84.44	12.22%	$ 691.38	$ 786.30	$ 94.92	13.73%	$ 691.72	$ 797.26	$ 105.54	15.26%
			Family	$ 1,143.67	$ 1,282.22	$ 138.55	12.11%	$ 1,158.92	$	$ 141.57	12.22%	$ 1,159.08	$ 1,318.21	$ 159.13	13.73%	$ 1,159.65	$ 1,336.58	$ 176.93	15.26%
Silver	PPO	SUSX3114	SUSX3151																
			Single	$ 398.49	$ 446.28	$ 47.79	11.99%	$ 403.66	$ 452.50	$ 48.84	12.10%	$ 403.86	$ 458.81	$ 54.95	13.61%	$ 404.06	$ 465.20	$ 61.14	15.13%
			Double	$ 796.98	$ 892.56	$ 95.58	11.99%	$ 807.33	$ 905.00	$ 97.67	12.10%	$ 807.72	$ 917.62	$ 109.90	13.61%	$ 808.12	$ 930.41	$ 122.29	15.13%
			Emp/Child(ren)	$ 677.44	$ 758.68	$ 81.24	11.99%	$ 686.23	$ 769.25	$ 83.02	12.10%	$ 686.56	$ 779.97	$ 93.41	13.61%	$ 686.90	$ 790.85	$ 103.95	15.13%
			Family	$ 1,135.70	$ 1,271.90	$ 136.20	11.99%	$ 1,150.44	$	$ 139.19	12.10%	$ 1,151.01	$ 1,307.60	$ 156.59	13.60%	$ 1,151.57	$ 1,325.83	$ 174.26	15.13%
Silver	PPO	SUSX3130	SUSX3154																
			Single	$ 389.15	$ 445.49	$ 56.34	14.48%	$ 394.20	$ 451.70	$ 57.50	14.59%	$ 394.40	$ 458.00	$ 63.60	16.13%	$ 394.59	$ 464.38	$ 69.79	17.69%
			Double	$ 778.30	$ 890.98	$ 112.68	14.48%	$ 788.41	$ 903.40	$ 114.99	14.59%	$ 788.79	$ 915.99	$ 127.20	16.13%	$ 789.18	$ 928.76	$ 139.58	17.69%
			Emp/Child(ren)	$ 661.56	$ 757.33	$ 95.77	14.48%	$ 670.15	$ 767.89	$ 97.74	14.58%	$ 670.47	$ 778.59	$ 108.12	16.13%	$ 670.80	$ 789.45	$ 118.65	17.69%
			Family	$ 1,109.08	$ 1,269.65	$ 160.57	14.48%	$ 1,123.48	$	$ 163.86	14.59%	$ 1,124.03	$ 1,305.29	$ 181.26	16.13%	$ 1,124.58	$ 1,323.48	$ 198.90	17.69%

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	HDE	SUSX3009	SUSX3132																
			Single	$ 388.21	$ 439.88	$ 51.67	13.31%	$ 393.25	$ 446.01	$ 52.76	13.42%	$ 393.44	$ 452.23	$ 58.79	14.94%	$ 393.63	$ 458.53	$ 64.90	16.49%
			Double	$ 776.42	$ 879.76	$ 103.34	13.31%	$ 786.50	$ 892.02	$ 105.52	13.42%	$ 786.89	$ 904.46	$ 117.57	14.94%	$ 787.27	$ 917.06	$ 129.79	16.49%
			Emp/Child(ren)	$ 659.96	$ 747.80	$ 87.84	13.31%	$ 668.53	$ 758.22	$ 89.69	13.42%	$ 668.85	$ 768.79	$ 99.94	14.94%	$ 669.18	$ 779.50	$ 110.32	16.49%
			Family	$ 1,106.40	$ 1,253.66	$ 147.26	13.31%	$ 1,120.73	$	$ 150.36	13.42%	$ 1,121.31	$ 1,288.85	$ 167.54	14.94%	$ 1,121.86	$ 1,306.82	$ 184.96	16.49%
Silver	HDE	SUSX3025	SUSX3135																
			Single	$ 397.53	$ 440.66	$ 43.13	10.85%	$ 402.69	$ 446.80	$ 44.11	10.95%	$ 402.89	$ 453.03	$ 50.14	12.45%	$ 403.08	$ 459.35	$ 56.27	13.96%
			Double	$ 795.06	$ 881.32	$ 86.26	10.85%	$ 805.38	$ 893.60	$ 88.22	10.95%	$ 805.77	$ 906.06	$ 100.29	12.45%	$ 806.16	$ 918.69	$ 112.53	13.96%
			Emp/Child(ren)	$ 675.80	$ 749.12	$ 73.32	10.85%	$ 684.57	$ 759.56	$ 74.99	10.95%	$ 684.91	$ 770.15	$ 85.24	12.45%	$ 685.24	$ 780.89	$ 95.65	13.96%
			Family	$ 1,132.96	$ 1,255.88	$ 122.92	10.85%	$ 1,147.69	$	$ 125.73	10.96%	$ 1,148.22	$ 1,291.14	$ 142.92	12.45%	$ 1,148.78	$ 1,309.13	$ 160.35	13.96%
Silver	HDE	SUSX3044	SUSX3138																
			Single	$ 385.51	$ 436.34	$ 50.83	13.19%	$ 390.51	$ 442.42	$ 51.91	13.29%	$ 390.70	$ 448.59	$ 57.89	14.82%	$ 390.89	$ 454.84	$ 63.95	16.36%
			Double	$ 771.01	$ 872.68	$ 101.67	13.19%	$ 781.02	$ 884.84	$ 103.82	13.29%	$ 781.40	$ 897.18	$ 115.78	14.82%	$ 781.78	$ 909.68	$ 127.90	16.36%
			Emp/Child(ren)	$ 655.36	$ 741.78	$ 86.42	13.19%	$ 663.87	$ 752.12	$ 88.25	13.29%	$ 664.19	$ 762.60	$ 98.41	14.82%	$ 664.51	$ 773.23	$ 108.72	16.36%
			Family	$ 1,098.69	$ 1,243.57	$ 144.88	13.19%	$ 1,112.95	$	$ 147.95	13.29%	$ 1,113.50	$ 1,278.48	$ 164.98	14.82%	$ 1,114.04	$ 1,296.30	$ 182.26	16.36%
Silver	HDE	SUSX3060	SUSX3141																
			Single	$ 388.21	$ 439.88	$ 51.67	13.31%	$ 393.25	$ 446.01	$ 52.76	13.42%	$ 393.44	$ 452.23	$ 58.79	14.94%	$ 393.63	$ 458.53	$ 64.90	16.49%
			Double	$ 776.42	$ 879.76	$ 103.34	13.31%	$ 786.50	$ 892.02	$ 105.52	13.42%	$ 786.89	$ 904.46	$ 117.57	14.94%	$ 787.27	$ 917.06	$ 129.79	16.49%
			Emp/Child(ren)	$ 659.96	$ 747.80	$ 87.84	13.31%	$ 668.53	$ 758.22	$ 89.69	13.42%	$ 668.85	$ 768.79	$ 99.94	14.94%	$ 669.18	$ 779.50	$ 110.32	16.49%
			Family	$ 1,106.40	$ 1,253.66	$ 147.26	13.31%	$ 1,120.73	$	$ 150.36	13.42%	$ 1,121.31	$ 1,288.85	$ 167.54	14.94%	$ 1,121.86	$ 1,306.82	$ 184.96	16.49%
Silver	HDE	SUSX3076	SUSX3144																
			Single	$ 394.76	$ 437.11	$ 42.35	10.73%	$ 399.88	$ 443.20	$ 43.32	10.83%	$ 400.08	$ 449.38	$ 49.30	12.32%	$ 400.27	$ 455.64	$ 55.37	13.83%
			Double	$ 789.52	$ 874.22	$ 84.70	10.73%	$ 799.76	$ 886.41	$ 86.65	10.83%	$ 800.15	$ 898.76	$ 98.61	12.32%	$ 800.54	$ 911.29	$ 110.75	13.83%
			Emp/Child(ren)	$ 671.09	$ 743.09	$ 72.00	10.73%	$ 679.80	$ 753.45	$ 73.65	10.83%	$ 680.13	$ 763.95	$ 83.82	12.32%	$ 680.46	$ 774.60	$ 94.14	13.83%
			Family	$ 1,125.06	$ 1,245.76	$ 120.70	10.73%	$ 1,139.46	$	$ 123.47	10.83%	$ 1,140.22	$ 1,280.74	$ 140.52	12.32%	$ 1,140.78	$ 1,298.59	$ 157.81	13.83%
Silver	HDE	SUSX3092	SUSX3147																
			Single	$ 397.53	$ 440.66	$ 43.13	10.85%	$ 402.69	$ 446.80	$ 44.11	10.95%	$ 402.89	$ 453.03	$ 50.14	12.45%	$ 403.08	$ 459.35	$ 56.27	13.96%
			Double	$ 795.06	$ 881.32	$ 86.26	10.85%	$ 805.38	$ 893.60	$ 88.22	10.95%	$ 805.77	$ 906.06	$ 100.29	12.45%	$ 806.16	$ 918.69	$ 112.53	13.96%
			Emp/Child(ren)	$ 675.80	$ 749.12	$ 73.32	10.85%	$ 684.57	$ 759.56	$ 74.99	10.95%	$ 684.91	$ 770.15	$ 85.24	12.45%	$ 685.24	$ 780.89	$ 95.65	13.96%
			Family	$ 1,132.96	$ 1,255.88	$ 122.92	10.85%	$ 1,147.69	$	$ 125.73	10.96%	$ 1,148.22	$ 1,291.14	$ 142.92	12.45%	$ 1,148.78	$ 1,309.13	$ 160.35	13.96%
Silver	HDE	SUSX3108	SUSX3150																
			Single	$ 394.76	$ 437.11	$ 42.35	10.73%	$ 399.88	$ 443.20	$ 43.32	10.83%	$ 400.08	$ 449.38	$ 49.30	12.32%	$ 400.27	$ 455.64	$ 55.37	13.83%
			Double	$ 789.52	$ 874.22	$ 84.70	10.73%	$ 799.76	$ 886.41	$ 86.65	10.83%	$ 800.15	$ 898.76	$ 98.61	12.32%	$ 800.54	$ 911.29	$ 110.75	13.83%
			Emp/Child(ren)	$ 671.09	$ 743.09	$ 72.00	10.73%	$ 679.80	$ 753.45	$ 73.65	10.83%	$ 680.13	$ 763.95	$ 83.82	12.32%	$ 680.46	$ 774.60	$ 94.14	13.83%
			Family	$ 1,125.06	$ 1,245.76	$ 120.70	10.73%	$ 1,139.46	$	$ 123.47	10.83%	$ 1,140.22	$ 1,280.74	$ 140.52	12.32%	$ 1,140.78	$ 1,298.59	$ 157.81	13.83%
Silver	HDE	SUSX3124	SUSX3153																
			Single	$ 385.51	$ 436.34	$ 50.83	13.19%	$ 390.51	$ 442.42	$ 51.91	13.29%	$ 390.70	$ 448.59	$ 57.89	14.82%	$ 390.89	$ 454.84	$ 63.95	16.36%
			Double	$ 771.01	$ 872.68	$ 101.67	13.19%	$ 781.02	$ 884.84	$ 103.82	13.29%	$ 781.40	$ 897.18	$ 115.78	14.82%	$ 781.78	$ 909.68	$ 127.90	16.36%
			Emp/Child(ren)	$ 655.36	$ 741.78	$ 86.42	13.19%	$ 663.87	$ 752.12	$ 88.25	13.29%	$ 664.19	$ 762.60	$ 98.41	14.82%	$ 664.51	$ 773.23	$ 108.72	16.36%
			Family	$ 1,098.69	$ 1,243.57	$ 144.88	13.19%	$ 1,112.95	$	$ 147.95	13.29%	$ 1,113.50	$ 1,278.48	$ 164.98	14.82%	$ 1,114.04	$ 1,296.30	$ 182.26	16.36%
Silver	EPO	SUSX3001	SUSX3131																
			Single	$ 386.66	$ 433.60	$ 46.94	12.14%	$ 391.68	$ 439.64	$ 47.96	12.24%	$ 391.87	$ 445.77	$ 53.90	13.75%	$ 392.06	$ 451.99	$ 59.93	15.29%
			Double	$ 773.32	$ 867.20	$ 93.88	12.14%	$ 783.36	$ 879.29	$ 95.93	12.25%	$ 783.75	$ 891.54	$ 107.79	13.75%	$ 784.13	$ 903.97	$ 119.84	15.28%
			Emp/Child(ren)	$ 657.33	$ 737.12	$ 79.79	12.14%	$ 665.86	$ 747.39	$ 81.53	12.24%	$ 666.18	$ 757.81	$ 91.63	13.75%	$ 666.51	$ 768.38	$ 101.87	15.28%
			Family	$ 1,101.99	$ 1,235.76	$ 133.77	12.14%	$ 1,116.69	$	$ 136.70	12.25%	$ 1,116.84	$ 1,270.45	$ 153.61	13.75%	$ 1,117.38	$ 1,288.16	$ 170.78	15.28%
Silver	EPO	SUSX3017	SUSX3134																
			Single	$ 394.17	$ 434.36	$ 40.19	10.20%	$ 399.29	$ 440.41	$ 41.12	10.30%	$ 399.48	$ 446.55	$ 47.07	11.78%	$ 399.68	$ 452.78	$ 53.10	13.29%
			Double	$ 788.34	$ 868.72	$ 80.38	10.20%	$ 798.58	$ 880.83	$ 82.25	10.30%	$ 798.97	$ 893.11	$ 94.14	11.78%	$ 799.36	$ 905.56	$ 106.20	13.29%
			Emp/Child(ren)	$ 670.09	$ 738.41	$ 68.32	10.20%	$ 678.79	$ 748.70	$ 69.91	10.30%	$ 679.12	$ 759.14	$ 80.02	11.78%	$ 679.45	$ 769.72	$ 90.27	13.29%
			Family	$ 1,123.39	$ 1,237.93	$ 114.54	10.20%	$ 1,137.38	$	$ 117.21	10.30%	$ 1,138.53	$ 1,272.68	$ 134.15	11.78%	$ 1,139.08	$ 1,290.42	$ 151.34	13.29%
Silver	EPO	SUSX3036	SUSX3137																
			Single	$ 382.25	$ 430.11	$ 47.86	12.52%	$ 387.21	$ 436.11	$ 48.90	12.63%	$ 387.40	$ 442.18	$ 54.78	14.14%	$ 387.59	$ 448.35	$ 60.76	15.68%
			Double	$ 764.50	$ 860.22	$ 95.72	12.52%	$ 774.43	$ 872.21	$ 97.78	12.63%	$ 774.80	$ 884.37	$ 109.57	14.14%	$ 775.18	$ 896.70	$ 121.52	15.68%
			Emp/Child(ren)	$ 649.83	$ 731.19	$ 81.36	12.52%	$ 658.26	$ 741.38	$ 83.12	12.63%	$ 658.58	$ 751.71	$ 93.13	14.14%	$ 658.90	$ 762.19	$ 103.29	15.68%
			Family	$ 1,089.41	$ 1,225.81	$ 136.40	12.52%	$ 1,103.37	$	$ 139.34	12.63%	$ 1,104.09	$ 1,260.23	$ 156.14	14.14%	$ 1,104.63	$ 1,277.79	$ 173.16	15.68%
Silver	EPO	SUSX3052	SUSX3140																
			Single	$ 384.93	$ 433.60	$ 48.67	12.64%	$ 389.93	$ 439.64	$ 49.71	12.75%	$ 390.12	$ 445.77	$ 55.65	14.26%	$ 390.31	$ 451.99	$ 61.68	15.80%
			Double	$ 769.87	$ 867.20	$ 97.33	12.64%	$ 779.86	$ 879.29	$ 99.43	12.75%	$ 780.24	$ 891.54	$ 111.30	14.26%	$ 780.62	$ 903.97	$ 123.35	15.80%
			Emp/Child(ren)	$ 654.39	$ 737.12	$ 82.73	12.64%	$ 662.88	$ 747.39	$ 84.51	12.75%	$ 663.21	$ 757.81	$ 94.60	14.26%	$ 663.53	$ 768.38	$ 104.85	15.80%
			Family	$ 1,097.06	$ 1,235.76	$ 138.70	12.64%	$ 1,111.29	$	$ 141.69	12.75%	$ 1,111.84	$ 1,270.45	$ 158.61	14.27%	$ 1,112.39	$ 1,288.16	$ 175.77	15.80%
Silver	EPO	SUSX3068	SUSX3143																
			Single	$ 391.42	$ 430.87	$ 39.45	10.08%	$ 396.51	$ 436.88	$ 40.37	10.18%	$ 396.70	$ 442.97	$ 46.27	11.66%	$ 396.89	$ 449.14	$ 52.25	13.16%
			Double	$ 782.85	$ 861.74	$ 78.89	10.08%	$ 793.01	$ 873.75	$ 80.74	10.18%	$ 793.40	$ 885.93	$ 92.53	11.66%	$ 793.79	$ 898.28	$ 104.49	13.16%
			Emp/Child(ren)	$ 665.42	$ 732.48	$ 67.06	10.08%	$ 674.06	$ 742.69	$ 68.63	10.18%	$ 674.39	$ 753.04	$ 78.65	11.66%	$ 674.72	$ 763.54	$ 88.82	13.16%
			Family	$ 1,115.56	$ 1,227.98	$ 112.42	10.08%	$ 1,130.04	$	$ 115.06	10.18%	$ 1,130.59	$ 1,262.45	$ 131.86	11.66%	$ 1,131.14	$ 1,280.05	$ 148.91	13.16%
Silver	EPO	SUSX3084	SUSX3146																
			Single	$ 394.17	$ 434.36	$ 40.19	10.20%	$ 399.29	$ 440.41	$ 41.12	10.30%	$ 399.48	$ 446.55	$ 47.07	11.78%	$ 399.68	$ 452.78	$ 53.10	13.29%
			Double	$ 788.34	$ 868.72	$ 80.38	10.20%	$ 798.58	$ 880.83	$ 82.25	10.30%	$ 798.97	$ 893.11	$ 94.14	11.78%	$ 799.36	$ 905.56	$ 106.20	13.29%
			Emp/Child(ren)	$ 670.09	$ 738.41	$ 68.32	10.20%	$ 678.79	$ 748.70	$ 69.91	10.30%	$ 679.12	$ 759.14	$ 80.02	11.78%	$ 679.45	$ 769.72	$ 90.27	13.29%
			Family	$ 1,123.39	$ 1,237.93	$ 114.54	10.20%	$ 1,137.38	$	$ 117.21	10.30%	$ 1,138.53	$ 1,272.68	$ 134.15	11.78%	$ 1,139.08	$ 1,290.42	$ 151.34	13.29%

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	EPO	SUSX3100	SUSX3149																
			Single	$ 391.42	$ 430.87	$ 39.45	10.08%	$ 396.51	$ 436.88	$ 40.37	10.18%	$ 396.70	$ 442.97	$ 46.27	11.66%	$ 396.89	$ 449.14	$ 52.25	13.16%
			Double	$ 782.85	$ 861.74	$ 78.89	10.08%	$ 793.01	$ 873.75	$ 80.74	10.18%	$ 793.40	$ 885.93	$ 92.53	11.66%	$ 793.79	$ 898.28	$ 104.49	13.16%
			Emp/Child(ren)	$ 665.42	$ 732.48	$ 67.06	10.08%	$ 674.06	$ 742.69	$ 68.63	10.18%	$ 674.39	$ 753.04	$ 78.65	11.66%	$ 674.72	$ 763.54	$ 88.82	13.16%
			Family	$ 1,115.56	$ 1,227.98	$ 112.42	10.08%	$ 1,130.04	$	$ 115.06	10.18%	$ 1,130.59	$ 1,262.45	$ 131.86	11.66%	$ 1,131.14	$ 1,280.05	$ 148.91	13.16%
Silver	EPO	SUSX3116	SUSX3152																
			Single	$ 382.25	$ 430.11	$ 47.86	12.52%	$ 387.21	$ 436.11	$ 48.90	12.63%	$ 387.40	$ 442.18	$ 54.78	14.14%	$ 387.59	$ 448.35	$ 60.76	15.68%
			Double	$ 764.50	$ 860.22	$ 95.72	12.52%	$ 774.43	$ 872.21	$ 97.78	12.63%	$ 774.80	$ 884.37	$ 109.57	14.14%	$ 775.18	$ 896.70	$ 121.52	15.68%
			Emp/Child(ren)	$ 649.83	$ 731.19	$ 81.36	12.52%	$ 658.26	$ 741.38	$ 83.12	12.63%	$ 658.58	$ 751.71	$ 93.13	14.14%	$ 658.90	$ 762.19	$ 103.29	15.68%
			Family	$ 1,089.41	$ 1,225.81	$ 136.40	12.52%	$ 1,103.90	$	$ 139.34	12.63%	$ 1,104.09	$ 1,260.23	$ 156.14	14.14%	$ 1,104.63	$ 1,277.79	$ 173.16	15.68%
Bronze	HDE	SUBX4001	SUBX4157																
			Single	$ 330.30	$ 371.54	$ 41.24	12.49%	$ 334.58	$ 376.72	$ 42.14	12.59%	$ 334.75	$ 381.97	$ 47.22	14.11%	$ 334.91	$ 387.29	$ 52.38	15.64%
			Double	$ 660.59	$ 743.08	$ 82.49	12.49%	$ 669.17	$ 753.44	$ 84.27	12.59%	$ 669.50	$ 763.94	$ 94.44	14.11%	$ 669.82	$ 774.59	$ 104.77	15.64%
			Emp/Child(ren)	$ 561.51	$ 631.62	$ 70.11	12.49%	$ 568.79	$ 640.42	$ 71.63	12.59%	$ 569.07	$ 649.35	$ 80.28	14.11%	$ 569.35	$ 658.40	$ 89.05	15.64%
			Family	$ 941.35	$ 1,058.89	$ 117.54	12.49%	$ 953.57	$ 1,073.65	$ 120.08	12.59%	$ 954.03	$ 1,088.61	$ 134.58	14.11%	$ 954.50	$ 1,103.79	$ 149.29	15.64%
Bronze	HDE	SUBX4019	SUBX4158																
			Single	$ 336.71	$ 372.20	$ 35.49	10.54%	$ 341.08	$ 377.39	$ 36.31	10.65%	$ 341.25	$ 382.65	$ 41.40	12.13%	$ 341.42	$ 387.98	$ 46.56	13.64%
			Double	$ 673.42	$ 744.40	$ 70.98	10.54%	$ 682.17	$ 754.78	$ 72.61	10.64%	$ 682.50	$ 765.30	$ 82.80	12.13%	$ 682.83	$ 775.96	$ 93.13	13.64%
			Emp/Child(ren)	$ 572.41	$ 632.74	$ 60.33	10.54%	$ 579.84	$ 641.56	$ 61.72	10.64%	$ 580.12	$ 650.50	$ 70.38	12.13%	$ 580.41	$ 659.57	$ 79.16	13.64%
			Family	$ 959.63	$ 1,060.77	$ 101.14	10.54%	$ 972.09	$ 1,075.56	$ 103.47	10.64%	$ 972.56	$ 1,090.55	$ 117.99	12.13%	$ 973.03	$ 1,105.75	$ 132.72	13.64%
Bronze	HDE	SUBX4037	SUBX4159																
			Single	$ 326.53	$ 368.55	$ 42.02	12.87%	$ 330.77	$ 373.69	$ 42.92	12.98%	$ 330.93	$ 378.90	$ 47.97	14.50%	$ 331.09	$ 384.18	$ 53.09	16.03%
			Double	$ 653.06	$ 737.10	$ 84.04	12.87%	$ 661.53	$ 747.37	$ 85.84	12.98%	$ 661.86	$ 757.79	$ 95.93	14.49%	$ 662.18	$ 768.36	$ 106.18	16.03%
			Emp/Child(ren)	$ 555.10	$ 626.54	$ 71.44	12.87%	$ 562.30	$ 635.27	$ 72.97	12.98%	$ 562.58	$ 644.12	$ 81.54	14.49%	$ 562.85	$ 653.10	$ 90.25	16.03%
			Family	$ 930.61	$ 1,050.37	$ 119.76	12.87%	$ 942.69	$ 1,065.01	$ 122.32	12.98%	$ 943.15	$ 1,079.85	$ 136.70	14.49%	$ 943.61	$ 1,094.91	$ 151.30	16.03%
Bronze	HDE	SUBX4055	SUBX4160																
			Single	$ 328.82	$ 371.54	$ 42.72	12.99%	$ 333.09	$ 376.72	$ 43.63	13.10%	$ 333.25	$ 381.97	$ 48.72	14.62%	$ 333.41	$ 387.29	$ 53.88	16.16%
			Double	$ 657.64	$ 743.08	$ 85.44	12.99%	$ 666.18	$ 753.44	$ 87.26	13.10%	$ 666.50	$ 763.94	$ 97.44	14.62%	$ 666.83	$ 774.59	$ 107.76	16.16%
			Emp/Child(ren)	$ 558.99	$ 631.62	$ 72.63	12.99%	$ 566.25	$ 640.42	$ 74.17	13.10%	$ 566.53	$ 649.35	$ 82.82	14.62%	$ 566.80	$ 658.40	$ 91.60	16.16%
			Family	$ 937.14	$ 1,058.89	$ 121.75	12.99%	$ 949.30	$ 1,073.65	$ 124.35	13.10%	$ 949.77	$ 1,088.61	$ 138.84	14.62%	$ 950.23	$ 1,103.79	$ 153.56	16.16%
Bronze	HDE	SUBX4073	SUBX4161																
			Single	$ 334.37	$ 369.20	$ 34.83	10.42%	$ 338.71	$ 374.35	$ 35.64	10.52%	$ 338.87	$ 379.56	$ 40.69	12.01%	$ 339.04	$ 384.86	$ 45.82	13.51%
			Double	$ 668.73	$ 738.40	$ 69.67	10.42%	$ 677.41	$ 748.69	$ 71.28	10.52%	$ 677.74	$ 759.13	$ 81.39	12.01%	$ 678.07	$ 769.71	$ 91.64	13.51%
			Emp/Child(ren)	$ 568.42	$ 627.64	$ 59.22	10.42%	$ 575.80	$ 636.39	$ 60.59	10.52%	$ 576.08	$ 645.26	$ 69.18	12.01%	$ 576.36	$ 654.25	$ 77.89	13.51%
			Family	$ 952.94	$ 1,052.22	$ 99.28	10.42%	$ 965.31	$ 1,066.89	$ 101.58	10.52%	$ 965.78	$ 1,081.76	$ 115.98	12.01%	$ 966.25	$ 1,096.84	$ 130.59	13.52%
Bronze	HDE	SUBX4091	SUBX4162																
			Single	$ 336.71	$ 372.20	$ 35.49	10.54%	$ 341.08	$ 377.39	$ 36.31	10.65%	$ 341.25	$ 382.65	$ 41.40	12.13%	$ 341.42	$ 387.98	$ 46.56	13.64%
			Double	$ 673.42	$ 744.40	$ 70.98	10.54%	$ 682.17	$ 754.78	$ 72.61	10.64%	$ 682.50	$ 765.30	$ 82.80	12.13%	$ 682.83	$ 775.96	$ 93.13	13.64%
			Emp/Child(ren)	$ 572.41	$ 632.74	$ 60.33	10.54%	$ 579.84	$ 641.56	$ 61.72	10.64%	$ 580.12	$ 650.50	$ 70.38	12.13%	$ 580.41	$ 659.57	$ 79.16	13.64%
			Family	$ 959.63	$ 1,060.77	$ 101.14	10.54%	$ 972.09	$ 1,075.56	$ 103.47	10.64%	$ 972.56	$ 1,090.55	$ 117.99	12.13%	$ 973.03	$ 1,105.75	$ 132.72	13.64%
Bronze	HDE	SUBX4109	SUBX4163																
			Single	$ 334.37	$ 369.20	$ 34.83	10.42%	$ 338.71	$ 374.35	$ 35.64	10.52%	$ 338.87	$ 379.56	$ 40.69	12.01%	$ 339.04	$ 384.86	$ 45.82	13.51%
			Double	$ 668.73	$ 738.40	$ 69.67	10.42%	$ 677.41	$ 748.69	$ 71.28	10.52%	$ 677.74	$ 759.13	$ 81.39	12.01%	$ 678.07	$ 769.71	$ 91.64	13.51%
			Emp/Child(ren)	$ 568.42	$ 627.64	$ 59.22	10.42%	$ 575.80	$ 636.39	$ 60.59	10.52%	$ 576.08	$ 645.26	$ 69.18	12.01%	$ 576.36	$ 654.25	$ 77.89	13.51%
			Family	$ 952.94	$ 1,052.22	$ 99.28	10.42%	$ 965.31	$ 1,066.89	$ 101.58	10.52%	$ 965.78	$ 1,081.76	$ 115.98	12.01%	$ 966.25	$ 1,096.84	$ 130.59	13.52%
Bronze	HDE	SUBX4127	SUBX4164																
			Single	$ 326.53	$ 368.55	$ 42.02	12.87%	$ 330.77	$ 373.69	$ 42.92	12.98%	$ 330.93	$ 378.90	$ 47.97	14.50%	$ 331.09	$ 384.18	$ 53.09	16.03%
			Double	$ 653.06	$ 737.10	$ 84.04	12.87%	$ 661.53	$ 747.37	$ 85.84	12.98%	$ 661.86	$ 757.79	$ 95.93	14.49%	$ 662.18	$ 768.36	$ 106.18	16.03%
			Emp/Child(ren)	$ 555.10	$ 626.54	$ 71.44	12.87%	$ 562.30	$ 635.27	$ 72.97	12.98%	$ 562.58	$ 644.12	$ 81.54	14.49%	$ 562.85	$ 653.10	$ 90.25	16.03%
			Family	$ 930.61	$ 1,050.37	$ 119.76	12.87%	$ 942.69	$ 1,065.01	$ 122.32	12.98%	$ 943.15	$ 1,079.85	$ 136.70	14.49%	$ 943.61	$ 1,094.91	$ 151.30	16.03%
Bronze	HDE	SUBX4014	SUBX4142																
			Single	$ 311.14	$ 354.57	$ 43.43	13.96%	$ 315.17	$ 359.51	$ 44.34	14.07%	$ 315.33	$ 364.52	$ 49.19	15.60%	$ 315.48	$ 369.60	$ 54.12	17.15%
			Double	$ 622.27	$ 709.14	$ 86.87	13.96%	$ 630.35	$ 719.02	$ 88.67	14.07%	$ 630.66	$ 729.05	$ 98.39	15.60%	$ 630.96	$ 739.21	$ 108.25	17.16%
			Emp/Child(ren)	$ 528.93	$ 602.77	$ 73.84	13.96%	$ 535.80	$ 611.17	$ 75.37	14.07%	$ 536.06	$ 619.69	$ 83.63	15.60%	$ 536.32	$ 628.33	$ 92.01	17.16%
			Family	$ 886.74	$ 1,010.52	$ 123.78	13.96%	$ 898.25	$ 1,024.61	$ 126.36	14.07%	$ 898.69	$ 1,038.89	$ 140.20	15.60%	$ 899.12	$ 1,053.37	$ 154.25	17.16%
Bronze	HDE	SUBX4032	SUBX4144																
			Single	$ 318.60	$ 355.19	$ 36.59	11.48%	$ 322.74	$ 360.14	$ 37.40	11.59%	$ 322.90	$ 365.16	$ 42.26	13.09%	$ 323.05	$ 370.25	$ 47.20	14.61%
			Double	$ 637.21	$ 710.38	$ 73.17	11.48%	$ 645.48	$ 720.28	$ 74.80	11.59%	$ 645.79	$ 730.32	$ 84.53	13.09%	$ 646.11	$ 740.50	$ 94.39	14.61%
			Emp/Child(ren)	$ 541.63	$ 603.82	$ 62.19	11.48%	$ 548.66	$ 612.24	$ 63.58	11.59%	$ 548.92	$ 620.77	$ 71.85	13.09%	$ 549.19	$ 629.43	$ 80.24	14.61%
			Family	$ 908.02	$ 1,012.29	$ 104.27	11.48%	$ 919.81	$ 1,026.40	$ 106.59	11.59%	$ 920.25	$ 1,040.71	$ 120.46	13.09%	$ 920.70	$ 1,055.22	$ 134.52	14.61%
Bronze	HDE	SUBX4050	SUBX4146																
			Single	$ 308.97	$ 351.71	$ 42.74	13.83%	$ 312.98	$ 356.61	$ 43.63	13.94%	$ 313.13	$ 361.58	$ 48.45	15.47%	$ 313.28	$ 366.62	$ 53.34	17.03%
			Double	$ 617.93	$ 703.42	$ 85.49	13.83%	$ 625.96	$ 713.23	$ 87.27	13.94%	$ 626.26	$ 723.17	$ 96.91	15.47%	$ 626.57	$ 733.25	$ 106.68	17.03%
			Emp/Child(ren)	$ 525.24	$ 597.91	$ 72.67	13.84%	$ 532.06	$ 606.24	$ 74.18	13.94%	$ 532.32	$ 614.69	$ 82.37	15.47%	$ 532.58	$ 623.26	$ 90.68	17.03%
			Family	$ 880.56	$ 1,002.37	$ 121.81	13.83%	$ 891.99	$ 1,016.35	$ 124.36	13.94%	$ 892.42	$ 1,030.51	$ 138.09	15.47%	$ 892.86	$ 1,044.88	$ 152.02	17.03%
Bronze	HDE	SUBX4068	SUBX4148																
			Single	$ 311.14	$ 354.57	$ 43.43	13.96%	$ 315.17	$ 359.51	$ 44.34	14.07%	$ 315.33	$ 364.52	$ 49.19	15.60%	$ 315.48	$ 369.60	$ 54.12	17.15%
			Double	$ 622.27	$ 709.14	$ 86.87	13.96%	$ 630.35	$ 719.02	$ 88.67	14.07%	$ 630.66	$ 729.05	$ 98.39	15.60%	$ 630.96	$ 739.21	$ 108.25	17.16%
			Emp/Child(ren)	$ 528.93	$ 602.77	$ 73.84	13.96%	$ 535.80	$ 611.17	$ 75.37	14.07%	$ 536.06	$ 619.69	$ 83.63	15.60%	$ 536.32	$ 628.33	$ 92.01	17.16%
			Family	$ 886.74	$ 1,010.52	$ 123.78	13.96%	$ 898.25	$ 1,024.61	$ 126.36	14.07%	$ 898.69	$ 1,038.89	$ 140.20	15.60%	$ 899.12	$ 1,053.37	$ 154.25	17.16%

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	SUBX4086	SUBX4150																
			Single	$ 316.38	$ 352.34	$ 35.96	11.37%	$ 320.49	$ 357.25	$ 36.76	11.47%	$ 320.65	$ 362.23	$ 41.58	12.97%	$ 320.80	$ 367.28	$ 46.48	14.49%
			Double	$ 632.76	$ 704.68	$ 71.92	11.37%	$ 640.98	$ 714.50	$ 73.52	11.47%	$ 641.29	$ 724.46	$ 83.17	12.97%	$ 641.60	$ 734.56	$ 92.96	14.49%
			Emp/Child(ren)	$ 537.85	$ 598.98	$ 61.13	11.37%	$ 544.83	$ 607.33	$ 62.50	11.47%	$ 545.10	$ 615.79	$ 70.69	12.97%	$ 545.36	$ 624.38	$ 79.02	14.49%
			Family	$ 901.69	$ 1,004.17	$ 102.48	11.37%	$ 913.40	$ 1,018.17	$ 104.77	11.47%	$ 913.84	$ 1,032.36	$ 118.52	12.97%	$ 914.29	$ 1,046.75	$ 132.46	14.49%
Bronze	HDE	SUBX4104	SUBX4152																
			Single	$ 318.60	$ 355.19	$ 36.59	11.48%	$ 322.74	$ 360.14	$ 37.40	11.59%	$ 322.90	$ 365.16	$ 42.26	13.09%	$ 323.05	$ 370.25	$ 47.20	14.61%
			Double	$ 637.21	$ 710.38	$ 73.17	11.48%	$ 645.48	$ 720.28	$ 74.80	11.59%	$ 645.79	$ 730.32	$ 84.53	13.09%	$ 646.11	$ 740.50	$ 94.39	14.61%
			Emp/Child(ren)	$ 541.63	$ 603.82	$ 62.19	11.48%	$ 548.66	$ 612.24	$ 63.58	11.59%	$ 548.92	$ 620.77	$ 71.85	13.09%	$ 549.19	$ 629.43	$ 80.24	14.61%
			Family	$ 908.02	$ 1,012.29	$ 104.27	11.48%	$ 919.81	$ 1,026.40	$ 106.59	11.59%	$ 920.25	$ 1,040.71	$ 120.46	13.09%	$ 920.70	$ 1,055.22	$ 134.52	14.61%
Bronze	HDE	SUBX4122	SUBX4154																
			Single	$ 316.38	$ 352.34	$ 35.96	11.37%	$ 320.49	$ 357.25	$ 36.76	11.47%	$ 320.65	$ 362.23	$ 41.58	12.97%	$ 320.80	$ 367.28	$ 46.48	14.49%
			Double	$ 632.76	$ 704.68	$ 71.92	11.37%	$ 640.98	$ 714.50	$ 73.52	11.47%	$ 641.29	$ 724.46	$ 83.17	12.97%	$ 641.60	$ 734.56	$ 92.96	14.49%
			Emp/Child(ren)	$ 537.85	$ 598.98	$ 61.13	11.37%	$ 544.83	$ 607.33	$ 62.50	11.47%	$ 545.10	$ 615.79	$ 70.69	12.97%	$ 545.36	$ 624.38	$ 79.02	14.49%
			Family	$ 901.69	$ 1,004.17	$ 102.48	11.37%	$ 913.40	$ 1,018.17	$ 104.77	11.47%	$ 913.84	$ 1,032.36	$ 118.52	12.97%	$ 914.29	$ 1,046.75	$ 132.46	14.49%
Bronze	HDE	SUBX4140	SUBX4156																
			Single	$ 308.97	$ 351.71	$ 42.74	13.83%	$ 312.98	$ 356.61	$ 43.63	13.94%	$ 313.13	$ 361.58	$ 48.45	15.47%	$ 313.28	$ 366.62	$ 53.34	17.03%
			Double	$ 617.93	$ 703.42	$ 85.49	13.83%	$ 625.96	$ 713.23	$ 87.27	13.94%	$ 626.26	$ 723.17	$ 96.91	15.47%	$ 626.57	$ 733.25	$ 106.68	17.03%
			Emp/Child(ren)	$ 525.24	$ 597.91	$ 72.67	13.84%	$ 532.06	$ 606.24	$ 74.18	13.94%	$ 532.32	$ 614.69	$ 82.37	15.47%	$ 532.58	$ 623.26	$ 90.68	17.03%
			Family	$ 880.56	$ 1,002.37	$ 121.81	13.83%	$ 891.99	$ 1,016.35	$ 124.36	13.94%	$ 892.42	$ 1,030.51	$ 138.09	15.47%	$ 892.86	$ 1,044.88	$ 152.02	17.03%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	PPO	SUPX1012	SUPX1113																
			Single	$ 636.79	$731.72	$ 94.93	14.91%	$ 645.06	$741.92	$ 96.86	15.02%	$ 645.37	$ 752.26	$ 106.89	16.56%	$ 645.68	$ 762.75	$ 117.07	18.13%
			Double	$ 1,273.58	$ 1,463.44	$ 189.86	14.91%	$ 1,290.11	$ 1,483.84	$ 193.73	15.02%	$ 1,290.74	$ 1,504.52	$ 213.78	16.56%	$ 1,291.37	$ 1,525.50	$ 234.13	18.13%
			Emp/Child(ren)	$ 1,082.54	$ 1,243.93	$ 161.39	14.91%	$ 1,096.59	$ 1,261.27	$ 164.68	15.02%	$ 1,097.13	$ 1,278.85	$ 181.72	16.56%	$ 1,097.66	$ 1,296.67	$ 199.01	18.13%
			Family	$ 1,814.85	$ 2,085.41	$ 270.56	14.91%	$ 1,838.41	$ 2,114.47	$ 276.06	15.02%	$ 1,839.30	$ 2,143.95	$ 304.65	16.56%	$ 1,840.20	$ 2,173.83	$ 333.63	18.13%
Platinum	PPO	SUPX1026	SUPX1116																
			Single	$ 652.07	$ 733.02	$ 80.95	12.41%	$ 660.54	$ 743.24	$ 82.70	12.52%	$ 660.86	$ 753.60	$ 92.74	14.03%	$ 661.18	$ 764.10	$ 102.92	15.57%
			Double	$ 1,304.14	$ 1,466.04	$ 161.90	12.41%	$ 1,321.07	$ 1,486.47	$ 165.40	12.52%	$ 1,321.72	$ 1,507.19	$ 185.47	14.03%	$ 1,322.36	$ 1,528.20	$ 205.84	15.57%
			Emp/Child(ren)	$ 1,108.52	$ 1,246.13	$ 137.61	12.41%	$ 1,122.91	$ 1,263.50	$ 140.59	12.52%	$ 1,123.46	$ 1,281.12	$ 157.66	14.03%	$ 1,124.01	$ 1,298.97	$ 174.96	15.57%
			Family	$ 1,858.40	$ 2,089.11	$ 230.71	12.41%	$ 1,882.53	$ 2,118.23	$ 235.70	12.52%	$ 1,883.45	$ 2,147.75	$ 264.30	14.03%	$ 1,884.37	$ 2,177.69	$ 293.32	15.57%
Platinum	PPO	SUPX1040	SUPX1119																
			Single	$ 632.35	$ 725.84	$ 93.49	14.78%	$ 640.56	$ 735.96	$ 95.40	14.89%	$ 640.87	$ 746.22	$ 105.35	16.44%	$ 641.18	$ 756.62	$ 115.44	18.00%
			Double	$ 1,264.70	$ 1,451.68	$ 186.98	14.78%	$ 1,281.12	$ 1,471.92	$ 190.80	14.89%	$ 1,281.74	$ 1,492.44	$ 210.70	16.44%	$ 1,282.37	$ 1,513.24	$ 230.87	18.00%
			Emp/Child(ren)	$ 1,075.00	$ 1,233.93	$ 158.93	14.78%	$ 1,088.95	$ 1,251.13	$ 162.18	14.89%	$ 1,089.48	$ 1,268.57	$ 179.09	16.44%	$ 1,090.01	$ 1,286.25	$ 196.24	18.00%
			Family	$ 1,802.20	$ 2,068.65	$ 266.45	14.78%	$ 1,825.59	$ 2,097.49	$ 271.90	14.89%	$ 1,826.48	$ 2,126.72	$ 300.24	16.44%	$ 1,827.37	$ 2,156.37	$ 329.00	18.00%
Platinum	PPO	SUPX1054	SUPX1122																
			Single	$ 636.79	$ 731.72	$ 94.93	14.91%	$ 645.06	$ 741.92	$ 96.86	15.02%	$ 645.37	$ 752.26	$ 106.89	16.56%	$ 645.68	$ 762.75	$ 117.07	18.13%
			Double	$ 1,273.58	$ 1,463.44	$ 189.86	14.91%	$ 1,290.11	$ 1,483.84	$ 193.73	15.02%	$ 1,290.74	$ 1,504.52	$ 213.78	16.56%	$ 1,291.37	$ 1,525.50	$ 234.13	18.13%
			Emp/Child(ren)	$ 1,082.54	$ 1,243.93	$ 161.39	14.91%	$ 1,096.59	$ 1,261.27	$ 164.68	15.02%	$ 1,097.13	$ 1,278.85	$ 181.72	16.56%	$ 1,097.66	$ 1,296.67	$ 199.01	18.13%
			Family	$ 1,814.85	$ 2,085.41	$ 270.56	14.91%	$ 1,838.41	$ 2,114.47	$ 276.06	15.02%	$ 1,839.30	$ 2,143.95	$ 304.65	16.56%	$ 1,840.20	$ 2,173.83	$ 333.63	18.13%
Platinum	PPO	SUPX1068	SUPX1125																
			Single	$ 647.53	$ 727.12	$ 79.59	12.29%	$ 655.93	$ 737.25	$ 81.32	12.40%	$ 656.25	$ 747.53	$ 91.28	13.91%	$ 656.57	$ 757.95	$ 101.38	15.44%
			Double	$ 1,295.05	$ 1,454.23	$ 159.18	12.29%	$ 1,311.87	$ 1,474.51	$ 162.64	12.40%	$ 1,312.51	$ 1,495.06	$ 182.55	13.91%	$ 1,313.14	$ 1,515.90	$ 202.76	15.44%
			Emp/Child(ren)	$ 1,100.80	$ 1,236.10	$ 135.30	12.29%	$ 1,115.09	$ 1,253.33	$ 138.24	12.40%	$ 1,115.63	$ 1,270.80	$ 155.17	13.91%	$ 1,116.17	$ 1,288.51	$ 172.34	15.44%
			Family	$ 1,845.45	$ 2,072.28	$ 226.83	12.29%	$ 1,869.41	$ 2,101.17	$ 231.76	12.40%	$ 1,870.32	$ 2,130.46	$ 260.14	13.91%	$ 1,871.23	$ 2,160.15	$ 288.92	15.44%
Platinum	PPO	SUPX1082	SUPX1128																
			Single	$ 652.07	$ 733.02	$ 80.95	12.41%	$ 660.54	$ 743.24	$ 82.70	12.52%	$ 660.86	$ 753.60	$ 92.74	14.03%	$ 661.18	$ 764.10	$ 102.92	15.57%
			Double	$ 1,304.14	$ 1,466.04	$ 161.90	12.41%	$ 1,321.07	$ 1,486.47	$ 165.40	12.52%	$ 1,321.72	$ 1,507.19	$ 185.47	14.03%	$ 1,322.36	$ 1,528.20	$ 205.84	15.57%
			Emp/Child(ren)	$ 1,108.52	$ 1,246.13	$ 137.61	12.41%	$ 1,122.91	$ 1,263.50	$ 140.59	12.52%	$ 1,123.46	$ 1,281.12	$ 157.66	14.03%	$ 1,124.01	$ 1,298.97	$ 174.96	15.57%
			Family	$ 1,858.40	$ 2,089.11	$ 230.71	12.41%	$ 1,882.53	$ 2,118.23	$ 235.70	12.52%	$ 1,883.45	$ 2,147.75	$ 264.30	14.03%	$ 1,884.37	$ 2,177.69	$ 293.32	15.57%
Platinum	PPO	SUPX1096	SUPX1131																
			Single	$ 647.53	$ 727.12	$ 79.59	12.29%	$ 655.93	$ 737.25	$ 81.32	12.40%	$ 656.25	$ 747.53	$ 91.28	13.91%	$ 656.57	$ 757.95	$ 101.38	15.44%
			Double	$ 1,295.05	$ 1,454.23	$ 159.18	12.29%	$ 1,311.87	$ 1,474.51	$ 162.64	12.40%	$ 1,312.51	$ 1,495.06	$ 182.55	13.91%	$ 1,313.14	$ 1,515.90	$ 202.76	15.44%
			Emp/Child(ren)	$ 1,100.80	$ 1,236.10	$ 135.30	12.29%	$ 1,115.09	$ 1,253.33	$ 138.24	12.40%	$ 1,115.63	$ 1,270.80	$ 155.17	13.91%	$ 1,116.17	$ 1,288.51	$ 172.34	15.44%
			Family	$ 1,845.45	$ 2,072.28	$ 226.83	12.29%	$ 1,869.41	$ 2,101.17	$ 231.76	12.40%	$ 1,870.32	$ 2,130.46	$ 260.14	13.91%	$ 1,871.23	$ 2,160.15	$ 288.92	15.44%
Platinum	PPO	SUPX1110	SUPX1134																
			Single	$ 632.35	$ 725.84	$ 93.49	14.78%	$ 640.56	$ 735.96	$ 95.40	14.89%	$ 640.87	$ 746.22	$ 105.35	16.44%	$ 641.18	$ 756.62	$ 115.44	18.00%
			Double	$ 1,264.70	$ 1,451.68	$ 186.98	14.78%	$ 1,281.12	$ 1,471.92	$ 190.80	14.89%	$ 1,281.74	$ 1,492.44	$ 210.70	16.44%	$ 1,282.37	$ 1,513.24	$ 230.87	18.00%
			Emp/Child(ren)	$ 1,075.00	$ 1,233.93	$ 158.93	14.78%	$ 1,088.95	$ 1,251.13	$ 162.18	14.89%	$ 1,089.48	$ 1,268.57	$ 179.09	16.44%	$ 1,090.01	$ 1,286.25	$ 196.24	18.00%
			Family	$ 1,802.20	$ 2,068.65	$ 266.45	14.78%	$ 1,825.59	$ 2,097.49	$ 271.90	14.89%	$ 1,826.48	$ 2,126.72	$ 300.24	16.44%	$ 1,827.37	$ 2,156.37	$ 329.00	18.00%
Platinum	EPO	SUPX1005	SUPX1112																
			Single	$ 594.65	$ 712.61	$ 117.96	19.84%	$ 602.37	$ 722.54	$ 120.17	19.95%	$ 602.66	$ 732.61	$ 129.95	21.56%	$ 602.95	$ 742.83	$ 139.88	23.20%
			Double	$ 1,189.30	$ 1,425.22	$ 235.92	19.84%	$ 1,204.73	$ 1,445.08	$ 240.35	19.95%	$ 1,205.32	$ 1,465.23	$ 259.91	21.56%	$ 1,205.91	$ 1,485.65	$ 279.74	23.20%
			Emp/Child(ren)	$ 1,010.90	$ 1,211.44	$ 200.54	19.84%	$ 1,024.02	$ 1,228.32	$ 204.30	19.95%	$ 1,024.52	$ 1,245.44	$ 220.92	21.56%	$ 1,025.02	$ 1,262.80	$ 237.78	23.20%
			Family	$ 1,694.75	$ 2,030.94	$ 336.19	19.84%	$ 1,716.75	$ 2,059.24	$ 342.49	19.95%	$ 1,717.58	$ 2,087.95	$ 370.37	21.56%	$ 1,718.42	$ 2,117.05	$ 398.63	23.20%
Platinum	EPO	SUPX1019	SUPX1115																
			Single	$ 608.92	$ 713.87	$ 104.95	17.24%	$ 616.82	$ 723.82	$ 107.00	17.35%	$ 617.12	$ 733.91	$ 116.79	18.93%	$ 617.43	$ 744.14	$ 126.71	20.52%
			Double	$ 1,217.84	$ 1,427.74	$ 209.90	17.24%	$ 1,233.65	$ 1,447.65	$ 214.00	17.35%	$ 1,234.25	$ 1,467.82	$ 233.57	18.92%	$ 1,234.85	$ 1,488.28	$ 253.43	20.52%
			Emp/Child(ren)	$ 1,035.16	$ 1,213.58	$ 178.42	17.24%	$ 1,048.60	$ 1,230.50	$ 181.90	17.35%	$ 1,049.11	$ 1,247.65	$ 198.54	18.92%	$ 1,049.62	$ 1,265.04	$ 215.42	20.52%
			Family	$ 1,735.42	$ 2,034.54	$ 299.12	17.24%	$ 1,757.95	$ 2,062.89	$ 304.94	17.35%	$ 1,758.81	$ 2,091.65	$ 332.84	18.92%	$ 1,759.66	$ 2,120.81	$ 361.15	20.52%
Platinum	EPO	SUPX1033	SUPX1118																
			Single	$ 590.50	$ 706.87	$ 116.37	19.71%	$ 598.17	$ 716.72	$ 118.55	19.82%	$ 598.46	$ 726.72	$ 128.26	21.43%	$ 598.75	$ 736.85	$ 138.10	23.06%
			Double	$ 1,181.01	$ 1,413.74	$ 232.73	19.71%	$ 1,196.34	$ 1,433.45	$ 237.11	19.82%	$ 1,196.92	$ 1,453.43	$ 256.51	21.43%	$ 1,197.50	$ 1,473.69	$ 276.19	23.06%
			Emp/Child(ren)	$ 1,003.85	$ 1,201.68	$ 197.83	19.71%	$ 1,016.89	$ 1,218.43	$ 201.54	19.82%	$ 1,017.38	$ 1,235.42	$ 218.04	21.43%	$ 1,017.88	$ 1,252.64	$ 234.76	23.06%
			Family	$ 1,682.93	$ 2,014.58	$ 331.65	19.71%	$ 1,704.78	$ 2,042.67	$ 337.89	19.82%	$ 1,705.61	$ 2,071.14	$ 365.53	21.43%	$ 1,706.44	$ 2,100.01	$ 393.57	23.06%
Platinum	EPO	SUPX1047	SUPX1121																
			Single	$ 594.65	$ 712.61	$ 117.96	19.84%	$ 602.37	$ 722.54	$ 120.17	19.95%	$ 602.66	$ 732.61	$ 129.95	21.56%	$ 602.95	$ 742.83	$ 139.88	23.20%
			Double	$ 1,189.30	$ 1,425.22	$ 235.92	19.84%	$ 1,204.73	$ 1,445.08	$ 240.35	19.95%	$ 1,205.32	$ 1,465.23	$ 259.91	21.56%	$ 1,205.91	$ 1,485.65	$ 279.74	23.20%
			Emp/Child(ren)	$ 1,010.90	$ 1,211.44	$ 200.54	19.84%	$ 1,024.02	$ 1,228.32	$ 204.30	19.95%	$ 1,024.52	$ 1,245.44	$ 220.92	21.56%	$ 1,025.02	$ 1,262.80	$ 237.78	23.20%
			Family	$ 1,694.75	$ 2,030.94	$ 336.19	19.84%	$ 1,716.75	$ 2,059.24	$ 342.49	19.95%	$ 1,717.58	$ 2,087.95	$ 370.37	21.56%	$ 1,718.42	$ 2,117.05	$ 398.63	23.20%
Platinum	EPO	SUPX1061	SUPX1124																
			Single	$ 604.67	$ 708.12	$ 103.45	17.11%	$ 612.52	$ 717.99	$ 105.47	17.22%	$ 612.82	$ 728.00	$ 115.18	18.80%	$ 613.12	$ 738.15	$ 125.03	20.39%
			Double	$ 1,209.35	$ 1,416.25	$ 206.90	17.11%	$ 1,225.05	$ 1,435.99	$ 210.94	17.22%	$ 1,225.65	$ 1,456.00	$ 230.35	18.79%	$ 1,226.24	$ 1,476.30	$ 250.06	20.39%
			Emp/Child(ren)	$ 1,027.95	$ 1,203.81	$ 175.86	17.11%	$ 1,041.29	$ 1,220.59	$ 179.30	17.22%	$ 1,041.80	$ 1,237.60	$ 195.80	18.79%	$ 1,042.31	$ 1,254.85	$ 212.54	20.39%
			Family	$ 1,723.32	$ 2,018.15	$ 294.83	17.11%	$ 1,745.70	$ 2,046.28	$ 300.58	17.22%	$ 1,746.55	$ 2,074.80	$ 328.25	18.79%	$ 1,747.40	$ 2,103.73	$ 356.33	20.39%
Platinum	EPO	SUPX1075	SUPX1127																
			Single	$ 608.92	$ 713.87	$ 104.95	17.24%	$ 616.82	$ 723.82	$ 107.00	17.35%	$ 617.12	$ 733.91	$ 116.79	18.93%	$ 617.43	$ 744.14	$ 126.71	20.52%
			Double	$ 1,217.84	$ 1,427.74	$ 209.90	17.24%	$ 1,233.65	$ 1,447.65	$ 214.00	17.35%	$ 1,234.25	$ 1,467.82	$ 233.57	18.92%	$ 1,234.85	$ 1,488.28	$ 253.43	20.52%
			Emp/Child(ren)	$ 1,035.16	$ 1,213.58	$ 178.42	17.24%	$ 1,048.60	$ 1,230.50	$ 181.90	17.35%	$ 1,049.11	$ 1,247.65	$ 198.54	18.92%	$ 1,049.62	$ 1,265.04	$ 215.42	20.52%
			Family	$ 1,735.42	$ 2,034.54	$ 299.12	17.24%	$ 1,757.95	$ 2,062.89	$ 304.94	17.35%	$ 1,758.81	$ 2,091.65	$ 332.84	18.92%	$ 1,759.66	$ 2,120.81	$ 361.15	20.52%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	EPO	SUPX1089	SUPX1130																
			Single	$ 604.67	$ 708.12	$ 103.45	17.11%	$ 612.52	$ 717.99	$ 105.47	17.22%	$ 612.82	$ 728.00	$ 115.18	18.80%	$ 613.12	$ 738.15	$ 125.03	20.39%
			Double	$ 1,209.35	$ 1,416.25	$ 206.90	17.11%	$ 1,225.05	$ 1,435.99	$ 210.94	17.22%	$ 1,225.65	$ 1,456.00	$ 230.35	18.79%	$ 1,226.24	$ 1,476.30	$ 250.06	20.39%
			Emp/Child(ren)	$ 1,027.95	$ 1,203.81	$ 175.86	17.11%	$ 1,041.29	$ 1,220.59	$ 179.30	17.22%	$ 1,041.80	$ 1,237.60	$ 195.80	18.79%	$ 1,042.31	$ 1,254.85	$ 212.54	20.39%
			Family	$ 1,723.32	$ 2,018.15	$ 294.83	17.11%	$ 1,745.70	$ 2,046.28	$ 300.58	17.22%	$ 1,746.55	$ 2,074.80	$ 328.25	18.79%	$ 1,747.40	$ 2,103.73	$ 356.33	20.39%
Platinum	EPO	SUPX1103	SUPX1133																
			Single	$ 590.50	$ 706.87	$ 116.37	19.71%	$ 598.17	$ 716.72	$ 118.55	19.82%	$ 598.46	$ 726.72	$ 128.26	21.43%	$ 598.75	$ 736.85	$ 138.10	23.06%
			Double	$ 1,181.01	$ 1,413.74	$ 232.73	19.71%	$ 1,196.34	$ 1,433.45	$ 237.11	19.82%	$ 1,196.92	$ 1,453.43	$ 256.51	21.43%	$ 1,197.50	$ 1,473.69	$ 276.19	23.06%
			Emp/Child(ren)	$ 1,003.85	$ 1,201.68	$ 197.83	19.71%	$ 1,016.89	$ 1,218.43	$ 201.54	19.82%	$ 1,017.38	$ 1,235.42	$ 218.04	21.43%	$ 1,017.88	$ 1,252.64	$ 234.76	23.06%
			Family	$ 1,682.93	$ 2,014.58	$ 331.65	19.71%	$ 1,704.78	$ 2,042.67	$ 337.89	19.82%	$ 1,705.61	$ 2,071.14	$ 365.53	21.43%	$ 1,706.44	$ 2,100.01	$ 393.57	23.06%
Platinum	EPO	SUPX1001	SUPX1111																
			Single	$ 585.34	$ 698.08	$ 112.74	19.26%	$ 592.94	$ 707.81	$ 114.87	19.37%	$ 593.23	$ 717.67	$ 124.44	20.98%	$ 593.52	$ 727.68	$ 134.16	22.60%
			Double	$ 1,170.69	$ 1,396.15	$ 225.46	19.26%	$ 1,185.88	$ 1,415.61	$ 229.73	19.37%	$ 1,186.46	$ 1,435.35	$ 248.89	20.98%	$ 1,187.04	$ 1,455.35	$ 268.31	22.60%
			Emp/Child(ren)	$ 995.08	$ 1,186.73	$ 191.65	19.26%	$ 1,008.00	$ 1,203.27	$ 195.27	19.37%	$ 1,008.49	$ 1,220.05	$ 211.56	20.98%	$ 1,008.98	$ 1,237.05	$ 228.07	22.60%
			Family	$ 1,668.23	$ 1,989.52	$ 321.29	19.26%	$ 1,689.88	$ 2,017.25	$ 327.37	19.37%	$ 1,690.71	$ 2,045.37	$ 354.66	20.98%	$ 1,691.53	$ 2,073.88	$ 382.35	22.60%
Platinum	EPO	SUPX1015	SUPX1114																
			Single	$ 596.71	$ 699.32	$ 102.61	17.20%	$ 604.46	$ 709.06	$ 104.60	17.30%	$ 604.75	$ 718.95	$ 114.20	18.88%	$ 605.05	$ 728.97	$ 123.92	20.48%
			Double	$ 1,193.42	$ 1,398.63	$ 205.21	17.20%	$ 1,208.92	$ 1,418.13	$ 209.21	17.31%	$ 1,209.50	$ 1,437.90	$ 228.40	18.88%	$ 1,210.09	$ 1,457.94	$ 247.85	20.48%
			Emp/Child(ren)	$ 1,014.41	$ 1,188.84	$ 174.43	17.20%	$ 1,027.58	$ 1,205.41	$ 177.83	17.31%	$ 1,028.08	$ 1,222.21	$ 194.13	18.88%	$ 1,028.58	$ 1,239.25	$ 210.67	20.48%
			Family	$ 1,700.63	$ 1,993.05	$ 292.42	17.19%	$ 1,722.70	$ 2,020.83	$ 298.13	17.31%	$ 1,723.54	$ 2,049.00	$ 325.46	18.88%	$ 1,724.38	$ 2,077.56	$ 353.18	20.48%
Platinum	EPO	SUPX1029	SUPX1117																
			Single	$ 578.66	$ 692.46	$ 113.80	19.67%	$ 586.18	$ 702.11	$ 115.93	19.78%	$ 586.46	$ 711.90	$ 125.44	21.39%	$ 586.75	$ 721.82	$ 135.07	23.02%
			Double	$ 1,157.33	$ 1,384.92	$ 227.59	19.67%	$ 1,172.35	$ 1,404.22	$ 231.87	19.78%	$ 1,172.92	$ 1,423.79	$ 250.87	21.39%	$ 1,173.50	$ 1,443.64	$ 270.14	23.02%
			Emp/Child(ren)	$ 983.73	$ 1,177.18	$ 193.45	19.66%	$ 996.50	$ 1,193.59	$ 197.09	19.78%	$ 996.99	$ 1,210.22	$ 213.23	21.39%	$ 997.47	$ 1,227.09	$ 229.62	23.02%
			Family	$ 1,649.19	$ 1,973.50	$ 324.31	19.66%	$ 1,670.60	$ 2,001.01	$ 330.41	19.78%	$ 1,671.42	$ 2,028.91	$ 357.49	21.39%	$ 1,672.23	$ 2,057.19	$ 384.96	23.02%
Platinum	EPO	SUPX1043	SUPX1120																
			Single	$ 582.73	$ 698.08	$ 115.35	19.79%	$ 590.29	$ 707.81	$ 117.52	19.91%	$ 590.58	$ 717.67	$ 127.09	21.52%	$ 590.87	$ 727.68	$ 136.81	23.15%
			Double	$ 1,165.45	$ 1,396.15	$ 230.70	19.79%	$ 1,180.58	$ 1,415.61	$ 235.03	19.91%	$ 1,181.16	$ 1,435.35	$ 254.19	21.52%	$ 1,181.73	$ 1,455.35	$ 273.62	23.15%
			Emp/Child(ren)	$ 990.63	$ 1,186.73	$ 196.10	19.80%	$ 1,003.49	$ 1,203.27	$ 199.78	19.91%	$ 1,003.98	$ 1,220.05	$ 216.07	21.52%	$ 1,004.47	$ 1,237.05	$ 232.58	23.15%
			Family	$ 1,660.77	$ 1,989.52	$ 328.75	19.80%	$ 1,682.33	$ 2,017.25	$ 334.92	19.91%	$ 1,683.15	$ 2,045.37	$ 362.22	21.52%	$ 1,683.97	$ 2,073.88	$ 389.91	23.15%
Platinum	EPO	SUPX1057	SUPX1123																
			Single	$ 592.55	$ 693.69	$ 101.14	17.07%	$ 600.24	$ 703.35	$ 103.11	17.18%	$ 600.54	$ 713.16	$ 112.62	18.75%	$ 600.83	$ 723.10	$ 122.27	20.35%
			Double	$ 1,185.10	$ 1,387.37	$ 202.27	17.07%	$ 1,200.49	$ 1,406.71	$ 206.22	17.18%	$ 1,201.07	$ 1,426.32	$ 225.25	18.75%	$ 1,201.66	$ 1,446.20	$ 244.54	20.35%
			Emp/Child(ren)	$ 1,007.34	$ 1,179.27	$ 171.93	17.07%	$ 1,020.42	$ 1,195.70	$ 175.28	17.18%	$ 1,020.91	$ 1,212.37	$ 191.46	18.75%	$ 1,021.41	$ 1,229.27	$ 207.86	20.35%
			Family	$ 1,688.77	$ 1,977.00	$ 288.23	17.07%	$ 1,710.70	$ 2,004.56	$ 293.86	17.18%	$ 1,711.53	$ 2,032.50	$ 320.97	18.75%	$ 1,712.36	$ 2,060.83	$ 348.47	20.35%
Platinum	EPO	SUPX1071	SUPX1126																
			Single	$ 596.71	$ 699.32	$ 102.61	17.20%	$ 604.46	$ 709.06	$ 104.60	17.30%	$ 604.75	$ 718.95	$ 114.20	18.88%	$ 605.05	$ 728.97	$ 123.92	20.48%
			Double	$ 1,193.42	$ 1,398.63	$ 205.21	17.20%	$ 1,208.92	$ 1,418.13	$ 209.21	17.31%	$ 1,209.50	$ 1,437.90	$ 228.40	18.88%	$ 1,210.09	$ 1,457.94	$ 247.85	20.48%
			Emp/Child(ren)	$ 1,014.41	$ 1,188.84	$ 174.43	17.20%	$ 1,027.58	$ 1,205.41	$ 177.83	17.31%	$ 1,028.08	$ 1,222.21	$ 194.13	18.88%	$ 1,028.58	$ 1,239.25	$ 210.67	20.48%
			Family	$ 1,700.63	$ 1,993.05	$ 292.42	17.19%	$ 1,722.70	$ 2,020.83	$ 298.13	17.31%	$ 1,723.54	$ 2,049.00	$ 325.46	18.88%	$ 1,724.38	$ 2,077.56	$ 353.18	20.48%
Platinum	EPO	SUPX1085	SUPX1129																
			Single	$ 592.55	$ 693.69	$ 101.14	17.07%	$ 600.24	$ 703.35	$ 103.11	17.18%	$ 600.54	$ 713.16	$ 112.62	18.75%	$ 600.83	$ 723.10	$ 122.27	20.35%
			Double	$ 1,185.10	$ 1,387.37	$ 202.27	17.07%	$ 1,200.49	$ 1,406.71	$ 206.22	17.18%	$ 1,201.07	$ 1,426.32	$ 225.25	18.75%	$ 1,201.66	$ 1,446.20	$ 244.54	20.35%
			Emp/Child(ren)	$ 1,007.34	$ 1,179.27	$ 171.93	17.07%	$ 1,020.42	$ 1,195.70	$ 175.28	17.18%	$ 1,020.91	$ 1,212.37	$ 191.46	18.75%	$ 1,021.41	$ 1,229.27	$ 207.86	20.35%
			Family	$ 1,688.77	$ 1,977.00	$ 288.23	17.07%	$ 1,710.70	$ 2,004.56	$ 293.86	17.18%	$ 1,711.53	$ 2,032.50	$ 320.97	18.75%	$ 1,712.36	$ 2,060.83	$ 348.47	20.35%
Platinum	EPO	SUPX1099	SUPX1132																
			Single	$ 578.66	$ 692.46	$ 113.80	19.67%	$ 586.18	$ 702.11	$ 115.93	19.78%	$ 586.46	$ 711.90	$ 125.44	21.39%	$ 586.75	$ 721.82	$ 135.07	23.02%
			Double	$ 1,157.33	$ 1,384.92	$ 227.59	19.67%	$ 1,172.35	$ 1,404.22	$ 231.87	19.78%	$ 1,172.92	$ 1,423.79	$ 250.87	21.39%	$ 1,173.50	$ 1,443.64	$ 270.14	23.02%
			Emp/Child(ren)	$ 983.73	$ 1,177.18	$ 193.45	19.66%	$ 996.50	$ 1,193.59	$ 197.09	19.78%	$ 996.99	$ 1,210.22	$ 213.23	21.39%	$ 997.47	$ 1,227.09	$ 229.62	23.02%
			Family	$ 1,649.19	$ 1,973.50	$ 324.31	19.66%	$ 1,670.60	$ 2,001.01	$ 330.41	19.78%	$ 1,671.42	$ 2,028.91	$ 357.49	21.39%	$ 1,672.23	$ 2,057.19	$ 384.96	23.02%
Gold	EPO	SUGX2006	SUGX2104																
			Single	$ 529.70	$ 592.63	$ 62.93	11.88%	$ 536.57	$ 600.90	$ 64.33	11.99%	$ 536.83	$ 609.27	$ 72.44	13.49%	$ 537.10	$ 617.76	$ 80.66	15.02%
			Double	$ 1,059.39	$ 1,185.27	$ 125.88	11.88%	$ 1,073.15	$ 1,201.79	$ 128.64	11.99%	$ 1,073.67	$ 1,218.54	$ 144.87	13.49%	$ 1,074.19	$ 1,235.53	$ 161.34	15.02%
			Emp/Child(ren)	$ 900.48	$ 1,007.48	$ 107.00	11.88%	$ 912.17	$ 1,021.52	$ 109.35	11.99%	$ 912.62	$ 1,035.76	$ 123.14	13.49%	$ 913.06	$ 1,050.20	$ 137.14	15.02%
			Family	$ 1,509.63	$ 1,689.01	$ 179.38	11.88%	$ 1,529.23	$ 1,712.55	$ 183.32	11.99%	$ 1,529.98	$ 1,736.42	$ 206.44	13.49%	$ 1,530.72	$ 1,760.63	$ 229.91	15.02%
Gold	EPO	SUGX2019	SUGX2105																
			Single	$ 542.41	$ 593.69	$ 51.28	9.45%	$ 549.45	$ 601.96	$ 52.51	9.56%	$ 549.72	$ 610.35	$ 60.63	11.03%	$ 549.99	$ 618.86	$ 68.87	12.52%
			Double	$ 1,084.82	$ 1,187.37	$ 102.55	9.45%	$ 1,098.90	$ 1,203.92	$ 105.02	9.56%	$ 1,099.44	$ 1,220.70	$ 121.26	11.03%	$ 1,099.97	$ 1,237.72	$ 137.75	12.52%
			Emp/Child(ren)	$ 922.10	$ 1,009.26	$ 87.16	9.45%	$ 934.07	$ 1,023.33	$ 89.26	9.56%	$ 934.52	$ 1,037.60	$ 103.08	11.03%	$ 934.98	$ 1,052.06	$ 117.08	12.52%
			Family	$ 1,545.87	$ 1,692.00	$ 146.13	9.45%	$ 1,565.93	$ 1,715.59	$ 149.66	9.56%	$ 1,566.70	$ 1,739.50	$ 172.80	11.03%	$ 1,567.46	$ 1,763.75	$ 196.29	12.52%
Gold	EPO	SUGX2032	SUGX2106																
			Single	$ 526.00	$ 587.87	$ 61.87	11.76%	$ 532.83	$ 596.06	$ 63.23	11.87%	$ 533.09	$ 604.37	$ 71.28	13.37%	$ 533.35	$ 612.79	$ 79.44	14.89%
			Double	$ 1,052.01	$ 1,175.73	$ 123.72	11.76%	$ 1,065.67	$ 1,192.12	$ 126.45	11.87%	$ 1,066.18	$ 1,208.74	$ 142.56	13.37%	$ 1,066.70	$ 1,225.59	$ 158.89	14.90%
			Emp/Child(ren)	$ 894.21	$ 999.37	$ 105.16	11.76%	$ 905.82	$ 1,013.30	$ 107.48	11.87%	$ 906.26	$ 1,027.43	$ 121.17	13.37%	$ 906.70	$ 1,041.75	$ 135.05	14.89%
			Family	$ 1,499.11	$ 1,675.42	$ 176.31	11.76%	$ 1,518.57	$ 1,698.77	$ 180.20	11.87%	$ 1,519.31	$ 1,722.45	$ 203.14	13.37%	$ 1,520.05	$ 1,746.46	$ 226.41	14.89%
Gold	EPO	SUGX2045	SUGX2107																
			Single	$ 529.70	$ 592.63	$ 62.93	11.88%	$ 536.57	$ 600.90	$ 64.33	11.99%	$ 536.83	$ 609.27	$ 72.44	13.49%	$ 537.10	$ 617.76	$ 80.66	15.02%
			Double	$ 1,059.39	$ 1,185.27	$ 125.88	11.88%	$ 1,073.15	$ 1,201.79	$ 128.64	11.99%	$ 1,073.67	$ 1,218.54	$ 144.87	13.49%	$ 1,074.19	$ 1,235.53	$ 161.34	15.02%
			Emp/Child(ren)	$ 900.48	$ 1,007.48	$ 107.00	11.88%	$ 912.17	$ 1,021.52	$ 109.35	11.99%	$ 912.62	$ 1,035.76	$ 123.14	13.49%	$ 913.06	$ 1,050.20	$ 137.14	15.02%
			Family	$ 1,509.63	$ 1,689.01	$ 179.38	11.88%	$ 1,529.23	$ 1,712.55	$ 183.32	11.99%	$ 1,529.98	$ 1,736.42	$ 206.44	13.49%	$ 1,530.72	$ 1,760.63	$ 229.91	15.02%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2058	SUGX2108																
			Single	$ 538.63	$ 588.90	$ 50.27	9.33%	$ 545.62	$ 597.11	$ 51.49	9.44%	$ 545.89	$ 605.44	$ 59.55	10.91%	$ 546.15	$ 613.88	$ 67.73	12.40%
			Double	$ 1,077.26	$ 1,177.81	$ 100.55	9.33%	$ 1,091.24	$ 1,194.23	$ 102.99	9.44%	$ 1,091.77	$ 1,210.87	$ 119.10	10.91%	$ 1,092.31	$ 1,227.75	$ 135.44	12.40%
			Emp/Child(ren)	$ 915.67	$ 1,001.14	$ 85.47	9.33%	$ 927.56	$ 1,015.09	$ 87.53	9.44%	$ 928.01	$ 1,029.24	$ 101.23	10.91%	$ 928.46	$ 1,043.59	$ 115.13	12.40%
			Family	$ 1,535.09	$ 1,678.38	$ 143.29	9.33%	$ 1,555.02	$ 1,701.77	$ 146.75	9.44%	$ 1,555.78	$ 1,725.49	$ 169.71	10.91%	$ 1,556.54	$ 1,749.55	$ 193.01	12.40%
Gold	EPO	SUGX2071	SUGX2109																
			Single	$ 542.41	$ 593.69	$ 51.28	9.45%	$ 549.45	$ 601.96	$ 52.51	9.56%	$ 549.72	$ 610.35	$ 60.63	11.03%	$ 549.99	$ 618.86	$ 68.87	12.52%
			Double	$ 1,084.82	$ 1,187.37	$ 102.55	9.45%	$ 1,098.90	$ 1,203.92	$ 105.02	9.56%	$ 1,099.44	$ 1,220.70	$ 121.26	11.03%	$ 1,099.97	$ 1,237.72	$ 137.75	12.52%
			Emp/Child(ren)	$ 922.10	$ 1,009.26	$ 87.16	9.45%	$ 934.07	$ 1,023.33	$ 89.26	9.56%	$ 934.52	$ 1,037.60	$ 103.08	11.03%	$ 934.98	$ 1,052.06	$ 117.08	12.52%
			Family	$ 1,545.87	$ 1,692.00	$ 146.13	9.45%	$ 1,565.93	$ 1,715.59	$ 149.66	9.56%	$ 1,566.70	$ 1,739.50	$ 172.80	11.03%	$ 1,567.46	$ 1,763.75	$ 196.29	12.52%
Gold	EPO	SUGX2084	SUGX2110																
			Single	$ 538.63	$ 588.90	$ 50.27	9.33%	$ 545.62	$ 597.11	$ 51.49	9.44%	$ 545.89	$ 605.44	$ 59.55	10.91%	$ 546.15	$ 613.88	$ 67.73	12.40%
			Double	$ 1,077.26	$ 1,177.81	$ 100.55	9.33%	$ 1,091.24	$ 1,194.23	$ 102.99	9.44%	$ 1,091.77	$ 1,210.87	$ 119.10	10.91%	$ 1,092.31	$ 1,227.75	$ 135.44	12.40%
			Emp/Child(ren)	$ 915.67	$ 1,001.14	$ 85.47	9.33%	$ 927.56	$ 1,015.09	$ 87.53	9.44%	$ 928.01	$ 1,029.24	$ 101.23	10.91%	$ 928.46	$ 1,043.59	$ 115.13	12.40%
			Family	$ 1,535.09	$ 1,678.38	$ 143.29	9.33%	$ 1,555.02	$ 1,701.77	$ 146.75	9.44%	$ 1,555.78	$ 1,725.49	$ 169.71	10.91%	$ 1,556.54	$ 1,749.55	$ 193.01	12.40%
Gold	EPO	SUGX2097	SUGX2111																
			Single	$ 526.00	$ 587.87	$ 61.87	11.76%	$ 532.83	$ 596.06	$ 63.23	11.87%	$ 533.09	$ 604.37	$ 71.28	13.37%	$ 533.35	$ 612.79	$ 79.44	14.89%
			Double	$ 1,052.01	$ 1,175.73	$ 123.72	11.76%	$ 1,065.67	$ 1,192.12	$ 126.45	11.87%	$ 1,066.18	$ 1,208.74	$ 142.56	13.37%	$ 1,066.70	$ 1,225.59	$ 158.89	14.90%
			Emp/Child(ren)	$ 894.21	$ 999.37	$ 105.16	11.76%	$ 905.82	$ 1,013.30	$ 107.48	11.87%	$ 906.26	$ 1,027.43	$ 121.17	13.37%	$ 906.70	$ 1,041.75	$ 135.05	14.89%
			Family	$ 1,499.11	$ 1,675.42	$ 176.31	11.76%	$ 1,518.57	$ 1,698.77	$ 180.20	11.87%	$ 1,519.31	$ 1,722.45	$ 203.14	13.37%	$ 1,520.05	$ 1,746.46	$ 226.41	14.89%
Gold	EPO	SUGX2001	SUGX2112																
			Single	$ 513.75	$ 590.57	$ 76.82	14.95%	$ 520.42	$ 598.80	$ 78.38	15.06%	$ 520.67	$ 607.15	$ 86.48	16.61%	$ 520.92	$ 615.61	$ 94.69	18.18%
			Double	$ 1,027.49	$ 1,181.14	$ 153.65	14.95%	$ 1,040.83	$ 1,197.60	$ 156.77	15.06%	$ 1,041.34	$ 1,214.30	$ 172.96	16.61%	$ 1,041.85	$ 1,231.22	$ 189.37	18.18%
			Emp/Child(ren)	$ 873.37	$ 1,003.97	$ 130.60	14.95%	$ 884.71	$ 1,017.96	$ 133.25	15.06%	$ 885.14	$ 1,032.15	$ 147.01	16.61%	$ 885.57	$ 1,046.54	$ 160.97	18.18%
			Family	$ 1,464.18	$ 1,683.12	$ 218.94	14.95%	$ 1,483.19	$ 1,706.58	$ 223.39	15.06%	$ 1,483.91	$ 1,730.37	$ 246.46	16.61%	$ 1,484.63	$ 1,754.49	$ 269.86	18.18%
Gold	EPO	SUGX2014	SUGX2114																
			Single	$ 523.72	$ 591.61	$ 67.89	12.96%	$ 530.52	$ 599.85	$ 69.33	13.07%	$ 530.78	$ 608.22	$ 77.44	14.59%	$ 531.04	$ 616.69	$ 85.65	16.13%
			Double	$ 1,047.45	$ 1,183.22	$ 135.77	12.96%	$ 1,061.05	$ 1,199.71	$ 138.66	13.07%	$ 1,061.56	$ 1,216.43	$ 154.87	14.59%	$ 1,062.08	$ 1,233.39	$ 171.31	16.13%
			Emp/Child(ren)	$ 890.33	$ 1,005.73	$ 115.40	12.96%	$ 901.89	$ 1,019.75	$ 117.86	13.07%	$ 902.33	$ 1,033.97	$ 131.64	14.59%	$ 902.77	$ 1,048.38	$ 145.61	16.13%
			Family	$ 1,492.61	$ 1,686.08	$ 193.47	12.96%	$ 1,511.99	$ 1,709.58	$ 197.59	13.07%	$ 1,512.73	$ 1,733.41	$ 220.68	14.59%	$ 1,513.47	$ 1,757.58	$ 244.11	16.13%
Gold	EPO	SUGX2027	SUGX2116																
			Single	$ 507.88	$ 585.82	$ 77.94	15.35%	$ 514.48	$ 593.99	$ 79.51	15.45%	$ 514.73	$ 602.27	$ 87.54	17.01%	$ 514.98	$ 610.66	$ 95.68	18.58%
			Double	$ 1,015.77	$ 1,171.65	$ 155.88	15.35%	$ 1,028.96	$ 1,187.98	$ 159.02	15.45%	$ 1,029.46	$ 1,204.54	$ 175.08	17.01%	$ 1,029.96	$ 1,221.33	$ 191.37	18.58%
			Emp/Child(ren)	$ 863.40	$ 995.90	$ 132.50	15.35%	$ 874.61	$ 1,009.78	$ 135.17	15.45%	$ 875.04	$ 1,023.86	$ 148.82	17.01%	$ 875.47	$ 1,038.13	$ 162.66	18.58%
			Family	$ 1,447.47	$ 1,669.60	$ 222.13	15.35%	$ 1,466.26	$ 1,692.87	$ 226.61	15.45%	$ 1,466.98	$ 1,716.47	$ 249.49	17.01%	$ 1,467.69	$ 1,740.39	$ 272.70	18.58%
Gold	EPO	SUGX2040	SUGX2118																
			Single	$ 511.45	$ 590.57	$ 79.12	15.47%	$ 518.09	$ 598.80	$ 80.71	15.58%	$ 518.34	$ 607.15	$ 88.81	17.13%	$ 518.59	$ 615.61	$ 97.02	18.71%
			Double	$ 1,022.90	$ 1,181.14	$ 158.24	15.47%	$ 1,036.18	$ 1,197.60	$ 161.42	15.58%	$ 1,036.68	$ 1,214.30	$ 177.62	17.13%	$ 1,037.19	$ 1,231.22	$ 194.03	18.71%
			Emp/Child(ren)	$ 869.46	$ 1,003.97	$ 134.51	15.47%	$ 880.75	$ 1,017.96	$ 137.21	15.58%	$ 881.18	$ 1,032.15	$ 150.97	17.13%	$ 881.61	$ 1,046.54	$ 164.93	18.71%
			Family	$ 1,457.63	$ 1,683.12	$ 225.49	15.47%	$ 1,476.55	$ 1,706.58	$ 230.03	15.58%	$ 1,477.27	$ 1,730.37	$ 253.10	17.13%	$ 1,477.99	$ 1,754.49	$ 276.50	18.71%
Gold	EPO	SUGX2053	SUGX2120																
			Single	$ 520.07	$ 586.85	$ 66.78	12.84%	$ 526.83	$ 595.03	$ 68.20	12.95%	$ 527.08	$ 603.32	$ 76.24	14.46%	$ 527.34	$ 611.73	$ 84.39	16.00%
			Double	$ 1,040.15	$ 1,173.70	$ 133.55	12.84%	$ 1,053.65	$ 1,190.06	$ 136.41	12.95%	$ 1,054.16	$ 1,206.65	$ 152.49	14.47%	$ 1,054.68	$ 1,223.47	$ 168.79	16.00%
			Emp/Child(ren)	$ 884.13	$ 997.65	$ 113.52	12.84%	$ 895.60	$ 1,011.55	$ 115.95	12.95%	$ 896.04	$ 1,025.65	$ 129.61	14.46%	$ 896.48	$ 1,039.95	$ 143.47	16.00%
			Family	$ 1,482.21	$ 1,672.52	$ 190.31	12.84%	$ 1,501.45	$ 1,695.84	$ 194.39	12.95%	$ 1,502.18	$ 1,719.47	$ 217.29	14.46%	$ 1,502.92	$ 1,743.44	$ 240.52	16.00%
Gold	EPO	SUGX2066	SUGX2122																
			Single	$ 523.72	$ 591.61	$ 67.89	12.96%	$ 530.52	$ 599.85	$ 69.33	13.07%	$ 530.78	$ 608.22	$ 77.44	14.59%	$ 531.04	$ 616.69	$ 85.65	16.13%
			Double	$ 1,047.45	$ 1,183.22	$ 135.77	12.96%	$ 1,061.05	$ 1,199.71	$ 138.66	13.07%	$ 1,061.56	$ 1,216.43	$ 154.87	14.59%	$ 1,062.08	$ 1,233.39	$ 171.31	16.13%
			Emp/Child(ren)	$ 890.33	$ 1,005.73	$ 115.40	12.96%	$ 901.89	$ 1,019.75	$ 117.86	13.07%	$ 902.33	$ 1,033.97	$ 131.64	14.59%	$ 902.77	$ 1,048.38	$ 145.61	16.13%
			Family	$ 1,492.61	$ 1,686.08	$ 193.47	12.96%	$ 1,511.99	$ 1,709.58	$ 197.59	13.07%	$ 1,512.73	$ 1,733.41	$ 220.68	14.59%	$ 1,513.47	$ 1,757.58	$ 244.11	16.13%
Gold	EPO	SUGX2079	SUGX2124																
			Single	$ 520.07	$ 586.85	$ 66.78	12.84%	$ 526.83	$ 595.03	$ 68.20	12.95%	$ 527.08	$ 603.32	$ 76.24	14.46%	$ 527.34	$ 611.73	$ 84.39	16.00%
			Double	$ 1,040.15	$ 1,173.70	$ 133.55	12.84%	$ 1,053.65	$ 1,190.06	$ 136.41	12.95%	$ 1,054.16	$ 1,206.65	$ 152.49	14.47%	$ 1,054.68	$ 1,223.47	$ 168.79	16.00%
			Emp/Child(ren)	$ 884.13	$ 997.65	$ 113.52	12.84%	$ 895.60	$ 1,011.55	$ 115.95	12.95%	$ 896.04	$ 1,025.65	$ 129.61	14.46%	$ 896.48	$ 1,039.95	$ 143.47	16.00%
			Family	$ 1,482.21	$ 1,672.52	$ 190.31	12.84%	$ 1,501.45	$ 1,695.84	$ 194.39	12.95%	$ 1,502.18	$ 1,719.47	$ 217.29	14.46%	$ 1,502.92	$ 1,743.44	$ 240.52	16.00%
Gold	EPO	SUGX2092	SUGX2126																
			Single	$ 507.88	$ 585.82	$ 77.94	15.35%	$ 514.48	$ 593.99	$ 79.51	15.45%	$ 514.73	$ 602.27	$ 87.54	17.01%	$ 514.98	$ 610.66	$ 95.68	18.58%
			Double	$ 1,015.77	$ 1,171.65	$ 155.88	15.35%	$ 1,028.96	$ 1,187.98	$ 159.02	15.45%	$ 1,029.46	$ 1,204.54	$ 175.08	17.01%	$ 1,029.96	$ 1,221.33	$ 191.37	18.58%
			Emp/Child(ren)	$ 863.40	$ 995.90	$ 132.50	15.35%	$ 874.61	$ 1,009.78	$ 135.17	15.45%	$ 875.04	$ 1,023.86	$ 148.82	17.01%	$ 875.47	$ 1,038.13	$ 162.66	18.58%
			Family	$ 1,447.47	$ 1,669.60	$ 222.13	15.35%	$ 1,466.26	$ 1,692.87	$ 226.61	15.45%	$ 1,466.98	$ 1,716.47	$ 249.49	17.01%	$ 1,467.69	$ 1,740.39	$ 272.70	18.58%
Gold	EPO	SUGX2012	SUGX2113																
			Single	$ 507.34	$ 618.68	$ 111.34	21.95%	$ 513.93	$ 627.30	$ 113.37	22.06%	$ 514.18	$ 636.04	$ 121.86	23.70%	$ 514.43	$ 644.91	$ 130.48	25.36%
			Double	$ 1,014.68	$ 1,237.35	$ 222.67	21.94%	$ 1,027.86	$ 1,254.60	$ 226.74	22.06%	$ 1,028.36	$ 1,272.09	$ 243.73	23.70%	$ 1,028.86	$ 1,289.82	$ 260.96	25.36%
			Emp/Child(ren)	$ 862.48	$ 1,051.75	$ 189.27	21.94%	$ 873.68	$ 1,066.41	$ 192.73	22.06%	$ 874.10	$ 1,081.28	$ 207.18	23.70%	$ 874.53	$ 1,096.35	$ 221.82	25.36%
			Family	$ 1,445.93	$ 1,763.23	$ 317.30	21.94%	$ 1,464.70	$ 1,787.81	$ 323.11	22.06%	$ 1,465.41	$ 1,812.73	$ 347.32	23.70%	$ 1,466.12	$ 1,837.99	$ 371.87	25.36%
Gold	EPO	SUGX2025	SUGX2115																
			Single	$ 519.52	$ 619.77	$ 100.25	19.30%	$ 526.26	$ 628.41	$ 102.15	19.41%	$ 526.52	$ 637.17	$ 110.65	21.02%	$ 526.78	$ 646.05	$ 119.27	22.64%
			Double	$ 1,039.04	$ 1,239.55	$ 200.51	19.30%	$ 1,052.53	$ 1,256.83	$ 204.30	19.41%	$ 1,053.04	$ 1,274.35	$ 221.31	21.02%	$ 1,053.55	$ 1,292.11	$ 238.56	22.64%
			Emp/Child(ren)	$ 883.18	$ 1,053.62	$ 170.44	19.30%	$ 894.65	$ 1,068.30	$ 173.65	19.41%	$ 895.08	$ 1,083.19	$ 188.11	21.02%	$ 895.52	$ 1,098.29	$ 202.77	22.64%
			Family	$ 1,480.63	$ 1,766.36	$ 285.73	19.30%	$ 1,499.85	$ 1,790.98	$ 291.13	19.41%	$ 1,500.58	$ 1,815.94	$ 315.36	21.02%	$ 1,501.31	$ 1,841.26	$ 339.95	22.64%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2038	SUGX2117																
			Single	$ 503.81	$ 613.71	$ 109.90	21.81%	$ 510.35	$ 622.26	$ 111.91	21.93%	$ 510.59	$ 630.93	$ 120.34	23.57%	$ 510.84	$ 639.73	$ 128.89	25.23%
			Double	$ 1,007.61	$ 1,227.41	$ 219.80	21.81%	$ 1,020.69	$ 1,244.52	$ 223.83	21.93%	$ 1,021.19	$ 1,261.87	$ 240.68	23.57%	$ 1,021.69	$ 1,279.46	$ 257.77	25.23%
			Emp/Child(ren)	$ 856.47	$ 1,043.30	$ 186.83	21.81%	$ 867.59	$ 1,057.84	$ 190.25	21.93%	$ 868.01	$ 1,072.59	$ 204.58	23.57%	$ 868.43	$ 1,087.54	$ 219.11	25.23%
			Family	$ 1,435.85	$ 1,749.06	$ 313.21	21.81%	$ 1,454.49	$ 1,773.44	$ 318.95	21.93%	$ 1,455.20	$ 1,798.16	$ 342.96	23.57%	$ 1,455.90	$ 1,823.23	$ 367.33	25.23%
Gold	EPO	SUGX2051	SUGX2119																
			Single	$ 507.34	$ 618.68	$ 111.34	21.95%	$ 513.93	$ 627.30	$ 113.37	22.06%	$ 514.18	$ 636.04	$ 121.86	23.70%	$ 514.43	$ 644.91	$ 130.48	25.36%
			Double	$ 1,014.68	$ 1,237.35	$ 222.67	21.94%	$ 1,027.86	$ 1,254.60	$ 226.74	22.06%	$ 1,028.36	$ 1,272.09	$ 243.73	23.70%	$ 1,028.86	$ 1,289.82	$ 260.96	25.36%
			Emp/Child(ren)	$ 862.48	$ 1,051.75	$ 189.27	21.94%	$ 873.68	$ 1,066.41	$ 192.73	22.06%	$ 874.10	$ 1,081.28	$ 207.18	23.70%	$ 874.53	$ 1,096.35	$ 221.82	25.36%
			Family	$ 1,445.93	$ 1,763.23	$ 317.30	21.94%	$ 1,464.70	$ 1,787.81	$ 323.11	22.06%	$ 1,465.41	$ 1,812.73	$ 347.32	23.70%	$ 1,466.12	$ 1,837.99	$ 371.87	25.36%
Gold	EPO	SUGX2064	SUGX2121																
			Single	$ 515.90	$ 614.79	$ 98.89	19.17%	$ 522.59	$ 623.36	$ 100.77	19.28%	$ 522.85	$ 632.05	$ 109.20	20.89%	$ 523.10	$ 640.86	$ 117.76	22.51%
			Double	$ 1,031.79	$ 1,229.59	$ 197.80	19.17%	$ 1,045.19	$ 1,246.72	$ 201.53	19.28%	$ 1,045.70	$ 1,264.10	$ 218.40	20.89%	$ 1,046.21	$ 1,281.72	$ 235.51	22.51%
			Emp/Child(ren)	$ 877.03	$ 1,045.15	$ 168.12	19.17%	$ 888.41	$ 1,059.72	$ 171.31	19.28%	$ 888.84	$ 1,074.49	$ 185.65	20.89%	$ 889.28	$ 1,089.46	$ 200.18	22.51%
			Family	$ 1,470.31	$ 1,752.16	$ 281.85	19.17%	$ 1,489.39	$ 1,776.58	$ 287.19	19.28%	$ 1,490.12	$ 1,801.35	$ 311.23	20.89%	$ 1,490.85	$ 1,826.46	$ 335.61	22.51%
Gold	EPO	SUGX2077	SUGX2123																
			Single	$ 519.52	$ 619.77	$ 100.25	19.30%	$ 526.26	$ 628.41	$ 102.15	19.41%	$ 526.52	$ 637.17	$ 110.65	21.02%	$ 526.78	$ 646.05	$ 119.27	22.64%
			Double	$ 1,039.04	$ 1,239.55	$ 200.51	19.30%	$ 1,052.53	$ 1,256.83	$ 204.30	19.41%	$ 1,053.04	$ 1,274.35	$ 221.31	21.02%	$ 1,053.55	$ 1,292.11	$ 238.56	22.64%
			Emp/Child(ren)	$ 883.18	$ 1,053.62	$ 170.44	19.30%	$ 894.65	$ 1,068.30	$ 173.65	19.41%	$ 895.08	$ 1,083.19	$ 188.11	21.02%	$ 895.52	$ 1,098.29	$ 202.77	22.64%
			Family	$ 1,480.63	$ 1,766.36	$ 285.73	19.30%	$ 1,499.85	$ 1,790.98	$ 291.13	19.41%	$ 1,500.58	$ 1,815.94	$ 315.36	21.02%	$ 1,501.31	$ 1,841.26	$ 339.95	22.64%
Gold	EPO	SUGX2090	SUGX2125																
			Single	$ 515.90	$ 614.79	$ 98.89	19.17%	$ 522.59	$ 623.36	$ 100.77	19.28%	$ 522.85	$ 632.05	$ 109.20	20.89%	$ 523.10	$ 640.86	$ 117.76	22.51%
			Double	$ 1,031.79	$ 1,229.59	$ 197.80	19.17%	$ 1,045.19	$ 1,246.72	$ 201.53	19.28%	$ 1,045.70	$ 1,264.10	$ 218.40	20.89%	$ 1,046.21	$ 1,281.72	$ 235.51	22.51%
			Emp/Child(ren)	$ 877.03	$ 1,045.15	$ 168.12	19.17%	$ 888.41	$ 1,059.72	$ 171.31	19.28%	$ 888.84	$ 1,074.49	$ 185.65	20.89%	$ 889.28	$ 1,089.46	$ 200.18	22.51%
			Family	$ 1,470.31	$ 1,752.16	$ 281.85	19.17%	$ 1,489.39	$ 1,776.58	$ 287.19	19.28%	$ 1,490.12	$ 1,801.35	$ 311.23	20.89%	$ 1,490.85	$ 1,826.46	$ 335.61	22.51%
Gold	EPO	SUGX2103	SUGX2127																
			Single	$ 503.81	$ 613.71	$ 109.90	21.81%	$ 510.35	$ 622.26	$ 111.91	21.93%	$ 510.59	$ 630.93	$ 120.34	23.57%	$ 510.84	$ 639.73	$ 128.89	25.23%
			Double	$ 1,007.61	$ 1,227.41	$ 219.80	21.81%	$ 1,020.69	$ 1,244.52	$ 223.83	21.93%	$ 1,021.19	$ 1,261.87	$ 240.68	23.57%	$ 1,021.69	$ 1,279.46	$ 257.77	25.23%
			Emp/Child(ren)	$ 856.47	$ 1,043.30	$ 186.83	21.81%	$ 867.59	$ 1,057.84	$ 190.25	21.93%	$ 868.01	$ 1,072.59	$ 204.58	23.57%	$ 868.43	$ 1,087.54	$ 219.11	25.23%
			Family	$ 1,435.85	$ 1,749.06	$ 313.21	21.81%	$ 1,454.49	$ 1,773.44	$ 318.95	21.93%	$ 1,455.20	$ 1,798.16	$ 342.96	23.57%	$ 1,455.90	$ 1,823.23	$ 367.33	25.23%
Silver	PPO	SUSX3015	SUSX3133																
			Single	$ 443.02	$ 530.16	$ 87.14	19.67%	$ 448.78	$ 537.55	$ 88.77	19.78%	$ 448.99	$ 545.05	$ 96.06	21.39%	$ 449.21	$ 552.64	$ 103.43	23.02%
			Double	$ 886.05	$ 1,060.33	$ 174.28	19.67%	$ 897.55	$ 1,075.11	$ 177.56	19.78%	$ 897.99	$ 1,090.09	$ 192.10	21.39%	$ 898.43	$ 1,105.29	$ 206.86	23.02%
			Emp/Child(ren)	$ 753.14	$ 901.28	$ 148.14	19.67%	$ 762.92	$ 913.84	$ 150.92	19.78%	$ 763.29	$ 926.58	$ 163.29	21.39%	$ 763.66	$ 939.49	$ 175.83	23.02%
			Family	$ 1,262.62	$ 1,510.96	$ 248.34	19.67%	$ 1,279.01	$ 1,532.02	$ 253.01	19.78%	$ 1,279.63	$ 1,553.38	$ 273.75	21.39%	$ 1,280.26	$ 1,575.03	$ 294.77	23.02%
Silver	PPO	SUSX3034	SUSX3136																
			Single	$ 453.66	$ 531.11	$ 77.45	17.07%	$ 459.55	$ 538.51	$ 78.96	17.18%	$ 459.77	$ 546.02	$ 86.25	18.76%	$ 459.99	$ 553.63	$ 93.64	20.36%
			Double	$ 907.31	$ 1,062.21	$ 154.90	17.07%	$ 919.09	$ 1,077.02	$ 157.93	17.18%	$ 919.54	$ 1,092.03	$ 172.49	18.76%	$ 919.99	$ 1,107.25	$ 187.26	20.35%
			Emp/Child(ren)	$ 771.22	$ 902.88	$ 131.66	17.07%	$ 781.23	$ 915.47	$ 134.24	17.18%	$ 781.61	$ 928.23	$ 146.62	18.76%	$ 781.99	$ 941.17	$ 159.18	20.36%
			Family	$ 1,292.92	$ 1,513.65	$ 220.73	17.07%	$ 1,309.71	$ 1,534.75	$ 225.04	17.18%	$ 1,310.34	$ 1,556.15	$ 245.81	18.76%	$ 1,310.98	$ 1,577.84	$ 266.86	20.36%
Silver	PPO	SUSX3050	SUSX3139																
			Single	$ 439.94	$ 525.90	$ 85.96	19.54%	$ 445.65	$ 533.23	$ 87.58	19.65%	$ 445.86	$ 540.66	$ 94.80	21.26%	$ 446.08	$ 548.20	$ 102.12	22.89%
			Double	$ 879.87	$ 1,051.80	$ 171.93	19.54%	$ 891.29	$ 1,066.46	$ 175.17	19.65%	$ 891.73	$ 1,081.33	$ 189.60	21.26%	$ 892.16	$ 1,096.40	$ 204.24	22.89%
			Emp/Child(ren)	$ 747.89	$ 894.03	$ 146.14	19.54%	$ 757.60	$ 906.49	$ 148.89	19.65%	$ 757.97	$ 919.13	$ 161.16	21.26%	$ 758.34	$ 931.94	$ 173.60	22.89%
			Family	$ 1,253.82	$ 1,498.82	$ 245.00	19.54%	$ 1,270.10	$ 1,519.71	$ 249.61	19.65%	$ 1,270.71	$ 1,540.89	$ 270.18	21.26%	$ 1,271.33	$ 1,562.37	$ 291.04	22.89%
Silver	PPO	SUSX3066	SUSX3142																
			Single	$ 443.02	$ 530.16	$ 87.14	19.67%	$ 448.78	$ 537.55	$ 88.77	19.78%	$ 448.99	$ 545.05	$ 96.06	21.39%	$ 449.21	$ 552.64	$ 103.43	23.02%
			Double	$ 886.05	$ 1,060.33	$ 174.28	19.67%	$ 897.55	$ 1,075.11	$ 177.56	19.78%	$ 897.99	$ 1,090.09	$ 192.10	21.39%	$ 898.43	$ 1,105.29	$ 206.86	23.02%
			Emp/Child(ren)	$ 753.14	$ 901.28	$ 148.14	19.67%	$ 762.92	$ 913.84	$ 150.92	19.78%	$ 763.29	$ 926.58	$ 163.29	21.39%	$ 763.66	$ 939.49	$ 175.83	23.02%
			Family	$ 1,262.62	$ 1,510.96	$ 248.34	19.67%	$ 1,279.01	$ 1,532.02	$ 253.01	19.78%	$ 1,279.63	$ 1,553.38	$ 273.75	21.39%	$ 1,280.26	$ 1,575.03	$ 294.77	23.02%
Silver	PPO	SUSX3082	SUSX3145																
			Single	$ 450.49	$ 526.83	$ 76.34	16.95%	$ 456.34	$ 534.18	$ 77.84	17.06%	$ 456.57	$ 541.62	$ 85.05	18.63%	$ 456.79	$ 549.17	$ 92.38	20.22%
			Double	$ 900.99	$ 1,053.67	$ 152.68	16.95%	$ 912.69	$ 1,068.35	$ 155.66	17.06%	$ 913.13	$ 1,083.25	$ 170.12	18.63%	$ 913.58	$ 1,098.35	$ 184.77	20.22%
			Emp/Child(ren)	$ 765.84	$ 895.62	$ 129.78	16.95%	$ 775.78	$ 908.10	$ 132.32	17.06%	$ 776.16	$ 920.76	$ 144.60	18.63%	$ 776.54	$ 933.59	$ 157.05	20.22%
			Family	$ 1,283.91	$ 1,501.48	$ 217.57	16.95%	$ 1,300.58	$ 1,522.40	$ 221.82	17.06%	$ 1,301.21	$ 1,543.63	$ 242.42	18.63%	$ 1,301.85	$ 1,565.14	$ 263.29	20.22%
Silver	PPO	SUSX3098	SUSX3148																
			Single	$ 453.66	$ 531.11	$ 77.45	17.07%	$ 459.55	$ 538.51	$ 78.96	17.18%	$ 459.77	$ 546.02	$ 86.25	18.76%	$ 459.99	$ 553.63	$ 93.64	20.36%
			Double	$ 907.31	$ 1,062.21	$ 154.90	17.07%	$ 919.09	$ 1,077.02	$ 157.93	17.18%	$ 919.54	$ 1,092.03	$ 172.49	18.76%	$ 919.99	$ 1,107.25	$ 187.26	20.35%
			Emp/Child(ren)	$ 771.22	$ 902.88	$ 131.66	17.07%	$ 781.23	$ 915.47	$ 134.24	17.18%	$ 781.61	$ 928.23	$ 146.62	18.76%	$ 781.99	$ 941.17	$ 159.18	20.36%
			Family	$ 1,292.92	$ 1,513.65	$ 220.73	17.07%	$ 1,309.71	$ 1,534.75	$ 225.04	17.18%	$ 1,310.34	$ 1,556.15	$ 245.81	18.76%	$ 1,310.98	$ 1,577.84	$ 266.86	20.36%
Silver	PPO	SUSX3114	SUSX3151																
			Single	$ 450.49	$ 526.83	$ 76.34	16.95%	$ 456.34	$ 534.18	$ 77.84	17.06%	$ 456.57	$ 541.62	$ 85.05	18.63%	$ 456.79	$ 549.17	$ 92.38	20.22%
			Double	$ 900.99	$ 1,053.67	$ 152.68	16.95%	$ 912.69	$ 1,068.35	$ 155.66	17.06%	$ 913.13	$ 1,083.25	$ 170.12	18.63%	$ 913.58	$ 1,098.35	$ 184.77	20.22%
			Emp/Child(ren)	$ 765.84	$ 895.62	$ 129.78	16.95%	$ 775.78	$ 908.10	$ 132.32	17.06%	$ 776.16	$ 920.76	$ 144.60	18.63%	$ 776.54	$ 933.59	$ 157.05	20.22%
			Family	$ 1,283.91	$ 1,501.48	$ 217.57	16.95%	$ 1,300.58	$ 1,522.40	$ 221.82	17.06%	$ 1,301.21	$ 1,543.63	$ 242.42	18.63%	$ 1,301.85	$ 1,565.14	$ 263.29	20.22%
Silver	PPO	SUSX3130	SUSX3154																
			Single	$ 439.94	$ 525.90	$ 85.96	19.54%	$ 445.65	$ 533.23	$ 87.58	19.65%	$ 445.86	$ 540.66	$ 94.80	21.26%	$ 446.08	$ 548.20	$ 102.12	22.89%
			Double	$ 879.87	$ 1,051.80	$ 171.93	19.54%	$ 891.29	$ 1,066.46	$ 175.17	19.65%	$ 891.73	$ 1,081.33	$ 189.60	21.26%	$ 892.16	$ 1,096.40	$ 204.24	22.89%
			Emp/Child(ren)	$ 747.89	$ 894.03	$ 146.14	19.54%	$ 757.60	$ 906.49	$ 148.89	19.65%	$ 757.97	$ 919.13	$ 161.16	21.26%	$ 758.34	$ 931.94	$ 173.60	22.89%
			Family	$ 1,253.82	$ 1,498.82	$ 245.00	19.54%	$ 1,270.10	$ 1,519.71	$ 249.61	19.65%	$ 1,270.71	$ 1,540.89	$ 270.18	21.26%	$ 1,271.33	$ 1,562.37	$ 291.04	22.89%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	HDE	SUSX3009	SUSX3132																
			Single	$ 438.87	$ 519.28	$ 80.41	18.32%	$ 444.57	$ 526.52	$ 81.95	18.43%	$ 444.79	$ 533.86	$ 89.07	20.03%	$ 445.00	$ 541.30	$ 96.30	21.64%
			Double	$ 877.75	$ 1,038.56	$ 160.81	18.32%	$ 889.14	$ 1,053.03	$ 163.89	18.43%	$ 889.57	$ 1,067.71	$ 178.14	20.03%	$ 890.01	$ 1,082.59	$ 192.58	21.64%
			Emp/Child(ren)	$ 746.08	$ 882.77	$ 136.69	18.32%	$ 755.77	$ 895.08	$ 139.31	18.43%	$ 756.14	$ 907.55	$ 151.41	20.02%	$ 756.51	$ 920.21	$ 163.70	21.64%
			Family	$ 1,250.79	$ 1,479.94	$ 229.15	18.32%	$ 1,267.03	$ 1,500.57	$ 233.54	18.43%	$ 1,267.64	$ 1,521.49	$ 253.85	20.03%	$ 1,268.26	$ 1,542.70	$ 274.44	21.64%
Silver	HDE	SUSX3025	SUSX3135																
			Single	$ 449.41	$ 520.20	$ 70.79	15.75%	$ 455.24	$ 527.45	$ 72.21	15.86%	$ 455.46	$ 534.80	$ 79.34	17.42%	$ 455.68	$ 542.26	$ 86.58	19.00%
			Double	$ 898.81	$ 1,040.40	$ 141.59	15.75%	$ 910.48	$ 1,054.90	$ 144.42	15.86%	$ 910.92	$ 1,069.60	$ 158.68	17.42%	$ 911.37	$ 1,084.51	$ 173.14	19.00%
			Emp/Child(ren)	$ 763.99	$ 884.34	$ 120.35	15.75%	$ 773.91	$ 896.67	$ 122.76	15.86%	$ 774.29	$ 909.16	$ 134.87	17.42%	$ 774.66	$ 921.84	$ 147.18	19.00%
			Family	$ 1,280.81	$ 1,482.57	$ 201.76	15.75%	$ 1,297.43	$ 1,503.23	$ 205.80	15.86%	$ 1,298.07	$ 1,524.19	$ 226.12	17.42%	$ 1,298.70	$ 1,545.43	$ 246.73	19.00%
Silver	HDE	SUSX3044	SUSX3138																
			Single	$ 435.81	$ 515.10	$ 79.29	18.19%	$ 441.47	$ 522.28	$ 80.81	18.30%	$ 441.69	$ 529.56	$ 87.87	19.89%	$ 441.90	$ 536.94	$ 95.04	21.51%
			Double	$ 871.63	$ 1,030.20	$ 158.57	18.19%	$ 882.94	$ 1,044.56	$ 161.62	18.30%	$ 883.37	$ 1,059.12	$ 175.75	19.90%	$ 883.80	$ 1,073.88	$ 190.08	21.51%
			Emp/Child(ren)	$ 740.88	$ 875.67	$ 134.79	18.19%	$ 750.50	$ 887.88	$ 137.38	18.31%	$ 750.87	$ 900.25	$ 149.38	19.89%	$ 751.23	$ 912.80	$ 161.57	21.51%
			Family	$ 1,242.07	$ 1,468.03	$ 225.96	18.19%	$ 1,258.19	$ 1,488.50	$ 230.31	18.30%	$ 1,258.81	$ 1,509.24	$ 250.43	19.89%	$ 1,259.42	$ 1,530.28	$ 270.86	21.51%
Silver	HDE	SUSX3060	SUSX3141																
			Single	$ 438.87	$ 519.28	$ 80.41	18.32%	$ 444.57	$ 526.52	$ 81.95	18.43%	$ 444.79	$ 533.86	$ 89.07	20.03%	$ 445.00	$ 541.30	$ 96.30	21.64%
			Double	$ 877.75	$ 1,038.56	$ 160.81	18.32%	$ 889.14	$ 1,053.03	$ 163.89	18.43%	$ 889.57	$ 1,067.71	$ 178.14	20.03%	$ 890.01	$ 1,082.59	$ 192.58	21.64%
			Emp/Child(ren)	$ 746.08	$ 882.77	$ 136.69	18.32%	$ 755.77	$ 895.08	$ 139.31	18.43%	$ 756.14	$ 907.55	$ 151.41	20.02%	$ 756.51	$ 920.21	$ 163.70	21.64%
			Family	$ 1,250.79	$ 1,479.94	$ 229.15	18.32%	$ 1,267.03	$ 1,500.57	$ 233.54	18.43%	$ 1,267.64	$ 1,521.49	$ 253.85	20.03%	$ 1,268.26	$ 1,542.70	$ 274.44	21.64%
Silver	HDE	SUSX3076	SUSX3144																
			Single	$ 446.27	$ 516.01	$ 69.74	15.63%	$ 452.07	$ 523.20	$ 71.13	15.73%	$ 452.29	$ 530.49	$ 78.20	17.29%	$ 452.51	$ 537.89	$ 85.38	18.87%
			Double	$ 892.55	$ 1,032.02	$ 139.47	15.63%	$ 904.13	$ 1,046.40	$ 142.27	15.74%	$ 904.57	$ 1,060.99	$ 156.42	17.29%	$ 905.02	$ 1,075.78	$ 170.76	18.87%
			Emp/Child(ren)	$ 758.67	$ 877.21	$ 118.54	15.62%	$ 768.51	$ 889.44	$ 120.93	15.74%	$ 768.89	$ 901.84	$ 132.95	17.29%	$ 769.26	$ 914.41	$ 145.15	18.87%
			Family	$ 1,271.88	$ 1,470.62	$ 198.74	15.63%	$ 1,288.39	$ 1,491.12	$ 202.73	15.74%	$ 1,289.02	$ 1,511.91	$ 222.89	17.29%	$ 1,289.65	$ 1,532.98	$ 243.33	18.87%
Silver	HDE	SUSX3092	SUSX3147																
			Single	$ 449.41	$ 520.20	$ 70.79	15.75%	$ 455.24	$ 527.45	$ 72.21	15.86%	$ 455.46	$ 534.80	$ 79.34	17.42%	$ 455.68	$ 542.26	$ 86.58	19.00%
			Double	$ 898.81	$ 1,040.40	$ 141.59	15.75%	$ 910.48	$ 1,054.90	$ 144.42	15.86%	$ 910.92	$ 1,069.60	$ 158.68	17.42%	$ 911.37	$ 1,084.51	$ 173.14	19.00%
			Emp/Child(ren)	$ 763.99	$ 884.34	$ 120.35	15.75%	$ 773.91	$ 896.67	$ 122.76	15.86%	$ 774.29	$ 909.16	$ 134.87	17.42%	$ 774.66	$ 921.84	$ 147.18	19.00%
			Family	$ 1,280.81	$ 1,482.57	$ 201.76	15.75%	$ 1,297.43	$ 1,503.23	$ 205.80	15.86%	$ 1,298.07	$ 1,524.19	$ 226.12	17.42%	$ 1,298.70	$ 1,545.43	$ 246.73	19.00%
Silver	HDE	SUSX3108	SUSX3150																
			Single	$ 446.27	$ 516.01	$ 69.74	15.63%	$ 452.07	$ 523.20	$ 71.13	15.73%	$ 452.29	$ 530.49	$ 78.20	17.29%	$ 452.51	$ 537.89	$ 85.38	18.87%
			Double	$ 892.55	$ 1,032.02	$ 139.47	15.63%	$ 904.13	$ 1,046.40	$ 142.27	15.74%	$ 904.57	$ 1,060.99	$ 156.42	17.29%	$ 905.02	$ 1,075.78	$ 170.76	18.87%
			Emp/Child(ren)	$ 758.67	$ 877.21	$ 118.54	15.62%	$ 768.51	$ 889.44	$ 120.93	15.74%	$ 768.89	$ 901.84	$ 132.95	17.29%	$ 769.26	$ 914.41	$ 145.15	18.87%
			Family	$ 1,271.88	$ 1,470.62	$ 198.74	15.63%	$ 1,288.39	$ 1,491.12	$ 202.73	15.74%	$ 1,289.02	$ 1,511.91	$ 222.89	17.29%	$ 1,289.65	$ 1,532.98	$ 243.33	18.87%
Silver	HDE	SUSX3124	SUSX3153																
			Single	$ 435.81	$ 515.10	$ 79.29	18.19%	$ 441.47	$ 522.28	$ 80.81	18.30%	$ 441.69	$ 529.56	$ 87.87	19.89%	$ 441.90	$ 536.94	$ 95.04	21.51%
			Double	$ 871.63	$ 1,030.20	$ 158.57	18.19%	$ 882.94	$ 1,044.56	$ 161.62	18.30%	$ 883.37	$ 1,059.12	$ 175.75	19.90%	$ 883.80	$ 1,073.88	$ 190.08	21.51%
			Emp/Child(ren)	$ 740.88	$ 875.67	$ 134.79	18.19%	$ 750.50	$ 887.88	$ 137.38	18.31%	$ 750.87	$ 900.25	$ 149.38	19.89%	$ 751.23	$ 912.80	$ 161.57	21.51%
			Family	$ 1,242.07	$ 1,468.03	$ 225.96	18.19%	$ 1,258.19	$ 1,488.50	$ 230.31	18.30%	$ 1,258.81	$ 1,509.24	$ 250.43	19.89%	$ 1,259.42	$ 1,530.28	$ 270.86	21.51%
Silver	EPO	SUSX3001	SUSX3131																
			Single	$ 437.12	$ 511.86	$ 74.74	17.10%	$ 442.80	$ 519.00	$ 76.20	17.21%	$ 443.01	$ 526.23	$ 83.22	18.79%	$ 443.23	$ 533.57	$ 90.34	20.38%
			Double	$ 874.24	$ 1,023.73	$ 149.49	17.10%	$ 885.59	$ 1,038.00	$ 152.41	17.21%	$ 886.02	$ 1,052.47	$ 166.45	18.79%	$ 886.46	$ 1,067.14	$ 180.68	20.38%
			Emp/Child(ren)	$ 743.11	$ 870.17	$ 127.06	17.10%	$ 752.75	$ 882.30	$ 129.55	17.21%	$ 753.12	$ 894.60	$ 141.48	18.79%	$ 753.49	$ 907.07	$ 153.58	20.38%
			Family	$ 1,245.80	$ 1,458.81	$ 213.01	17.10%	$ 1,261.97	$ 1,479.15	$ 217.18	17.21%	$ 1,262.58	$ 1,499.77	$ 237.19	18.79%	$ 1,263.20	$ 1,520.67	$ 257.47	20.38%
Silver	EPO	SUSX3017	SUSX3134																
			Single	$ 445.61	$ 512.76	$ 67.15	15.07%	$ 451.40	$ 519.91	$ 68.51	15.18%	$ 451.62	$ 527.16	$ 75.54	16.73%	$ 451.84	$ 534.50	$ 82.66	18.29%
			Double	$ 891.22	$ 1,025.52	$ 134.30	15.07%	$ 902.79	$ 1,039.82	$ 137.03	15.18%	$ 903.23	$ 1,054.31	$ 151.08	16.73%	$ 903.67	$ 1,069.01	$ 165.34	18.30%
			Emp/Child(ren)	$ 757.54	$ 871.70	$ 114.16	15.07%	$ 767.37	$ 883.85	$ 116.48	15.18%	$ 767.75	$ 896.17	$ 128.42	16.73%	$ 768.12	$ 908.66	$ 140.54	18.30%
			Family	$ 1,269.99	$ 1,461.37	$ 191.38	15.07%	$ 1,286.48	$ 1,481.74	$ 195.26	15.18%	$ 1,287.11	$ 1,502.40	$ 215.29	16.73%	$ 1,287.73	$ 1,523.34	$ 235.61	18.30%
Silver	EPO	SUSX3036	SUSX3137																
			Single	$ 432.13	$ 507.74	$ 75.61	17.50%	$ 437.74	$ 514.82	$ 77.08	17.61%	$ 437.96	$ 522.00	$ 84.04	19.19%	$ 438.17	$ 529.27	$ 91.10	20.79%
			Double	$ 864.27	$ 1,015.49	$ 151.22	17.50%	$ 875.49	$ 1,029.64	$ 154.15	17.61%	$ 875.91	$ 1,044.00	$ 168.09	19.19%	$ 876.34	$ 1,058.55	$ 182.21	20.79%
			Emp/Child(ren)	$ 734.63	$ 863.17	$ 128.54	17.50%	$ 744.16	$ 875.20	$ 131.04	17.61%	$ 744.53	$ 887.40	$ 142.87	19.19%	$ 744.89	$ 899.77	$ 154.88	20.79%
			Family	$ 1,231.58	$ 1,447.07	$ 215.49	17.50%	$ 1,247.57	$ 1,467.24	$ 219.67	17.61%	$ 1,248.18	$ 1,487.70	$ 239.52	19.19%	$ 1,248.79	$ 1,508.43	$ 259.64	20.79%
Silver	EPO	SUSX3052	SUSX3140																
			Single	$ 435.17	$ 511.86	$ 76.69	17.62%	$ 440.82	$ 519.00	$ 78.18	17.74%	$ 441.03	$ 526.23	$ 85.20	19.32%	$ 441.25	$ 533.57	$ 92.32	20.92%
			Double	$ 870.33	$ 1,023.73	$ 153.40	17.63%	$ 881.63	$ 1,038.00	$ 156.37	17.74%	$ 882.06	$ 1,052.47	$ 170.41	19.32%	$ 882.49	$ 1,067.14	$ 184.65	20.92%
			Emp/Child(ren)	$ 739.78	$ 870.17	$ 130.39	17.63%	$ 749.39	$ 882.30	$ 132.91	17.74%	$ 749.75	$ 894.60	$ 144.85	19.32%	$ 750.12	$ 907.07	$ 156.95	20.92%
			Family	$ 1,240.23	$ 1,458.81	$ 218.58	17.62%	$ 1,256.33	$ 1,479.15	$ 222.82	17.74%	$ 1,256.94	$ 1,499.77	$ 242.83	19.32%	$ 1,257.55	$ 1,520.67	$ 263.12	20.92%
Silver	EPO	SUSX3068	SUSX3143																
			Single	$ 442.51	$ 508.64	$ 66.13	14.94%	$ 448.25	$ 515.73	$ 67.48	15.05%	$ 448.47	$ 522.92	$ 74.45	16.60%	$ 448.69	$ 530.21	$ 81.52	18.17%
			Double	$ 885.01	$ 1,017.28	$ 132.27	14.95%	$ 896.50	$ 1,031.46	$ 134.96	15.05%	$ 896.94	$ 1,045.84	$ 148.90	16.60%	$ 897.37	$ 1,060.42	$ 163.05	18.17%
			Emp/Child(ren)	$ 752.26	$ 864.69	$ 112.43	14.95%	$ 762.02	$ 876.74	$ 114.72	15.05%	$ 762.40	$ 888.97	$ 126.57	16.60%	$ 762.77	$ 901.36	$ 138.59	18.17%
			Family	$ 1,261.14	$ 1,449.63	$ 188.49	14.95%	$ 1,277.51	$ 1,469.84	$ 192.33	15.06%	$ 1,278.14	$ 1,490.32	$ 212.18	16.60%	$ 1,278.76	$ 1,511.10	$ 232.34	18.17%
Silver	EPO	SUSX3084	SUSX3146																
			Single	$ 445.61	$ 512.76	$ 67.15	15.07%	$ 451.40	$ 519.91	$ 68.51	15.18%	$ 451.62	$ 527.16	$ 75.54	16.73%	$ 451.84	$ 534.50	$ 82.66	18.29%
			Double	$ 891.22	$ 1,025.52	$ 134.30	15.07%	$ 902.79	$ 1,039.82	$ 137.03	15.18%	$ 903.23	$ 1,054.31	$ 151.08	16.73%	$ 903.67	$ 1,069.01	$ 165.34	18.30%
			Emp/Child(ren)	$ 757.54	$ 871.70	$ 114.16	15.07%	$ 767.37	$ 883.85	$ 116.48	15.18%	$ 767.75	$ 896.17	$ 128.42	16.73%	$ 768.12	$ 908.66	$ 140.54	18.30%
			Family	$ 1,269.99	$ 1,461.37	$ 191.38	15.07%	$ 1,286.48	$ 1,481.74	$ 195.26	15.18%	$ 1,287.11	$ 1,502.40	$ 215.29	16.73%	$ 1,287.73	$ 1,523.34	$ 235.61	18.30%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	EPO	SUSX3100	SUSX3149																
			Single	$ 442.51	$ 508.64	$ 66.13	14.94%	$ 448.25	$ 515.73	$ 67.48	15.05%	$ 448.47	$ 522.92	$ 74.45	16.60%	$ 448.69	$ 530.21	$ 81.52	18.17%
			Double	$ 885.01	$ 1,017.28	$ 132.27	14.95%	$ 896.50	$ 1,031.46	$ 134.96	15.05%	$ 896.94	$ 1,045.84	$ 148.90	16.60%	$ 897.37	$ 1,060.42	$ 163.05	18.17%
			Emp/Child(ren)	$ 752.26	$ 864.69	$ 112.43	14.95%	$ 762.02	$ 876.74	$ 114.72	15.05%	$ 762.40	$ 888.97	$ 126.57	16.60%	$ 762.77	$ 901.36	$ 138.59	18.17%
			Family	$ 1,261.14	$ 1,449.63	$ 188.49	14.95%	$ 1,277.51	$ 1,469.84	$ 192.33	15.06%	$ 1,278.14	$ 1,490.32	$ 212.18	16.60%	$ 1,278.76	$ 1,511.10	$ 232.34	18.17%
Silver	EPO	SUSX3116	SUSX3152																
			Single	$ 432.13	$ 507.74	$ 75.61	17.50%	$ 437.74	$ 514.82	$ 77.08	17.61%	$ 437.96	$ 522.00	$ 84.04	19.19%	$ 438.17	$ 529.27	$ 91.10	20.79%
			Double	$ 864.27	$ 1,015.49	$ 151.22	17.50%	$ 875.49	$ 1,029.64	$ 154.15	17.61%	$ 875.91	$ 1,044.00	$ 168.09	19.19%	$ 876.34	$ 1,058.55	$ 182.21	20.79%
			Emp/Child(ren)	$ 734.63	$ 863.17	$ 128.54	17.50%	$ 744.16	$ 875.20	$ 131.04	17.61%	$ 744.53	$ 887.40	$ 142.87	19.19%	$ 744.89	$ 899.77	$ 154.88	20.79%
			Family	$ 1,231.58	$ 1,447.07	$ 215.49	17.50%	$ 1,247.57	$ 1,467.24	$ 219.67	17.61%	$ 1,248.18	$ 1,487.70	$ 239.52	19.19%	$ 1,248.79	$ 1,508.43	$ 259.64	20.79%
Bronze	HDE	SUBX4001	SUBX4157																
			Single	$ 373.40	$ 438.60	$ 65.20	17.46%	$ 378.25	$ 444.72	$ 66.47	17.57%	$ 378.43	$ 450.92	$ 72.49	19.16%	$ 378.62	$ 457.20	$ 78.58	20.75%
			Double	$ 746.80	$ 877.21	$ 130.41	17.46%	$ 756.50	$ 889.43	$ 132.93	17.57%	$ 756.87	$ 901.83	$ 144.96	19.15%	$ 757.23	$ 914.40	$ 157.17	20.76%
			Emp/Child(ren)	$ 634.78	$ 745.63	$ 110.85	17.46%	$ 643.02	$ 756.02	$ 113.00	17.57%	$ 643.34	$ 766.56	$ 123.22	19.15%	$ 643.65	$ 777.24	$ 133.59	20.76%
			Family	$ 1,064.19	$ 1,250.02	$ 185.83	17.46%	$ 1,078.01	$ 1,267.44	$ 189.43	17.57%	$ 1,078.53	$ 1,285.11	$ 206.58	19.15%	$ 1,079.06	$ 1,303.02	$ 223.96	20.76%
Bronze	HDE	SUBX4019	SUBX4158																
			Single	$ 380.65	$ 439.38	$ 58.73	15.43%	$ 385.59	$ 445.51	$ 59.92	15.54%	$ 385.78	$ 451.72	$ 65.94	17.09%	$ 385.97	$ 458.01	$ 72.04	18.66%
			Double	$ 761.31	$ 878.76	$ 117.45	15.43%	$ 771.19	$ 891.01	$ 119.82	15.54%	$ 771.56	$ 903.43	$ 131.87	17.09%	$ 771.94	$ 916.03	$ 144.09	18.67%
			Emp/Child(ren)	$ 647.11	$ 746.95	$ 99.84	15.43%	$ 655.51	$ 757.36	$ 101.85	15.54%	$ 655.83	$ 767.92	$ 112.09	17.09%	$ 656.15	$ 778.62	$ 122.47	18.66%
			Family	$ 1,084.86	$ 1,252.24	$ 167.38	15.43%	$ 1,098.94	$ 1,269.69	$ 170.75	15.54%	$ 1,099.48	$ 1,287.39	$ 187.91	17.09%	$ 1,100.02	$ 1,305.34	$ 205.32	18.67%
Bronze	HDE	SUBX4037	SUBX4159																
			Single	$ 369.14	$ 435.07	$ 65.93	17.86%	$ 373.93	$ 441.14	$ 67.21	17.97%	$ 374.11	$ 447.29	$ 73.18	19.56%	$ 374.30	$ 453.52	$ 79.22	21.16%
			Double	$ 738.28	$ 870.15	$ 131.87	17.86%	$ 747.86	$ 882.28	$ 134.42	17.97%	$ 748.23	$ 894.57	$ 146.34	19.56%	$ 748.59	$ 907.04	$ 158.45	21.17%
			Emp/Child(ren)	$ 627.54	$ 739.62	$ 112.08	17.86%	$ 635.69	$ 749.93	$ 114.24	17.97%	$ 635.99	$ 760.39	$ 124.40	19.56%	$ 636.30	$ 770.99	$ 134.69	21.17%
			Family	$ 1,052.05	$ 1,239.96	$ 187.91	17.86%	$ 1,065.71	$ 1,257.24	$ 191.53	17.97%	$ 1,066.23	$ 1,274.77	$ 208.54	19.56%	$ 1,066.75	$ 1,292.54	$ 225.79	21.17%
Bronze	HDE	SUBX4055	SUBX4160																
			Single	$ 371.73	$ 438.60	$ 66.87	17.99%	$ 376.56	$ 444.72	$ 68.16	18.10%	$ 376.74	$ 450.92	$ 74.18	19.69%	$ 376.92	$ 457.20	$ 80.28	21.30%
			Double	$ 743.46	$ 877.21	$ 133.75	17.99%	$ 753.11	$ 889.43	$ 136.32	18.10%	$ 753.48	$ 901.83	$ 148.35	19.69%	$ 753.85	$ 914.40	$ 160.55	21.30%
			Emp/Child(ren)	$ 631.94	$ 745.63	$ 113.69	17.99%	$ 640.15	$ 756.02	$ 115.87	18.10%	$ 640.46	$ 766.56	$ 126.10	19.69%	$ 640.77	$ 777.24	$ 136.47	21.30%
			Family	$ 1,059.43	$ 1,250.02	$ 190.59	17.99%	$ 1,073.19	$ 1,267.44	$ 194.25	18.10%	$ 1,073.71	$ 1,285.11	$ 211.40	19.69%	$ 1,074.23	$ 1,303.02	$ 228.79	21.30%
Bronze	HDE	SUBX4073	SUBX4161																
			Single	$ 378.00	$ 435.84	$ 57.84	15.30%	$ 382.91	$ 441.92	$ 59.01	15.41%	$ 383.09	$ 448.08	$ 64.99	16.96%	$ 383.28	$ 454.32	$ 71.04	18.53%
			Double	$ 756.00	$ 871.68	$ 115.68	15.30%	$ 765.81	$ 883.83	$ 118.02	15.41%	$ 766.19	$ 896.15	$ 129.96	16.96%	$ 766.56	$ 908.64	$ 142.08	18.53%
			Emp/Child(ren)	$ 642.60	$ 740.93	$ 98.33	15.30%	$ 650.94	$ 751.26	$ 100.32	15.41%	$ 651.26	$ 761.73	$ 110.47	16.96%	$ 651.58	$ 772.35	$ 120.77	18.53%
			Family	$ 1,077.30	$ 1,242.15	$ 164.85	15.30%	$ 1,091.28	$ 1,259.46	$ 168.18	15.41%	$ 1,091.82	$ 1,277.02	$ 185.20	16.96%	$ 1,092.35	$ 1,294.82	$ 202.47	18.54%
Bronze	HDE	SUBX4091	SUBX4162																
			Single	$ 380.65	$ 439.38	$ 58.73	15.43%	$ 385.59	$ 445.51	$ 59.92	15.54%	$ 385.78	$ 451.72	$ 65.94	17.09%	$ 385.97	$ 458.01	$ 72.04	18.66%
			Double	$ 761.31	$ 878.76	$ 117.45	15.43%	$ 771.19	$ 891.01	$ 119.82	15.54%	$ 771.56	$ 903.43	$ 131.87	17.09%	$ 771.94	$ 916.03	$ 144.09	18.67%
			Emp/Child(ren)	$ 647.11	$ 746.95	$ 99.84	15.43%	$ 655.51	$ 757.36	$ 101.85	15.54%	$ 655.83	$ 767.92	$ 112.09	17.09%	$ 656.15	$ 778.62	$ 122.47	18.66%
			Family	$ 1,084.86	$ 1,252.24	$ 167.38	15.43%	$ 1,098.94	$ 1,269.69	$ 170.75	15.54%	$ 1,099.48	$ 1,287.39	$ 187.91	17.09%	$ 1,100.02	$ 1,305.34	$ 205.32	18.67%
Bronze	HDE	SUBX4109	SUBX4163																
			Single	$ 378.00	$ 435.84	$ 57.84	15.30%	$ 382.91	$ 441.92	$ 59.01	15.41%	$ 383.09	$ 448.08	$ 64.99	16.96%	$ 383.28	$ 454.32	$ 71.04	18.53%
			Double	$ 756.00	$ 871.68	$ 115.68	15.30%	$ 765.81	$ 883.83	$ 118.02	15.41%	$ 766.19	$ 896.15	$ 129.96	16.96%	$ 766.56	$ 908.64	$ 142.08	18.53%
			Emp/Child(ren)	$ 642.60	$ 740.93	$ 98.33	15.30%	$ 650.94	$ 751.26	$ 100.32	15.41%	$ 651.26	$ 761.73	$ 110.47	16.96%	$ 651.58	$ 772.35	$ 120.77	18.53%
			Family	$ 1,077.30	$ 1,242.15	$ 164.85	15.30%	$ 1,091.28	$ 1,259.46	$ 168.18	15.41%	$ 1,091.82	$ 1,277.02	$ 185.20	16.96%	$ 1,092.35	$ 1,294.82	$ 202.47	18.54%
Bronze	HDE	SUBX4127	SUBX4164																
			Single	$ 369.14	$ 435.07	$ 65.93	17.86%	$ 373.93	$ 441.14	$ 67.21	17.97%	$ 374.11	$ 447.29	$ 73.18	19.56%	$ 374.30	$ 453.52	$ 79.22	21.16%
			Double	$ 738.28	$ 870.15	$ 131.87	17.86%	$ 747.86	$ 882.28	$ 134.42	17.97%	$ 748.23	$ 894.57	$ 146.34	19.56%	$ 748.59	$ 907.04	$ 158.45	21.17%
			Emp/Child(ren)	$ 627.54	$ 739.62	$ 112.08	17.86%	$ 635.69	$ 749.93	$ 114.24	17.97%	$ 635.99	$ 760.39	$ 124.40	19.56%	$ 636.30	$ 770.99	$ 134.69	21.17%
			Family	$ 1,052.05	$ 1,239.96	$ 187.91	17.86%	$ 1,065.71	$ 1,257.24	$ 191.53	17.97%	$ 1,066.23	$ 1,274.77	$ 208.54	19.56%	$ 1,066.75	$ 1,292.54	$ 225.79	21.17%
Bronze	HDE	SUBX4014	SUBX4142																
			Single	$ 351.74	$ 418.57	$ 66.83	19.00%	$ 356.31	$ 424.40	$ 68.09	19.11%	$ 356.48	$ 430.32	$ 73.84	20.71%	$ 356.65	$ 436.32	$ 79.67	22.34%
			Double	$ 703.48	$ 837.14	$ 133.66	19.00%	$ 712.61	$ 848.81	$ 136.20	19.11%	$ 712.96	$ 860.64	$ 147.68	20.71%	$ 713.31	$ 872.64	$ 159.33	22.34%
			Emp/Child(ren)	$ 597.96	$ 711.57	$ 113.61	19.00%	$ 605.72	$ 721.49	$ 115.77	19.11%	$ 606.01	$ 731.54	$ 125.53	20.71%	$ 606.31	$ 741.74	$ 135.43	22.34%
			Family	$ 1,002.46	$ 1,192.92	$ 190.46	19.00%	$ 1,015.47	$ 1,209.55	$ 194.08	19.11%	$ 1,015.96	$ 1,226.41	$ 210.45	20.71%	$ 1,016.46	$ 1,243.51	$ 227.05	22.34%
Bronze	HDE	SUBX4032	SUBX4144																
			Single	$ 360.18	$ 419.30	$ 59.12	16.41%	$ 364.86	$ 425.15	$ 60.29	16.52%	$ 365.03	$ 431.07	$ 66.04	18.09%	$ 365.21	$ 437.08	$ 71.87	19.68%
			Double	$ 720.36	$ 838.60	$ 118.24	16.41%	$ 729.71	$ 850.29	$ 120.58	16.52%	$ 730.07	$ 862.15	$ 132.08	18.09%	$ 730.42	$ 874.16	$ 143.74	19.68%
			Emp/Child(ren)	$ 612.31	71281.00%	$ 100.50	16.41%	$ 620.26	$ 722.75	$ 102.49	16.52%	$ 620.56	$ 732.82	$ 112.26	18.09%	$ 620.86	$ 743.04	$ 122.18	19.68%
			Family	$ 1,026.52	$ 1,195.01	$ 168.49	16.41%	$ 1,039.84	$ 1,211.67	$ 171.83	16.52%	$ 1,040.35	$ 1,228.56	$ 188.21	18.09%	$ 1,040.86	$ 1,245.68	$ 204.82	19.68%
Bronze	HDE	SUBX4050	SUBX4146																
			Single	$ 349.29	$ 415.19	$ 65.90	18.87%	$ 353.82	$ 420.98	$ 67.16	18.98%	$ 353.99	$ 426.85	$ 72.86	20.58%	$ 354.17	$ 432.80	$ 78.63	22.20%
			Double	$ 698.57	$ 830.39	$ 131.82	18.87%	$ 707.64	$ 841.96	$ 134.32	18.98%	$ 707.99	$ 853.70	$ 145.71	20.58%	$ 708.33	$ 865.60	$ 157.27	22.20%
			Emp/Child(ren)	$ 593.79	$ 705.83	$ 112.04	18.87%	$ 601.50	$ 715.67	$ 114.17	18.98%	$ 601.79	$ 725.64	$ 123.85	20.58%	$ 602.08	$ 735.76	$ 133.68	22.20%
			Family	$ 995.47	$ 1,183.30	$ 187.83	18.87%	$ 1,008.39	$ 1,199.80	$ 191.41	18.98%	$ 1,008.88	$ 1,216.52	$ 207.64	20.58%	$ 1,009.38	$ 1,233.48	$ 224.10	22.20%
Bronze	HDE	SUBX4068	SUBX4148																
			Single	$ 351.74	$ 418.57	$ 66.83	19.00%	$ 356.31	$ 424.40	$ 68.09	19.11%	$ 356.48	$ 430.32	$ 73.84	20.71%	$ 356.65	$ 436.32	$ 79.67	22.34%
			Double	$ 703.48	$ 837.14	$ 133.66	19.00%	$ 712.61	$ 848.81	$ 136.20	19.11%	$ 712.96	$ 860.64	$ 147.68	20.71%	$ 713.31	$ 872.64	$ 159.33	22.34%
			Emp/Child(ren)	$ 597.96	$ 711.57	$ 113.61	19.00%	$ 605.72	$ 721.49	$ 115.77	19.11%	$ 606.01	$ 731.54	$ 125.53	20.71%	$ 606.31	$ 741.74	$ 135.43	22.34%
			Family	$ 1,002.46	$ 1,192.92	$ 190.46	19.00%	$ 1,015.47	$ 1,209.55	$ 194.08	19.11%	$ 1,015.96	$ 1,226.41	$ 210.45	20.71%	$ 1,016.46	$ 1,243.51	$ 227.05	22.34%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	SUBX4086	SUBX4150																
			Single	$ 357.67	$ 415.94	$ 58.27	16.29%	$ 362.31	$ 421.74	$ 59.43	16.40%	$ 362.49	$ 427.61	$ 65.12	17.96%	$ 362.67	$ 433.57	$ 70.90	19.55%
			Double	$ 715.34	$ 831.87	$ 116.53	16.29%	$ 724.63	$ 843.47	$ 118.84	16.40%	$ 724.98	$ 855.23	$ 130.25	17.97%	$ 725.33	$ 867.15	$ 141.82	19.55%
			Emp/Child(ren)	$ 608.04	$ 707.09	$ 99.05	16.29%	$ 615.93	$ 716.95	$ 101.02	16.40%	$ 616.23	$ 726.94	$ 110.71	17.97%	$ 616.53	$ 737.08	$ 120.55	19.55%
			Family	$ 1,019.36	$ 1,185.42	$ 166.06	16.29%	$ 1,032.59	$ 1,201.95	$ 169.36	16.40%	$ 1,033.10	$ 1,218.70	$ 185.60	17.97%	$ 1,033.60	$ 1,235.69	$ 202.09	19.55%
Bronze	HDE	SUBX4104	SUBX4152																
			Single	$ 360.18	$ 419.30	$ 59.12	16.41%	$ 364.86	$ 425.15	$ 60.29	16.52%	$ 365.03	$ 431.07	$ 66.04	18.09%	$ 365.21	$ 437.08	$ 71.87	19.68%
			Double	$ 720.36	$ 838.60	$ 118.24	16.41%	$ 729.71	$ 850.29	$ 120.58	16.52%	$ 730.07	$ 862.15	$ 132.08	18.09%	$ 730.42	$ 874.16	$ 143.74	19.68%
			Emp/Child(ren)	$ 612.31	$ 712.81	$ 100.50	16.41%	$ 620.26	$ 722.75	$ 102.49	16.52%	$ 620.56	$ 732.82	$ 112.26	18.09%	$ 620.86	$ 743.04	$ 122.18	19.68%
			Family	$ 1,026.52	$ 1,195.01	$ 168.49	16.41%	$ 1,039.84	$ 1,211.67	$ 171.83	16.52%	$ 1,040.35	$ 1,228.56	$ 188.21	18.09%	$ 1,040.86	$ 1,245.68	$ 204.82	19.68%
Bronze	HDE	SUBX4122	SUBX4154																
			Single	$ 357.67	$ 415.94	$ 58.27	16.29%	$ 362.31	$ 421.74	$ 59.43	16.40%	$ 362.49	$ 427.61	$ 65.12	17.96%	$ 362.67	$ 433.57	$ 70.90	19.55%
			Double	$ 715.34	$ 831.87	$ 116.53	16.29%	$ 724.63	$ 843.47	$ 118.84	16.40%	$ 724.98	$ 855.23	$ 130.25	17.97%	$ 725.33	$ 867.15	$ 141.82	19.55%
			Emp/Child(ren)	$ 608.04	$ 707.09	$ 99.05	16.29%	$ 615.93	$ 716.95	$ 101.02	16.40%	$ 616.23	$ 726.94	$ 110.71	17.97%	$ 616.53	$ 737.08	$ 120.55	19.55%
			Family	$ 1,019.36	$ 1,185.42	$ 166.06	16.29%	$ 1,032.59	$ 1,201.95	$ 169.36	16.40%	$ 1,033.10	$ 1,218.70	$ 185.60	17.97%	$ 1,033.60	$ 1,235.69	$ 202.09	19.55%
Bronze	HDE	SUBX4140	SUBX4156																
			Single	$ 349.29	$ 415.19	$ 65.90	18.87%	$ 353.82	$ 420.98	$ 67.16	18.98%	$ 353.99	$ 426.85	$ 72.86	20.58%	$ 354.17	$ 432.80	$ 78.63	22.20%
			Double	$ 698.57	$ 830.39	$ 131.82	18.87%	$ 707.64	$ 841.96	$ 134.32	18.98%	$ 707.99	$ 853.70	$ 145.71	20.58%	$ 708.33	$ 865.60	$ 157.27	22.20%
			Emp/Child(ren)	$ 593.79	$ 705.83	$ 112.04	18.87%	$ 601.50	$ 715.67	$ 114.17	18.98%	$ 601.79	$ 725.64	$ 123.85	20.58%	$ 602.08	$ 735.76	$ 133.68	22.20%
			Family	$ 995.47	$ 1,183.30	$ 187.83	18.87%	$ 1,008.39	$ 1,199.80	$ 191.41	18.98%	$ 1,008.88	$ 1,216.52	$ 207.64	20.58%	$ 1,009.38	$ 1,233.48	$ 224.10	22.20%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	PPO	SUPX1012	SUPX1113																
			Single	$ 631.72	$695.15	$ 63.43	10.04%	$ 639.92	$704.84	$ 64.92	10.15%	$ 640.23	$ 714.67	$ 74.44	11.63%	$ 640.54	$ 724.63	$ 84.09	13.13%
			Double	$ 1,263.44	$ 1,390.30	$ 126.86	10.04%	$ 1,279.84	$ 1,409.68	$ 129.84	10.15%	$ 1,280.46	$ 1,429.33	$ 148.87	11.63%	$ 1,281.09	$ 1,449.25	$ 168.16	13.13%
			Emp/Child(ren)	$ 1,073.92	$ 1,181.76	$ 107.84	10.04%	$ 1,087.86	$ 1,198.23	$ 110.37	10.15%	$ 1,088.39	$ 1,214.93	$ 126.54	11.63%	$ 1,088.93	$ 1,231.87	$ 142.94	13.13%
			Family	$ 1,800.40	$ 1,981.18	$ 180.78	10.04%	$ 1,823.77	$ 2,008.80	$ 185.03	10.15%	$ 1,824.66	$ 2,036.80	$ 212.14	11.63%	$ 1,825.55	$ 2,065.19	$ 239.64	13.13%
Platinum	PPO	SUPX1026	SUPX1116																
			Single	$ 646.88	$ 696.38	$ 49.50	7.65%	$ 655.28	$ 706.09	$ 50.81	7.75%	$ 655.60	$ 715.93	$ 60.33	9.20%	$ 655.92	$ 725.91	$ 69.99	10.67%
			Double	$ 1,293.76	$ 1,392.77	$ 99.01	7.65%	$ 1,310.56	$ 1,412.18	$ 101.62	7.75%	$ 1,311.20	$ 1,431.87	$ 120.67	9.20%	$ 1,311.83	$ 1,451.83	$ 140.00	10.67%
			Emp/Child(ren)	$ 1,099.70	$ 1,183.85	$ 84.15	7.65%	$ 1,113.97	$ 1,200.36	$ 86.39	7.76%	$ 1,114.52	$ 1,217.09	$ 102.57	9.20%	$ 1,115.06	$ 1,234.05	$ 118.99	10.67%
			Family	$ 1,843.61	$ 1,984.70	$ 141.09	7.65%	$ 1,867.54	$ 2,012.36	$ 144.82	7.75%	$ 1,868.45	$ 2,040.41	$ 171.96	9.20%	$ 1,869.36	$ 2,068.85	$ 199.49	10.67%
Platinum	PPO	SUPX1040	SUPX1119																
			Single	$ 627.32	$ 689.57	$ 62.25	9.92%	$ 635.46	$ 699.18	$ 63.72	10.03%	$ 635.77	$ 708.92	$ 73.15	11.51%	$ 636.08	$ 718.81	$ 82.73	13.01%
			Double	$ 1,254.63	$ 1,379.13	$ 124.50	9.92%	$ 1,270.92	$ 1,398.35	$ 127.43	10.03%	$ 1,271.54	$ 1,417.85	$ 146.31	11.51%	$ 1,272.16	$ 1,437.61	$ 165.45	13.01%
			Emp/Child(ren)	$ 1,066.44	$ 1,172.26	$ 105.82	9.92%	$ 1,080.28	$ 1,188.60	$ 108.32	10.03%	$ 1,080.81	$ 1,205.17	$ 124.36	11.51%	$ 1,081.34	$ 1,221.97	$ 140.63	13.01%
			Family	$ 1,787.85	$ 1,965.26	$ 177.41	9.92%	$ 1,811.06	$ 1,992.66	$ 181.60	10.03%	$ 1,811.94	$ 2,020.43	$ 208.49	11.51%	$ 1,812.83	$ 2,048.59	$ 235.76	13.01%
Platinum	PPO	SUPX1054	SUPX1122																
			Single	$ 631.72	$ 695.15	$ 63.43	10.04%	$ 639.92	$ 704.84	$ 64.92	10.15%	$ 640.23	$ 714.67	$ 74.44	11.63%	$ 640.54	$ 724.63	$ 84.09	13.13%
			Double	$ 1,263.44	$ 1,390.30	$ 126.86	10.04%	$ 1,279.84	$ 1,409.68	$ 129.84	10.15%	$ 1,280.46	$ 1,429.33	$ 148.87	11.63%	$ 1,281.09	$ 1,449.25	$ 168.16	13.13%
			Emp/Child(ren)	$ 1,073.92	$ 1,181.76	$ 107.84	10.04%	$ 1,087.86	$ 1,198.23	$ 110.37	10.15%	$ 1,088.39	$ 1,214.93	$ 126.54	11.63%	$ 1,088.93	$ 1,231.87	$ 142.94	13.13%
			Family	$ 1,800.40	$ 1,981.18	$ 180.78	10.04%	$ 1,823.77	$ 2,008.80	$ 185.03	10.15%	$ 1,824.66	$ 2,036.80	$ 212.14	11.63%	$ 1,825.55	$ 2,065.19	$ 239.64	13.13%
Platinum	PPO	SUPX1068	SUPX1125																
			Single	$ 642.37	$ 690.78	$ 48.41	7.54%	$ 650.71	$ 700.41	$ 49.70	7.64%	$ 651.03	$ 710.17	$ 59.14	9.08%	$ 651.35	$ 720.07	$ 68.72	10.55%
			Double	$ 1,284.74	$ 1,381.55	$ 96.81	7.54%	$ 1,301.42	$ 1,400.81	$ 99.39	7.64%	$ 1,302.06	$ 1,420.34	$ 118.28	9.08%	$ 1,302.69	$ 1,440.14	$ 137.45	10.55%
			Emp/Child(ren)	$ 1,092.03	$ 1,174.32	$ 82.29	7.54%	$ 1,106.21	$ 1,190.69	$ 84.48	7.64%	$ 1,106.75	$ 1,207.29	$ 100.54	9.08%	$ 1,107.29	$ 1,224.12	$ 116.83	10.55%
			Family	$ 1,830.76	$ 1,968.71	$ 137.95	7.54%	$ 1,854.53	$ 1,996.16	$ 141.63	7.64%	$ 1,855.43	$ 2,023.98	$ 168.55	9.08%	$ 1,856.33	$ 2,052.19	$ 195.86	10.55%
Platinum	PPO	SUPX1082	SUPX1128																
			Single	$ 646.88	$ 696.38	$ 49.50	7.65%	$ 655.28	$ 706.09	$ 50.81	7.75%	$ 655.60	$ 715.93	$ 60.33	9.20%	$ 655.92	$ 725.91	$ 69.99	10.67%
			Double	$ 1,293.76	$ 1,392.77	$ 99.01	7.65%	$ 1,310.56	$ 1,412.18	$ 101.62	7.75%	$ 1,311.20	$ 1,431.87	$ 120.67	9.20%	$ 1,311.83	$ 1,451.83	$ 140.00	10.67%
			Emp/Child(ren)	$ 1,099.70	$ 1,183.85	$ 84.15	7.65%	$ 1,113.97	$ 1,200.36	$ 86.39	7.76%	$ 1,114.52	$ 1,217.09	$ 102.57	9.20%	$ 1,115.06	$ 1,234.05	$ 118.99	10.67%
			Family	$ 1,843.61	$ 1,984.70	$ 141.09	7.65%	$ 1,867.54	$ 2,012.36	$ 144.82	7.75%	$ 1,868.45	$ 2,040.41	$ 171.96	9.20%	$ 1,869.36	$ 2,068.85	$ 199.49	10.67%
Platinum	PPO	SUPX1096	SUPX1131																
			Single	$ 642.37	$ 690.78	$ 48.41	7.54%	$ 650.71	$ 700.41	$ 49.70	7.64%	$ 651.03	$ 710.17	$ 59.14	9.08%	$ 651.35	$ 720.07	$ 68.72	10.55%
			Double	$ 1,284.74	$ 1,381.55	$ 96.81	7.54%	$ 1,301.42	$ 1,400.81	$ 99.39	7.64%	$ 1,302.06	$ 1,420.34	$ 118.28	9.08%	$ 1,302.69	$ 1,440.14	$ 137.45	10.55%
			Emp/Child(ren)	$ 1,092.03	$ 1,174.32	$ 82.29	7.54%	$ 1,106.21	$ 1,190.69	$ 84.48	7.64%	$ 1,106.75	$ 1,207.29	$ 100.54	9.08%	$ 1,107.29	$ 1,224.12	$ 116.83	10.55%
			Family	$ 1,830.76	$ 1,968.71	$ 137.95	7.54%	$ 1,854.53	$ 1,996.16	$ 141.63	7.64%	$ 1,855.43	$ 2,023.98	$ 168.55	9.08%	$ 1,856.33	$ 2,052.19	$ 195.86	10.55%
Platinum	PPO	SUPX1110	SUPX1134																
			Single	$ 627.32	$ 689.57	$ 62.25	9.92%	$ 635.46	$ 699.18	$ 63.72	10.03%	$ 635.77	$ 708.92	$ 73.15	11.51%	$ 636.08	$ 718.81	$ 82.73	13.01%
			Double	$ 1,254.63	$ 1,379.13	$ 124.50	9.92%	$ 1,270.92	$ 1,398.35	$ 127.43	10.03%	$ 1,271.54	$ 1,417.85	$ 146.31	11.51%	$ 1,272.16	$ 1,437.61	$ 165.45	13.01%
			Emp/Child(ren)	$ 1,066.44	$ 1,172.26	$ 105.82	9.92%	$ 1,080.28	$ 1,188.60	$ 108.32	10.03%	$ 1,080.81	$ 1,205.17	$ 124.36	11.51%	$ 1,081.34	$ 1,221.97	$ 140.63	13.01%
			Family	$ 1,787.85	$ 1,965.26	$ 177.41	9.92%	$ 1,811.06	$ 1,992.66	$ 181.60	10.03%	$ 1,811.94	$ 2,020.43	$ 208.49	11.51%	$ 1,812.83	$ 2,048.59	$ 235.76	13.01%
Platinum	EPO	SUPX1005	SUPX1112																
			Single	$ 589.91	$ 676.99	$ 87.08	14.76%	$ 597.57	$ 686.43	$ 88.86	14.87%	$ 597.86	$ 696.00	$ 98.14	16.42%	$ 598.15	$ 705.70	$ 107.55	17.98%
			Double	$ 1,179.83	$ 1,353.99	$ 174.16	14.76%	$ 1,195.14	$ 1,372.86	$ 177.72	14.87%	$ 1,195.73	$ 1,392.00	$ 196.27	16.41%	$ 1,196.31	$ 1,411.40	$ 215.09	17.98%
			Emp/Child(ren)	$ 1,002.85	$ 1,150.89	$ 148.04	14.76%	$ 1,015.87	$ 1,166.93	$ 151.06	14.87%	$ 1,016.37	$ 1,183.20	$ 166.83	16.41%	$ 1,016.86	$ 1,199.69	$ 182.83	17.98%
			Family	$ 1,681.25	$ 1,929.43	$ 248.18	14.76%	$ 1,703.08	$ 1,956.33	$ 253.25	14.87%	$ 1,703.91	$ 1,983.60	$ 279.69	16.41%	$ 1,704.74	$ 2,011.25	$ 306.51	17.98%
Platinum	EPO	SUPX1019	SUPX1115																
			Single	$ 604.07	$ 678.19	$ 74.12	12.27%	$ 611.91	$ 687.65	$ 75.74	12.38%	$ 612.21	$ 697.23	$ 85.02	13.89%	$ 612.51	$ 706.95	$ 94.44	15.42%
			Double	$ 1,208.14	$ 1,356.39	$ 148.25	12.27%	$ 1,223.83	$ 1,375.29	$ 151.46	12.38%	$ 1,224.42	$ 1,394.46	$ 170.04	13.89%	$ 1,225.02	$ 1,413.90	$ 188.88	15.42%
			Emp/Child(ren)	$ 1,026.92	$ 1,152.93	$ 126.01	12.27%	$ 1,040.25	$ 1,169.00	$ 128.75	12.38%	$ 1,040.76	$ 1,185.29	$ 144.53	13.89%	$ 1,041.27	$ 1,201.82	$ 160.55	15.42%
			Family	$ 1,721.60	$ 1,932.85	$ 211.25	12.27%	$ 1,743.95	$ 1,959.79	$ 215.84	12.38%	$ 1,744.80	$ 1,987.11	$ 242.31	13.89%	$ 1,745.65	$ 2,014.81	$ 269.16	15.42%
Platinum	EPO	SUPX1033	SUPX1118																
			Single	$ 585.80	$ 671.54	$ 85.74	14.64%	$ 593.41	$ 680.90	$ 87.49	14.74%	$ 593.70	$ 690.39	$ 96.69	16.29%	$ 593.99	$ 700.02	$ 106.03	17.85%
			Double	$ 1,171.60	$ 1,343.09	$ 171.49	14.64%	$ 1,186.81	$ 1,361.81	$ 175.00	14.75%	$ 1,187.39	$ 1,380.79	$ 193.40	16.29%	$ 1,187.97	$ 1,400.04	$ 212.07	17.85%
			Emp/Child(ren)	$ 995.86	$ 1,141.62	$ 145.76	14.64%	$ 1,008.79	$ 1,157.54	$ 148.75	14.75%	$ 1,009.28	$ 1,173.67	$ 164.39	16.29%	$ 1,009.77	$ 1,190.03	$ 180.26	17.85%
			Family	$ 1,669.54	$ 1,913.90	$ 244.36	14.64%	$ 1,691.21	$ 1,940.58	$ 249.37	14.75%	$ 1,692.03	$ 1,967.63	$ 275.60	16.29%	$ 1,692.86	$ 1,995.05	$ 302.19	17.85%
Platinum	EPO	SUPX1047	SUPX1121																
			Single	$ 589.91	$ 676.99	$ 87.08	14.76%	$ 597.57	$ 686.43	$ 88.86	14.87%	$ 597.86	$ 696.00	$ 98.14	16.42%	$ 598.15	$ 705.70	$ 107.55	17.98%
			Double	$ 1,179.83	$ 1,353.99	$ 174.16	14.76%	$ 1,195.14	$ 1,372.86	$ 177.72	14.87%	$ 1,195.73	$ 1,392.00	$ 196.27	16.41%	$ 1,196.31	$ 1,411.40	$ 215.09	17.98%
			Emp/Child(ren)	$ 1,002.85	$ 1,150.89	$ 148.04	14.76%	$ 1,015.87	$ 1,166.93	$ 151.06	14.87%	$ 1,016.37	$ 1,183.20	$ 166.83	16.41%	$ 1,016.86	$ 1,199.69	$ 182.83	17.98%
			Family	$ 1,681.25	$ 1,929.43	$ 248.18	14.76%	$ 1,703.08	$ 1,956.33	$ 253.25	14.87%	$ 1,703.91	$ 1,983.60	$ 279.69	16.41%	$ 1,704.74	$ 2,011.25	$ 306.51	17.98%
Platinum	EPO	SUPX1061	SUPX1124																
			Single	$ 599.86	$ 672.73	$ 72.87	12.15%	$ 607.65	$ 682.11	$ 74.46	12.25%	$ 607.94	$ 691.62	$ 83.68	13.76%	$ 608.24	$ 701.26	$ 93.02	15.29%
			Double	$ 1,199.72	$ 1,345.46	$ 145.74	12.15%	$ 1,215.30	$ 1,364.22	$ 148.92	12.25%	$ 1,215.89	$ 1,383.23	$ 167.34	13.76%	$ 1,216.48	$ 1,402.52	$ 186.04	15.29%
			Emp/Child(ren)	$ 1,019.76	$ 1,143.64	$ 123.88	12.15%	$ 1,033.00	$ 1,159.59	$ 126.59	12.25%	$ 1,033.51	$ 1,175.75	$ 142.24	13.76%	$ 1,034.01	$ 1,192.14	$ 158.13	15.29%
			Family	$ 1,709.60	$ 1,917.29	$ 207.69	12.15%	$ 1,731.80	$ 1,944.01	$ 212.21	12.25%	$ 1,732.64	$ 1,971.11	$ 238.47	13.76%	$ 1,733.49	$ 1,998.58	$ 265.09	15.29%
Platinum	EPO	SUPX1075	SUPX1127																
			Single	$ 604.07	$ 678.19	$ 74.12	12.27%	$ 611.91	$ 687.65	$ 75.74	12.38%	$ 612.21	$ 697.23	$ 85.02	13.89%	$ 612.51	$ 706.95	$ 94.44	15.42%
			Double	$ 1,208.14	$ 1,356.39	$ 148.25	12.27%	$ 1,223.83	$ 1,375.29	$ 151.46	12.38%	$ 1,224.42	$ 1,394.46	$ 170.04	13.89%	$ 1,225.02	$ 1,413.90	$ 188.88	15.42%
			Emp/Child(ren)	$ 1,026.92	$ 1,152.93	$ 126.01	12.27%	$ 1,040.25	$ 1,169.00	$ 128.75	12.38%	$ 1,040.76	$ 1,185.29	$ 144.53	13.89%	$ 1,041.27	$ 1,201.82	$ 160.55	15.42%
			Family	$ 1,721.60	$ 1,932.85	$ 211.25	12.27%	$ 1,743.95	$ 1,959.79	$ 215.84	12.38%	$ 1,744.80	$ 1,987.11	$ 242.31	13.89%	$ 1,745.65	$ 2,014.81	$ 269.16	15.42%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	EPO	SUPX1089	SUPX1130																
			Single	$ 599.86	$ 672.73	$ 72.87	12.15%	$ 607.65	$ 682.11	$ 74.46	12.25%	$ 607.94	$ 691.62	$ 83.68	13.76%	$ 608.24	$ 701.26	$ 93.02	15.29%
			Double	$ 1,199.72	$ 1,345.46	$ 145.74	12.15%	$ 1,215.30	$ 1,364.22	$ 148.92	12.25%	$ 1,215.89	$ 1,383.23	$ 167.34	13.76%	$ 1,216.48	$ 1,402.52	$ 186.04	15.29%
			Emp/Child(ren)	$ 1,019.76	$ 1,143.64	$ 123.88	12.15%	$ 1,033.00	$ 1,159.59	$ 126.59	12.25%	$ 1,033.51	$ 1,175.75	$ 142.24	13.76%	$ 1,034.01	$ 1,192.14	$ 158.13	15.29%
			Family	$ 1,709.60	$ 1,917.29	$ 207.69	12.15%	$ 1,731.80	$ 1,944.01	$ 212.21	12.25%	$ 1,732.64	$ 1,971.11	$ 238.47	13.76%	$ 1,733.49	$ 1,998.58	$ 265.09	15.29%
Platinum	EPO	SUPX1103	SUPX1133																
			Single	$ 585.80	$ 671.54	$ 85.74	14.64%	$ 593.41	$ 680.90	$ 87.49	14.74%	$ 593.70	$ 690.39	$ 96.69	16.29%	$ 593.99	$ 700.02	$ 106.03	17.85%
			Double	$ 1,171.60	$ 1,343.09	$ 171.49	14.64%	$ 1,186.81	$ 1,361.81	$ 175.00	14.75%	$ 1,187.39	$ 1,380.79	$ 193.40	16.29%	$ 1,187.97	$ 1,400.04	$ 212.07	17.85%
			Emp/Child(ren)	$ 995.86	$ 1,141.62	$ 145.76	14.64%	$ 1,008.79	$ 1,157.54	$ 148.75	14.75%	$ 1,009.28	$ 1,173.67	$ 164.39	16.29%	$ 1,009.77	$ 1,190.03	$ 180.26	17.85%
			Family	$ 1,669.54	$ 1,913.90	$ 244.36	14.64%	$ 1,691.21	$ 1,940.58	$ 249.37	14.75%	$ 1,692.03	$ 1,967.63	$ 275.60	16.29%	$ 1,692.86	$ 1,995.05	$ 302.19	17.85%
Platinum	EPO	SUPX1001	SUPX1111																
			Single	$ 580.68	$ 663.19	$ 82.51	14.21%	$ 588.22	$ 672.43	$ 84.21	14.32%	$ 588.51	$ 681.81	$ 93.30	15.85%	$ 588.79	$ 691.31	$ 102.52	17.41%
			Double	$ 1,161.37	$ 1,326.38	$ 165.01	14.21%	$ 1,176.44	$ 1,344.86	$ 168.42	14.32%	$ 1,177.02	$ 1,363.61	$ 186.59	15.85%	$ 1,177.59	$ 1,382.62	$ 205.03	17.41%
			Emp/Child(ren)	$ 987.16	$ 1,127.42	$ 140.26	14.21%	$ 999.98	$ 1,143.13	$ 143.15	14.32%	$ 1,000.46	$ 1,159.07	$ 158.61	15.85%	$ 1,000.95	$ 1,175.23	$ 174.28	17.41%
			Family	$ 1,654.95	$ 1,890.09	$ 235.14	14.21%	$ 1,676.43	$ 1,916.43	$ 240.00	14.32%	$ 1,677.25	$ 1,943.14	$ 265.89	15.85%	$ 1,678.07	$ 1,970.23	$ 292.16	17.41%
Platinum	EPO	SUPX1015	SUPX1114																
			Single	$ 591.96	$ 664.37	$ 72.41	12.23%	$ 599.65	$ 673.63	$ 73.98	12.34%	$ 599.94	$ 683.02	$ 83.08	13.85%	$ 600.23	$ 692.54	$ 92.31	15.38%
			Double	$ 1,183.92	$ 1,328.73	$ 144.81	12.23%	$ 1,199.29	$ 1,347.25	$ 147.96	12.34%	$ 1,199.88	$ 1,366.03	$ 166.15	13.85%	$ 1,200.46	$ 1,385.07	$ 184.61	15.38%
			Emp/Child(ren)	$ 1,006.33	$ 1,129.42	$ 123.09	12.23%	$ 1,019.40	$ 1,145.16	$ 125.76	12.34%	$ 1,019.89	$ 1,161.13	$ 141.24	13.85%	$ 1,020.39	$ 1,177.31	$ 156.92	15.38%
			Family	$ 1,687.09	$ 1,893.44	$ 206.35	12.23%	$ 1,708.99	$ 1,919.83	$ 210.84	12.34%	$ 1,709.82	$ 1,946.60	$ 236.78	13.85%	$ 1,710.66	$ 1,973.73	$ 263.07	15.38%
Platinum	EPO	SUPX1029	SUPX1117																
			Single	$ 574.06	$ 657.85	$ 83.79	14.60%	$ 581.51	$ 667.02	$ 85.51	14.70%	$ 581.79	$ 676.32	$ 94.53	16.25%	$ 582.08	$ 685.74	$ 103.66	17.81%
			Double	$ 1,148.11	$ 1,315.70	$ 167.59	14.60%	$ 1,163.02	$ 1,334.04	$ 171.02	14.70%	$ 1,163.59	$ 1,352.63	$ 189.04	16.25%	$ 1,164.15	$ 1,371.49	$ 207.34	17.81%
			Emp/Child(ren)	$ 975.90	$ 1,118.34	$ 142.44	14.60%	$ 988.57	$ 1,133.93	$ 145.36	14.70%	$ 989.05	$ 1,149.74	$ 160.69	16.25%	$ 989.53	$ 1,165.77	$ 176.24	17.81%
			Family	$ 1,636.06	$ 1,874.87	$ 238.81	14.60%	$ 1,657.30	$ 1,901.01	$ 243.71	14.71%	$ 1,658.11	$ 1,927.50	$ 269.39	16.25%	$ 1,658.92	$ 1,954.37	$ 295.45	17.81%
Platinum	EPO	SUPX1043	SUPX1120																
			Single	$ 578.09	$ 663.19	$ 85.10	14.72%	$ 585.59	$ 672.43	$ 86.84	14.83%	$ 585.88	$ 681.81	$ 95.93	16.37%	$ 586.16	$ 691.31	$ 105.15	17.94%
			Double	$ 1,156.17	$ 1,326.38	$ 170.21	14.72%	$ 1,171.18	$ 1,344.86	$ 173.68	14.83%	$ 1,171.75	$ 1,363.61	$ 191.86	16.37%	$ 1,172.32	$ 1,382.62	$ 210.30	17.94%
			Emp/Child(ren)	$ 982.75	$ 1,127.42	$ 144.67	14.72%	$ 995.51	$ 1,143.13	$ 147.62	14.83%	$ 995.99	$ 1,159.07	$ 163.08	16.37%	$ 996.48	$ 1,175.23	$ 178.75	17.94%
			Family	$ 1,647.55	$ 1,890.09	$ 242.54	14.72%	$ 1,668.94	$ 1,916.43	$ 247.49	14.83%	$ 1,669.75	$ 1,943.14	$ 273.39	16.37%	$ 1,670.56	$ 1,970.23	$ 299.67	17.94%
Platinum	EPO	SUPX1057	SUPX1123																
			Single	$ 587.83	$ 659.02	$ 71.19	12.11%	$ 595.47	$ 668.20	$ 72.73	12.21%	$ 595.76	$ 677.52	$ 81.76	13.72%	$ 596.05	$ 686.96	$ 90.91	15.25%
			Double	$ 1,175.67	$ 1,318.03	$ 142.36	12.11%	$ 1,190.93	$ 1,336.40	$ 145.47	12.21%	$ 1,191.51	$ 1,355.03	$ 163.52	13.72%	$ 1,192.09	$ 1,373.92	$ 181.83	15.25%
			Emp/Child(ren)	$ 999.32	$ 1,120.33	$ 121.01	12.11%	$ 1,012.29	$ 1,135.94	$ 123.65	12.21%	$ 1,012.79	$ 1,151.78	$ 138.99	13.72%	$ 1,013.28	$ 1,167.83	$ 154.55	15.25%
			Family	$ 1,675.33	$ 1,878.20	$ 202.87	12.11%	$ 1,697.08	$ 1,904.38	$ 207.30	12.22%	$ 1,697.90	$ 1,930.92	$ 233.02	13.72%	$ 1,698.73	$ 1,957.84	$ 259.11	15.25%
Platinum	EPO	SUPX1071	SUPX1126																
			Single	$ 591.96	$ 664.37	$ 72.41	12.23%	$ 599.65	$ 673.63	$ 73.98	12.34%	$ 599.94	$ 683.02	$ 83.08	13.85%	$ 600.23	$ 692.54	$ 92.31	15.38%
			Double	$ 1,183.92	$ 1,328.73	$ 144.81	12.23%	$ 1,199.29	$ 1,347.25	$ 147.96	12.34%	$ 1,199.88	$ 1,366.03	$ 166.15	13.85%	$ 1,200.46	$ 1,385.07	$ 184.61	15.38%
			Emp/Child(ren)	$ 1,006.33	$ 1,129.42	$ 123.09	12.23%	$ 1,019.40	$ 1,145.16	$ 125.76	12.34%	$ 1,019.89	$ 1,161.13	$ 141.24	13.85%	$ 1,020.39	$ 1,177.31	$ 156.92	15.38%
			Family	$ 1,687.09	$ 1,893.44	$ 206.35	12.23%	$ 1,708.99	$ 1,919.83	$ 210.84	12.34%	$ 1,709.82	$ 1,946.60	$ 236.78	13.85%	$ 1,710.66	$ 1,973.73	$ 263.07	15.38%
Platinum	EPO	SUPX1085	SUPX1129																
			Single	$ 587.83	$ 659.02	$ 71.19	12.11%	$ 595.47	$ 668.20	$ 72.73	12.21%	$ 595.76	$ 677.52	$ 81.76	13.72%	$ 596.05	$ 686.96	$ 90.91	15.25%
			Double	$ 1,175.67	$ 1,318.03	$ 142.36	12.11%	$ 1,190.93	$ 1,336.40	$ 145.47	12.21%	$ 1,191.51	$ 1,355.03	$ 163.52	13.72%	$ 1,192.09	$ 1,373.92	$ 181.83	15.25%
			Emp/Child(ren)	$ 999.32	$ 1,120.33	$ 121.01	12.11%	$ 1,012.29	$ 1,135.94	$ 123.65	12.21%	$ 1,012.79	$ 1,151.78	$ 138.99	13.72%	$ 1,013.28	$ 1,167.83	$ 154.55	15.25%
			Family	$ 1,675.33	$ 1,878.20	$ 202.87	12.11%	$ 1,697.08	$ 1,904.38	$ 207.30	12.22%	$ 1,697.90	$ 1,930.92	$ 233.02	13.72%	$ 1,698.73	$ 1,957.84	$ 259.11	15.25%
Platinum	EPO	SUPX1099	SUPX1132																
			Single	$ 574.06	$ 657.85	$ 83.79	14.60%	$ 581.51	$ 667.02	$ 85.51	14.70%	$ 581.79	$ 676.32	$ 94.53	16.25%	$ 582.08	$ 685.74	$ 103.66	17.81%
			Double	$ 1,148.11	$ 1,315.70	$ 167.59	14.60%	$ 1,163.02	$ 1,334.04	$ 171.02	14.70%	$ 1,163.59	$ 1,352.63	$ 189.04	16.25%	$ 1,164.15	$ 1,371.49	$ 207.34	17.81%
			Emp/Child(ren)	$ 975.90	$ 1,118.34	$ 142.44	14.60%	$ 988.57	$ 1,133.93	$ 145.36	14.70%	$ 989.05	$ 1,149.74	$ 160.69	16.25%	$ 989.53	$ 1,165.77	$ 176.24	17.81%
			Family	$ 1,636.06	$ 1,874.87	$ 238.81	14.60%	$ 1,657.30	$ 1,901.01	$ 243.71	14.71%	$ 1,658.11	$ 1,927.50	$ 269.39	16.25%	$ 1,658.92	$ 1,954.37	$ 295.45	17.81%
Gold	EPO	SUGX2006	SUGX2104																
			Single	$ 525.48	$ 563.02	$ 37.54	7.14%	$ 532.30	$ 570.86	$ 38.56	7.24%	$ 532.56	$ 578.82	$ 46.26	8.69%	$ 532.82	$ 586.89	$ 54.07	10.15%
			Double	$ 1,050.96	$ 1,126.03	$ 75.07	7.14%	$ 1,064.60	$ 1,141.73	$ 77.13	7.24%	$ 1,065.12	$ 1,157.64	$ 92.52	8.69%	$ 1,065.64	$ 1,173.78	$ 108.14	10.15%
			Emp/Child(ren)	$ 893.32	$ 957.13	$ 63.81	7.14%	$ 904.91	$ 970.47	$ 65.56	7.24%	$ 905.35	$ 984.00	$ 78.65	8.69%	$ 905.79	$ 997.71	$ 91.92	10.15%
			Family	$ 1,497.62	$ 1,604.59	$ 106.97	7.14%	$ 1,517.06	$ 1,626.96	$ 109.90	7.24%	$ 1,517.80	$ 1,649.64	$ 131.84	8.69%	$ 1,518.54	$ 1,672.63	$ 154.09	10.15%
Gold	EPO	SUGX2019	SUGX2105																
			Single	$ 538.09	$ 564.01	$ 25.92	4.82%	$ 545.08	$ 571.88	$ 26.80	4.92%	$ 545.34	$ 579.85	$ 34.51	6.33%	$ 545.61	$ 587.93	$ 42.32	7.76%
			Double	$ 1,076.18	$ 1,128.03	$ 51.85	4.82%	$ 1,090.15	$ 1,143.75	$ 53.60	4.92%	$ 1,090.68	$ 1,159.69	$ 69.01	6.33%	$ 1,091.22	$ 1,175.86	$ 84.64	7.76%
			Emp/Child(ren)	$ 914.75	$ 958.82	$ 44.07	4.82%	$ 926.63	$ 972.19	$ 45.56	4.92%	$ 927.08	$ 985.74	$ 58.66	6.33%	$ 927.53	$ 999.48	$ 71.95	7.76%
			Family	$ 1,533.56	$ 1,607.44	$ 73.88	4.82%	$ 1,553.47	$ 1,629.84	$ 76.37	4.92%	$ 1,554.22	$ 1,652.56	$ 98.34	6.33%	$ 1,554.98	$ 1,675.60	$ 120.62	7.76%
Gold	EPO	SUGX2032	SUGX2106																
			Single	$ 521.82	$ 558.48	$ 36.66	7.03%	$ 528.59	$ 566.27	$ 37.68	7.13%	$ 528.85	$ 574.16	$ 45.31	8.57%	$ 529.11	$ 582.17	$ 53.06	10.03%
			Double	$ 1,043.63	$ 1,116.97	$ 73.34	7.03%	$ 1,057.18	$ 1,132.54	$ 75.36	7.13%	$ 1,057.70	$ 1,148.33	$ 90.63	8.57%	$ 1,058.21	$ 1,164.33	$ 106.12	10.03%
			Emp/Child(ren)	$ 887.09	$ 949.42	$ 62.33	7.03%	$ 898.60	$ 962.66	$ 64.06	7.13%	$ 899.04	$ 976.08	$ 77.04	8.57%	$ 899.48	$ 989.68	$ 90.20	10.03%
			Family	$ 1,487.18	$ 1,591.68	$ 104.50	7.03%	$ 1,506.48	$ 1,613.87	$ 107.39	7.13%	$ 1,507.22	$ 1,636.36	$ 129.14	8.57%	$ 1,507.95	$ 1,659.17	$ 151.22	10.03%
Gold	EPO	SUGX2045	SUGX2107																
			Single	$ 525.48	$ 563.02	$ 37.54	7.14%	$ 532.30	$ 570.86	$ 38.56	7.24%	$ 532.56	$ 578.82	$ 46.26	8.69%	$ 532.82	$ 586.89	$ 54.07	10.15%
			Double	$ 1,050.96	$ 1,126.03	$ 75.07	7.14%	$ 1,064.60	$ 1,141.73	$ 77.13	7.24%	$ 1,065.12	$ 1,157.64	$ 92.52	8.69%	$ 1,065.64	$ 1,173.78	$ 108.14	10.15%
			Emp/Child(ren)	$ 893.32	$ 957.13	$ 63.81	7.14%	$ 904.91	$ 970.47	$ 65.56	7.24%	$ 905.35	$ 984.00	$ 78.65	8.69%	$ 905.79	$ 997.71	$ 91.92	10.15%
			Family	$ 1,497.62	$ 1,604.59	$ 106.97	7.14%	$ 1,517.06	$ 1,626.96	$ 109.90	7.24%	$ 1,517.80	$ 1,649.64	$ 131.84	8.69%	$ 1,518.54	$ 1,672.63	$ 154.09	10.15%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2058	SUGX2108																
			Single	$ 534.34	$ 559.47	$ 25.13	4.70%	$ 541.28	$ 567.27	$ 25.99	4.80%	$ 541.54	$ 575.18	$ 33.64	6.21%	$ 541.80	$ 583.19	$ 41.39	7.64%
			Double	$ 1,068.68	$ 1,118.94	$ 50.26	4.70%	$ 1,082.55	$ 1,134.54	$ 51.99	4.80%	$ 1,083.08	$ 1,150.35	$ 67.27	6.21%	$ 1,083.61	$ 1,166.39	$ 82.78	7.64%
			Emp/Child(ren)	$ 908.38	$ 951.10	$ 42.72	4.70%	$ 920.17	$ 964.36	$ 44.19	4.80%	$ 920.62	$ 977.80	$ 57.18	6.21%	$ 921.07	$ 991.43	$ 70.36	7.64%
			Family	$ 1,522.87	$ 1,594.49	$ 71.62	4.70%	$ 1,542.64	$ 1,616.72	$ 74.08	4.80%	$ 1,543.39	$ 1,639.26	$ 95.87	6.21%	$ 1,544.14	$ 1,662.11	$ 117.97	7.64%
Gold	EPO	SUGX2071	SUGX2109																
			Single	$ 538.09	$ 564.01	$ 25.92	4.82%	$ 545.08	$ 571.88	$ 26.80	4.92%	$ 545.34	$ 579.85	$ 34.51	6.33%	$ 545.61	$ 587.93	$ 42.32	7.76%
			Double	$ 1,076.18	$ 1,128.03	$ 51.85	4.82%	$ 1,090.15	$ 1,143.75	$ 53.60	4.92%	$ 1,090.68	$ 1,159.69	$ 69.01	6.33%	$ 1,091.22	$ 1,175.86	$ 84.64	7.76%
			Emp/Child(ren)	$ 914.75	$ 958.82	$ 44.07	4.82%	$ 926.63	$ 972.19	$ 45.56	4.92%	$ 927.08	$ 985.74	$ 58.66	6.33%	$ 927.53	$ 999.48	$ 71.95	7.76%
			Family	$ 1,533.56	$ 1,607.44	$ 73.88	4.82%	$ 1,553.47	$ 1,629.84	$ 76.37	4.92%	$ 1,554.22	$ 1,652.56	$ 98.34	6.33%	$ 1,554.98	$ 1,675.60	$ 120.62	7.76%
Gold	EPO	SUGX2084	SUGX2110																
			Single	$ 534.34	$ 559.47	$ 25.13	4.70%	$ 541.28	$ 567.27	$ 25.99	4.80%	$ 541.54	$ 575.18	$ 33.64	6.21%	$ 541.80	$ 583.19	$ 41.39	7.64%
			Double	$ 1,068.68	$ 1,118.94	$ 50.26	4.70%	$ 1,082.55	$ 1,134.54	$ 51.99	4.80%	$ 1,083.08	$ 1,150.35	$ 67.27	6.21%	$ 1,083.61	$ 1,166.39	$ 82.78	7.64%
			Emp/Child(ren)	$ 908.38	$ 951.10	$ 42.72	4.70%	$ 920.17	$ 964.36	$ 44.19	4.80%	$ 920.62	$ 977.80	$ 57.18	6.21%	$ 921.07	$ 991.43	$ 70.36	7.64%
			Family	$ 1,522.87	$ 1,594.49	$ 71.62	4.70%	$ 1,542.64	$ 1,616.72	$ 74.08	4.80%	$ 1,543.39	$ 1,639.26	$ 95.87	6.21%	$ 1,544.14	$ 1,662.11	$ 117.97	7.64%
Gold	EPO	SUGX2097	SUGX2111																
			Single	$ 521.82	$ 558.48	$ 36.66	7.03%	$ 528.59	$ 566.27	$ 37.68	7.13%	$ 528.85	$ 574.16	$ 45.31	8.57%	$ 529.11	$ 582.17	$ 53.06	10.03%
			Double	$ 1,043.63	$ 1,116.97	$ 73.34	7.03%	$ 1,057.18	$ 1,132.54	$ 75.36	7.13%	$ 1,057.70	$ 1,148.33	$ 90.63	8.57%	$ 1,058.21	$ 1,164.33	$ 106.12	10.03%
			Emp/Child(ren)	$ 887.09	$ 949.42	$ 62.33	7.03%	$ 898.60	$ 962.66	$ 64.06	7.13%	$ 899.04	$ 976.08	$ 77.04	8.57%	$ 899.48	$ 989.68	$ 90.20	10.03%
			Family	$ 1,487.18	$ 1,591.68	$ 104.50	7.03%	$ 1,506.48	$ 1,613.87	$ 107.39	7.13%	$ 1,507.22	$ 1,636.36	$ 129.14	8.57%	$ 1,507.95	$ 1,659.17	$ 151.22	10.03%
Gold	EPO	SUGX2001	SUGX2112																
			Single	$ 509.66	$ 561.05	$ 51.39	10.08%	$ 516.27	$ 568.87	$ 52.60	10.19%	$ 516.52	$ 576.80	$ 60.28	11.67%	$ 516.78	$ 584.84	$ 68.06	13.17%
			Double	$ 1,019.31	$ 1,122.11	$ 102.80	10.09%	$ 1,032.55	$ 1,137.75	$ 105.20	10.19%	$ 1,033.05	$ 1,153.61	$ 120.56	11.67%	$ 1,033.55	$ 1,169.69	$ 136.14	13.17%
			Emp/Child(ren)	$ 866.42	$ 953.79	$ 87.37	10.08%	$ 877.66	$ 967.08	$ 89.42	10.19%	$ 878.09	$ 980.57	$ 102.48	11.67%	$ 878.52	$ 994.23	$ 115.71	13.17%
			Family	$ 1,452.52	$ 1,599.00	$ 146.48	10.08%	$ 1,471.38	$ 1,621.29	$ 149.91	10.19%	$ 1,472.09	$ 1,643.89	$ 171.80	11.67%	$ 1,472.81	$ 1,666.80	$ 193.99	13.17%
Gold	EPO	SUGX2014	SUGX2114																
			Single	$ 519.55	$ 562.04	$ 42.49	8.18%	$ 526.30	$ 569.87	$ 43.57	8.28%	$ 526.56	$ 577.82	$ 51.26	9.73%	$ 526.81	$ 585.87	$ 59.06	11.21%
			Double	$ 1,039.11	$ 1,124.08	$ 84.97	8.18%	$ 1,052.60	$ 1,139.75	$ 87.15	8.28%	$ 1,053.11	$ 1,155.64	$ 102.53	9.74%	$ 1,053.63	$ 1,171.74	$ 118.11	11.21%
			Emp/Child(ren)	$ 883.24	$ 955.47	$ 72.23	8.18%	$ 894.71	$ 968.79	$ 74.08	8.28%	$ 895.15	$ 982.29	$ 87.14	9.73%	$ 895.58	$ 995.98	$ 100.40	11.21%
			Family	$ 1,480.73	$ 1,601.81	$ 121.08	8.18%	$ 1,499.95	$ 1,624.14	$ 124.19	8.28%	$ 1,500.69	$ 1,646.78	$ 146.09	9.73%	$ 1,501.42	$ 1,669.73	$ 168.31	11.21%
Gold	EPO	SUGX2027	SUGX2116																
			Single	$ 503.84	$ 556.54	$ 52.70	10.46%	$ 510.38	$ 564.30	$ 53.92	10.56%	$ 510.63	$ 572.17	$ 61.54	12.05%	$ 510.88	$ 580.14	$ 69.26	13.56%
			Double	$ 1,007.68	$ 1,113.09	$ 105.41	10.46%	$ 1,020.76	$ 1,128.60	$ 107.84	10.56%	$ 1,021.26	$ 1,144.34	$ 123.08	12.05%	$ 1,021.76	$ 1,160.29	$ 138.53	13.56%
			Emp/Child(ren)	$ 856.53	$ 946.13	$ 89.60	10.46%	$ 867.65	$ 959.31	$ 91.66	10.56%	$ 868.07	$ 972.69	$ 104.62	12.05%	$ 868.50	$ 986.24	$ 117.74	13.56%
			Family	$ 1,435.95	$ 1,586.15	$ 150.20	10.46%	$ 1,454.59	$ 1,608.26	$ 153.67	10.56%	$ 1,455.30	$ 1,630.68	$ 175.38	12.05%	$ 1,456.01	$ 1,653.41	$ 197.40	13.56%
Gold	EPO	SUGX2040	SUGX2118																
			Single	$ 507.38	$ 561.05	$ 53.67	10.58%	$ 513.96	$ 568.87	$ 54.91	10.68%	$ 514.22	$ 576.80	$ 62.58	12.17%	$ 514.47	$ 584.84	$ 70.37	13.68%
			Double	$ 1,014.76	$ 1,122.11	$ 107.35	10.58%	$ 1,027.93	$ 1,137.75	$ 109.82	10.68%	$ 1,028.43	$ 1,153.61	$ 125.18	12.17%	$ 1,028.93	$ 1,169.69	$ 140.76	13.68%
			Emp/Child(ren)	$ 862.54	$ 953.79	$ 91.25	10.58%	$ 873.74	$ 967.08	$ 93.34	10.68%	$ 874.17	$ 980.57	$ 106.40	12.17%	$ 874.59	$ 994.23	$ 119.64	13.68%
			Family	$ 1,446.03	$ 1,599.00	$ 152.97	10.58%	$ 1,464.80	$ 1,621.29	$ 156.49	10.68%	$ 1,465.51	$ 1,643.89	$ 178.38	12.17%	$ 1,466.23	$ 1,666.80	$ 200.57	13.68%
Gold	EPO	SUGX2053	SUGX2120																
			Single	$ 515.93	$ 557.52	$ 41.59	8.06%	$ 522.63	$ 565.29	$ 42.66	8.16%	$ 522.89	$ 573.17	$ 50.28	9.62%	$ 523.14	$ 581.16	$ 58.02	11.09%
			Double	$ 1,031.87	$ 1,115.04	$ 83.17	8.06%	$ 1,045.26	$ 1,130.58	$ 85.32	8.16%	$ 1,045.77	$ 1,146.34	$ 100.57	9.62%	$ 1,046.28	$ 1,162.32	$ 116.04	11.09%
			Emp/Child(ren)	$ 877.09	$ 947.78	$ 70.69	8.06%	$ 888.47	$ 961.00	$ 72.53	8.16%	$ 888.91	$ 974.39	$ 85.48	9.62%	$ 889.34	$ 987.97	$ 98.63	11.09%
			Family	$ 1,470.41	$ 1,588.93	$ 118.52	8.06%	$ 1,489.50	$ 1,611.08	$ 121.58	8.16%	$ 1,490.23	$ 1,633.54	$ 143.31	9.62%	$ 1,490.95	$ 1,656.31	$ 165.36	11.09%
Gold	EPO	SUGX2066	SUGX2122																
			Single	$ 519.55	$ 562.04	$ 42.49	8.18%	$ 526.30	$ 569.87	$ 43.57	8.28%	$ 526.56	$ 577.82	$ 51.26	9.73%	$ 526.81	$ 585.87	$ 59.06	11.21%
			Double	$ 1,039.11	$ 1,124.08	$ 84.97	8.18%	$ 1,052.60	$ 1,139.75	$ 87.15	8.28%	$ 1,053.11	$ 1,155.64	$ 102.53	9.74%	$ 1,053.63	$ 1,171.74	$ 118.11	11.21%
			Emp/Child(ren)	$ 883.24	$ 955.47	$ 72.23	8.18%	$ 894.71	$ 968.79	$ 74.08	8.28%	$ 895.15	$ 982.29	$ 87.14	9.73%	$ 895.58	$ 995.98	$ 100.40	11.21%
			Family	$ 1,480.73	$ 1,601.81	$ 121.08	8.18%	$ 1,499.95	$ 1,624.14	$ 124.19	8.28%	$ 1,500.69	$ 1,646.78	$ 146.09	9.73%	$ 1,501.42	$ 1,669.73	$ 168.31	11.21%
Gold	EPO	SUGX2079	SUGX2124																
			Single	$ 515.93	$ 557.52	$ 41.59	8.06%	$ 522.63	$ 565.29	$ 42.66	8.16%	$ 522.89	$ 573.17	$ 50.28	9.62%	$ 523.14	$ 581.16	$ 58.02	11.09%
			Double	$ 1,031.87	$ 1,115.04	$ 83.17	8.06%	$ 1,045.26	$ 1,130.58	$ 85.32	8.16%	$ 1,045.77	$ 1,146.34	$ 100.57	9.62%	$ 1,046.28	$ 1,162.32	$ 116.04	11.09%
			Emp/Child(ren)	$ 877.09	$ 947.78	$ 70.69	8.06%	$ 888.47	$ 961.00	$ 72.53	8.16%	$ 888.91	$ 974.39	$ 85.48	9.62%	$ 889.34	$ 987.97	$ 98.63	11.09%
			Family	$ 1,470.41	$ 1,588.93	$ 118.52	8.06%	$ 1,489.50	$ 1,611.08	$ 121.58	8.16%	$ 1,490.23	$ 1,633.54	$ 143.31	9.62%	$ 1,490.95	$ 1,656.31	$ 165.36	11.09%
Gold	EPO	SUGX2092	SUGX2126																
			Single	$ 503.84	$ 556.54	$ 52.70	10.46%	$ 510.38	$ 564.30	$ 53.92	10.56%	$ 510.63	$ 572.17	$ 61.54	12.05%	$ 510.88	$ 580.14	$ 69.26	13.56%
			Double	$ 1,007.68	$ 1,113.09	$ 105.41	10.46%	$ 1,020.76	$ 1,128.60	$ 107.84	10.56%	$ 1,021.26	$ 1,144.34	$ 123.08	12.05%	$ 1,021.76	$ 1,160.29	$ 138.53	13.56%
			Emp/Child(ren)	$ 856.53	$ 946.13	$ 89.60	10.46%	$ 867.65	$ 959.31	$ 91.66	10.56%	$ 868.07	$ 972.69	$ 104.62	12.05%	$ 868.50	$ 986.24	$ 117.74	13.56%
			Family	$ 1,435.95	$ 1,586.15	$ 150.20	10.46%	$ 1,454.59	$ 1,608.26	$ 153.67	10.56%	$ 1,455.30	$ 1,630.68	$ 175.38	12.05%	$ 1,456.01	$ 1,653.41	$ 197.40	13.56%
Gold	EPO	SUGX2012	SUGX2113																
			Single	$ 503.30	$ 587.76	$ 84.46	16.78%	$ 509.84	$ 595.95	$ 86.11	16.89%	$ 510.09	$ 604.26	$ 94.17	18.46%	$ 510.33	$ 612.68	$ 102.35	20.06%
			Double	$ 1,006.61	$ 1,175.51	$ 168.90	16.78%	$ 1,019.67	$ 1,191.90	$ 172.23	16.89%	$ 1,020.17	$ 1,208.51	$ 188.34	18.46%	$ 1,020.67	$ 1,225.36	$ 204.69	20.05%
			Emp/Child(ren)	$ 855.62	$ 999.18	$ 143.56	16.78%	$ 866.72	$ 1,013.11	$ 146.39	16.89%	$ 867.15	$ 1,027.23	$ 160.08	18.46%	$ 867.57	$ 1,041.55	$ 173.98	20.05%
			Family	$ 1,434.41	$ 1,675.10	$ 240.69	16.78%	$ 1,453.04	$ 1,698.45	$ 245.41	16.89%	$ 1,453.74	$ 1,722.13	$ 268.39	18.46%	$ 1,454.45	$ 1,746.13	$ 291.68	20.05%
Gold	EPO	SUGX2025	SUGX2115																
			Single	$ 515.38	$ 588.80	$ 73.42	14.25%	$ 522.07	$ 597.01	$ 74.94	14.35%	$ 522.33	$ 605.33	$ 83.00	15.89%	$ 522.58	$ 613.77	$ 91.19	17.45%
			Double	$ 1,030.76	$ 1,177.60	$ 146.84	14.25%	$ 1,044.15	$ 1,194.01	$ 149.86	14.35%	$ 1,044.66	$ 1,210.66	$ 166.00	15.89%	$ 1,045.16	$ 1,227.53	$ 182.37	17.45%
			Emp/Child(ren)	$ 876.15	$ 1,000.96	$ 124.81	14.25%	$ 887.52	$ 1,014.91	$ 127.39	14.35%	$ 887.96	$ 1,029.06	$ 141.10	15.89%	$ 888.39	$ 1,043.40	$ 155.01	17.45%
			Family	$ 1,468.84	$ 1,678.08	$ 209.24	14.25%	$ 1,487.91	$ 1,701.47	$ 213.56	14.35%	$ 1,488.63	$ 1,725.18	$ 236.55	15.89%	$ 1,489.36	$ 1,749.23	$ 259.87	17.45%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2038	SUGX2117																
			Single	$ 499.80	$ 583.03	$ 83.23	16.65%	$ 506.28	$ 591.16	$ 84.88	16.77%	$ 506.53	$ 599.40	$ 92.87	18.33%	$ 506.78	$ 607.76	$ 100.98	19.93%
			Double	$ 999.59	$ 1,166.07	$ 166.48	16.65%	$ 1,012.57	$ 1,182.32	$ 169.75	16.76%	$ 1,013.06	$ 1,198.80	$ 185.74	18.33%	$ 1,013.55	$ 1,215.51	$ 201.96	19.93%
			Emp/Child(ren)	$ 849.65	$ 991.16	$ 141.51	16.66%	$ 860.68	$ 1,004.97	$ 144.29	16.76%	$ 861.10	$ 1,018.98	$ 157.88	18.33%	$ 861.52	$ 1,033.19	$ 171.67	19.93%
			Family	$ 1,424.42	$ 1,661.65	$ 237.23	16.65%	$ 1,442.91	$ 1,684.81	$ 241.90	16.76%	$ 1,443.61	$ 1,708.29	$ 264.68	18.33%	$ 1,444.31	$ 1,732.11	$ 287.80	19.93%
Gold	EPO	SUGX2051	SUGX2119																
			Single	$ 503.30	$ 587.76	$ 84.46	16.78%	$ 509.84	$ 595.95	$ 86.11	16.89%	$ 510.09	$ 604.26	$ 94.17	18.46%	$ 510.33	$ 612.68	$ 102.35	20.06%
			Double	$ 1,006.61	$ 1,175.51	$ 168.90	16.78%	$ 1,019.67	$ 1,191.90	$ 172.23	16.89%	$ 1,020.17	$ 1,208.51	$ 188.34	18.46%	$ 1,020.67	$ 1,225.36	$ 204.69	20.05%
			Emp/Child(ren)	$ 855.62	$ 999.18	$ 143.56	16.78%	$ 866.72	$ 1,013.11	$ 146.39	16.89%	$ 867.15	$ 1,027.23	$ 160.08	18.46%	$ 867.57	$ 1,041.55	$ 173.98	20.05%
			Family	$ 1,434.41	$ 1,675.10	$ 240.69	16.78%	$ 1,453.04	$ 1,698.45	$ 245.41	16.89%	$ 1,453.74	$ 1,722.13	$ 268.39	18.46%	$ 1,454.45	$ 1,746.13	$ 291.68	20.05%
Gold	EPO	SUGX2064	SUGX2121																
			Single	$ 511.79	$ 584.07	$ 72.28	14.12%	$ 518.43	$ 592.21	$ 73.78	14.23%	$ 518.69	$ 600.46	$ 81.77	15.76%	$ 518.94	$ 608.83	$ 89.89	17.32%
			Double	$ 1,023.58	$ 1,168.13	$ 144.55	14.12%	$ 1,036.87	$ 1,184.41	$ 147.54	14.23%	$ 1,037.37	$ 1,200.92	$ 163.55	15.77%	$ 1,037.88	$ 1,217.66	$ 179.78	17.32%
			Emp/Child(ren)	$ 870.04	$ 992.91	$ 122.87	14.12%	$ 881.34	$ 1,006.75	$ 125.41	14.23%	$ 881.77	$ 1,020.79	$ 139.02	15.77%	$ 882.20	$ 1,035.01	$ 152.81	17.32%
			Family	$ 1,458.60	$ 1,664.59	$ 205.99	14.12%	$ 1,477.54	$ 1,687.79	$ 210.25	14.23%	$ 1,478.26	$ 1,711.32	$ 233.06	15.77%	$ 1,478.98	$ 1,735.17	$ 256.19	17.32%
Gold	EPO	SUGX2077	SUGX2123																
			Single	$ 515.38	$ 588.80	$ 73.42	14.25%	$ 522.07	$ 597.01	$ 74.94	14.35%	$ 522.33	$ 605.33	$ 83.00	15.89%	$ 522.58	$ 613.77	$ 91.19	17.45%
			Double	$ 1,030.76	$ 1,177.60	$ 146.84	14.25%	$ 1,044.15	$ 1,194.01	$ 149.86	14.35%	$ 1,044.66	$ 1,210.66	$ 166.00	15.89%	$ 1,045.16	$ 1,227.53	$ 182.37	17.45%
			Emp/Child(ren)	$ 876.15	$ 1,000.96	$ 124.81	14.25%	$ 887.52	$ 1,014.91	$ 127.39	14.35%	$ 887.96	$ 1,029.06	$ 141.10	15.89%	$ 888.39	$ 1,043.40	$ 155.01	17.45%
			Family	$ 1,468.84	$ 1,678.08	$ 209.24	14.25%	$ 1,487.91	$ 1,701.47	$ 213.56	14.35%	$ 1,488.63	$ 1,725.18	$ 236.55	15.89%	$ 1,489.36	$ 1,749.23	$ 259.87	17.45%
Gold	EPO	SUGX2090	SUGX2125																
			Single	$ 511.79	$ 584.07	$ 72.28	14.12%	$ 518.43	$ 592.21	$ 73.78	14.23%	$ 518.69	$ 600.46	$ 81.77	15.76%	$ 518.94	$ 608.83	$ 89.89	17.32%
			Double	$ 1,023.58	$ 1,168.13	$ 144.55	14.12%	$ 1,036.87	$ 1,184.41	$ 147.54	14.23%	$ 1,037.37	$ 1,200.92	$ 163.55	15.77%	$ 1,037.88	$ 1,217.66	$ 179.78	17.32%
			Emp/Child(ren)	$ 870.04	$ 992.91	$ 122.87	14.12%	$ 881.34	$ 1,006.75	$ 125.41	14.23%	$ 881.77	$ 1,020.79	$ 139.02	15.77%	$ 882.20	$ 1,035.01	$ 152.81	17.32%
			Family	$ 1,458.60	$ 1,664.59	$ 205.99	14.12%	$ 1,477.54	$ 1,687.79	$ 210.25	14.23%	$ 1,478.26	$ 1,711.32	$ 233.06	15.77%	$ 1,478.98	$ 1,735.17	$ 256.19	17.32%
Gold	EPO	SUGX2103	SUGX2127																
			Single	$ 499.80	$ 583.03	$ 83.23	16.65%	$ 506.28	$ 591.16	$ 84.88	16.77%	$ 506.53	$ 599.40	$ 92.87	18.33%	$ 506.78	$ 607.76	$ 100.98	19.93%
			Double	$ 999.59	$ 1,166.07	$ 166.48	16.65%	$ 1,012.57	$ 1,182.32	$ 169.75	16.76%	$ 1,013.06	$ 1,198.80	$ 185.74	18.33%	$ 1,013.55	$ 1,215.51	$ 201.96	19.93%
			Emp/Child(ren)	$ 849.65	$ 991.16	$ 141.51	16.66%	$ 860.68	$ 1,004.97	$ 144.29	16.76%	$ 861.10	$ 1,018.98	$ 157.88	18.33%	$ 861.52	$ 1,033.19	$ 171.67	19.93%
			Family	$ 1,424.42	$ 1,661.65	$ 237.23	16.65%	$ 1,442.91	$ 1,684.81	$ 241.90	16.76%	$ 1,443.61	$ 1,708.29	$ 264.68	18.33%	$ 1,444.31	$ 1,732.11	$ 287.80	19.93%
Silver	PPO	SUSX3015	SUSX3133																
			Single	$ 439.50	$ 503.67	$ 64.17	14.60%	$ 445.20	$ 510.69	$ 65.49	14.71%	$ 445.42	$ 517.80	$ 72.38	16.25%	$ 445.64	$ 525.02	$ 79.38	17.81%
			Double	$ 878.99	$ 1,007.33	$ 128.34	14.60%	$ 890.41	$ 1,021.37	$ 130.96	14.71%	$ 890.84	$ 1,035.61	$ 144.77	16.25%	$ 891.27	$ 1,050.05	$ 158.78	17.82%
			Emp/Child(ren)	$ 747.15	$ 856.23	$ 109.08	14.60%	$ 756.84	$ 868.17	$ 111.33	14.71%	$ 757.21	$ 880.27	$ 123.06	16.25%	$ 757.58	$ 892.54	$ 134.96	17.81%
			Family	$ 1,252.57	$ 1,435.45	$ 182.88	14.60%	$ 1,268.83	$ 1,455.46	$ 186.63	14.71%	$ 1,269.45	$ 1,475.74	$ 206.29	16.25%	$ 1,270.07	$ 1,496.31	$ 226.24	17.81%
Silver	PPO	SUSX3034	SUSX3136																
			Single	$ 450.05	$ 504.56	$ 54.51	12.11%	$ 455.89	$ 511.60	$ 55.71	12.22%	$ 456.11	$ 518.73	$ 62.62	13.73%	$ 456.33	$ 525.96	$ 69.63	15.26%
			Double	$ 900.09	$ 1,009.13	$ 109.04	12.11%	$ 911.78	$ 1,023.19	$ 111.41	12.22%	$ 912.22	$ 1,037.45	$ 125.23	13.73%	$ 912.66	$ 1,051.92	$ 139.26	15.26%
			Emp/Child(ren)	$ 765.08	$ 857.76	$ 92.68	12.11%	$ 775.01	$ 869.71	$ 94.70	12.22%	$ 775.39	$ 881.84	$ 106.45	13.73%	$ 775.76	$ 894.13	$ 118.37	15.26%
			Family	$ 1,282.63	$ 1,438.00	$ 155.37	12.11%	$ 1,299.28	$ 1,458.05	$ 158.77	12.22%	$ 1,299.91	$ 1,478.37	$ 178.46	13.73%	$ 1,300.55	$ 1,498.98	$ 198.43	15.26%
Silver	PPO	SUSX3050	SUSX3139																
			Single	$ 436.43	$ 499.62	$ 63.19	14.48%	$ 442.10	$ 506.58	$ 64.48	14.58%	$ 442.32	$ 513.64	$ 71.32	16.12%	$ 442.53	$ 520.80	$ 78.27	17.69%
			Double	$ 872.87	$ 999.23	$ 126.36	14.48%	$ 884.20	$ 1,013.16	$ 128.96	14.58%	$ 884.63	$ 1,027.29	$ 142.66	16.13%	$ 885.06	$ 1,041.60	$ 156.54	17.69%
			Emp/Child(ren)	$ 741.94	$ 849.35	$ 107.41	14.48%	$ 751.57	$ 861.19	$ 109.62	14.59%	$ 751.94	$ 873.19	$ 121.25	16.12%	$ 752.30	$ 885.36	$ 133.06	17.69%
			Family	$ 1,243.84	$ 1,423.91	$ 180.07	14.48%	$ 1,259.98	$ 1,443.76	$ 183.78	14.59%	$ 1,260.60	$ 1,463.88	$ 203.28	16.13%	$ 1,261.21	$ 1,484.29	$ 223.08	17.69%
Silver	PPO	SUSX3066	SUSX3142																
			Single	$ 439.50	$ 503.67	$ 64.17	14.60%	$ 445.20	$ 510.69	$ 65.49	14.71%	$ 445.42	$ 517.80	$ 72.38	16.25%	$ 445.64	$ 525.02	$ 79.38	17.81%
			Double	$ 878.99	$ 1,007.33	$ 128.34	14.60%	$ 890.41	$ 1,021.37	$ 130.96	14.71%	$ 890.84	$ 1,035.61	$ 144.77	16.25%	$ 891.27	$ 1,050.05	$ 158.78	17.82%
			Emp/Child(ren)	$ 747.15	$ 856.23	$ 109.08	14.60%	$ 756.84	$ 868.17	$ 111.33	14.71%	$ 757.21	$ 880.27	$ 123.06	16.25%	$ 757.58	$ 892.54	$ 134.96	17.81%
			Family	$ 1,252.57	$ 1,435.45	$ 182.88	14.60%	$ 1,268.83	$ 1,455.46	$ 186.63	14.71%	$ 1,269.45	$ 1,475.74	$ 206.29	16.25%	$ 1,270.07	$ 1,496.31	$ 226.24	17.81%
Silver	PPO	SUSX3082	SUSX3145																
			Single	$ 446.91	$ 500.50	$ 53.59	11.99%	$ 452.71	$ 507.48	$ 54.77	12.10%	$ 452.93	$ 514.55	$ 61.62	13.60%	$ 453.15	$ 521.73	$ 68.58	15.13%
			Double	$ 893.82	$ 1,001.01	$ 107.19	11.99%	$ 905.42	$ 1,014.96	$ 109.54	12.10%	$ 905.86	$ 1,029.11	$ 123.25	13.61%	$ 906.30	$ 1,043.45	$ 137.15	15.13%
			Emp/Child(ren)	$ 759.74	$ 850.86	$ 91.12	11.99%	$ 769.61	$ 862.72	$ 93.11	12.10%	$ 769.98	$ 874.74	$ 104.76	13.61%	$ 770.36	$ 886.93	$ 116.57	15.13%
			Family	$ 1,273.69	$ 1,426.43	$ 152.74	11.99%	$ 1,290.22	$ 1,446.32	$ 156.10	12.10%	$ 1,290.85	$ 1,466.48	$ 175.63	13.61%	$ 1,291.48	$ 1,486.92	$ 195.44	15.13%
Silver	PPO	SUSX3098	SUSX3148																
			Single	$ 450.05	$ 504.56	$ 54.51	12.11%	$ 455.89	$ 511.60	$ 55.71	12.22%	$ 456.11	$ 518.73	$ 62.62	13.73%	$ 456.33	$ 525.96	$ 69.63	15.26%
			Double	$ 900.09	$ 1,009.13	$ 109.04	12.11%	$ 911.78	$ 1,023.19	$ 111.41	12.22%	$ 912.22	$ 1,037.45	$ 125.23	13.73%	$ 912.66	$ 1,051.92	$ 139.26	15.26%
			Emp/Child(ren)	$ 765.08	$ 857.76	$ 92.68	12.11%	$ 775.01	$ 869.71	$ 94.70	12.22%	$ 775.39	$ 881.84	$ 106.45	13.73%	$ 775.76	$ 894.13	$ 118.37	15.26%
			Family	$ 1,282.63	$ 1,438.00	$ 155.37	12.11%	$ 1,299.28	$ 1,458.05	$ 158.77	12.22%	$ 1,299.91	$ 1,478.37	$ 178.46	13.73%	$ 1,300.55	$ 1,498.98	$ 198.43	15.26%
Silver	PPO	SUSX3114	SUSX3151																
			Single	$ 446.91	$ 500.50	$ 53.59	11.99%	$ 452.71	$ 507.48	$ 54.77	12.10%	$ 452.93	$ 514.55	$ 61.62	13.60%	$ 453.15	$ 521.73	$ 68.58	15.13%
			Double	$ 893.82	$ 1,001.01	$ 107.19	11.99%	$ 905.42	$ 1,014.96	$ 109.54	12.10%	$ 905.86	$ 1,029.11	$ 123.25	13.61%	$ 906.30	$ 1,043.45	$ 137.15	15.13%
			Emp/Child(ren)	$ 759.74	$ 850.86	$ 91.12	11.99%	$ 769.61	$ 862.72	$ 93.11	12.10%	$ 769.98	$ 874.74	$ 104.76	13.61%	$ 770.36	$ 886.93	$ 116.57	15.13%
			Family	$ 1,273.69	$ 1,426.43	$ 152.74	11.99%	$ 1,290.22	$ 1,446.32	$ 156.10	12.10%	$ 1,290.85	$ 1,466.48	$ 175.63	13.61%	$ 1,291.48	$ 1,486.92	$ 195.44	15.13%
Silver	PPO	SUSX3130	SUSX3154																
			Single	$ 436.43	$ 499.62	$ 63.19	14.48%	$ 442.10	$ 506.58	$ 64.48	14.58%	$ 442.32	$ 513.64	$ 71.32	16.12%	$ 442.53	$ 520.80	$ 78.27	17.69%
			Double	$ 872.87	$ 999.23	$ 126.36	14.48%	$ 884.20	$ 1,013.16	$ 128.96	14.58%	$ 884.63	$ 1,027.29	$ 142.66	16.13%	$ 885.06	$ 1,041.60	$ 156.54	17.69%
			Emp/Child(ren)	$ 741.94	$ 849.35	$ 107.41	14.48%	$ 751.57	$ 861.19	$ 109.62	14.59%	$ 751.94	$ 873.19	$ 121.25	16.12%	$ 752.30	$ 885.36	$ 133.06	17.69%
			Family	$ 1,243.84	$ 1,423.91	$ 180.07	14.48%	$ 1,259.98	$ 1,443.76	$ 183.78	14.59%	$ 1,260.60	$ 1,463.88	$ 203.28	16.13%	$ 1,261.21	$ 1,484.29	$ 223.08	17.69%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	HDE	SUSX3009	SUSX3132																
			Single	$ 435.38	$ 493.33	$ 57.95	13.31%	$ 441.03	$ 500.20	$ 59.17	13.42%	$ 441.25	$ 507.17	$ 65.92	14.94%	$ 441.46	$ 514.24	$ 72.78	16.49%
			Double	$ 870.76	$ 986.65	$ 115.89	13.31%	$ 882.06	$ 1,000.40	$ 118.34	13.42%	$ 882.49	$ 1,014.35	$ 131.86	14.94%	$ 882.92	$ 1,028.49	$ 145.57	16.49%
			Emp/Child(ren)	$ 740.14	$ 838.65	$ 98.51	13.31%	$ 749.75	$ 850.34	$ 100.59	13.42%	$ 750.12	$ 862.20	$ 112.08	14.94%	$ 750.48	$ 874.21	$ 123.73	16.49%
			Family	$ 1,240.83	$ 1,405.98	$ 165.15	13.31%	$ 1,256.94	$ 1,425.58	$ 168.64	13.42%	$ 1,257.55	$ 1,445.45	$ 187.90	14.94%	$ 1,258.16	$ 1,465.60	$ 207.44	16.49%
Silver	HDE	SUSX3025	SUSX3135																
			Single	$ 445.83	$ 494.20	$ 48.37	10.85%	$ 451.62	$ 501.09	$ 49.47	10.95%	$ 451.84	$ 508.07	$ 56.23	12.44%	$ 452.06	$ 515.16	$ 63.10	13.96%
			Double	$ 891.66	$ 988.40	$ 96.74	10.85%	$ 903.23	$ 1,002.18	$ 98.95	10.96%	$ 903.67	$ 1,016.15	$ 112.48	12.45%	$ 904.11	$ 1,030.31	$ 126.20	13.96%
			Emp/Child(ren)	$ 757.91	$ 840.14	$ 82.23	10.85%	$ 767.75	$ 851.85	$ 84.10	10.95%	$ 768.12	$ 863.73	$ 95.61	12.45%	$ 768.50	$ 875.76	$ 107.26	13.96%
			Family	$ 1,270.61	$ 1,408.47	$ 137.86	10.85%	$ 1,287.11	$ 1,428.10	$ 140.99	10.95%	$ 1,287.73	$ 1,448.01	$ 160.28	12.45%	$ 1,288.36	$ 1,468.19	$ 179.83	13.96%
Silver	HDE	SUSX3044	SUSX3138																
			Single	$ 432.34	$ 489.36	$ 57.02	13.19%	$ 437.96	$ 496.18	$ 58.22	13.29%	$ 438.17	$ 503.09	$ 64.92	14.82%	$ 438.38	$ 510.11	$ 71.73	16.36%
			Double	$ 864.69	$ 978.71	$ 114.02	13.19%	$ 875.91	$ 992.35	$ 116.44	13.29%	$ 876.34	$ 1,006.19	$ 129.85	14.82%	$ 876.77	$ 1,020.21	$ 143.44	16.36%
			Emp/Child(ren)	$ 734.99	$ 831.90	$ 96.91	13.19%	$ 744.53	$ 843.50	$ 98.97	13.29%	$ 744.89	$ 855.26	$ 110.37	14.82%	$ 745.25	$ 867.18	$ 121.93	16.36%
			Family	$ 1,232.18	$ 1,394.66	$ 162.48	13.19%	$ 1,248.18	$ 1,414.10	$ 165.92	13.29%	$ 1,248.79	$ 1,433.81	$ 185.02	14.82%	$ 1,249.39	$ 1,453.80	$ 204.41	16.36%
Silver	HDE	SUSX3060	SUSX3141																
			Single	$ 435.38	$ 493.33	$ 57.95	13.31%	$ 441.03	$ 500.20	$ 59.17	13.42%	$ 441.25	$ 507.17	$ 65.92	14.94%	$ 441.46	$ 514.24	$ 72.78	16.49%
			Double	$ 870.76	$ 986.65	$ 115.89	13.31%	$ 882.06	$ 1,000.40	$ 118.34	13.42%	$ 882.49	$ 1,014.35	$ 131.86	14.94%	$ 882.92	$ 1,028.49	$ 145.57	16.49%
			Emp/Child(ren)	$ 740.14	$ 838.65	$ 98.51	13.31%	$ 749.75	$ 850.34	$ 100.59	13.42%	$ 750.12	$ 862.20	$ 112.08	14.94%	$ 750.48	$ 874.21	$ 123.73	16.49%
			Family	$ 1,240.83	$ 1,405.98	$ 165.15	13.31%	$ 1,256.94	$ 1,425.58	$ 168.64	13.42%	$ 1,257.55	$ 1,445.45	$ 187.90	14.94%	$ 1,258.16	$ 1,465.60	$ 207.44	16.49%
Silver	HDE	SUSX3076	SUSX3144																
			Single	$ 442.72	$ 490.22	$ 47.50	10.73%	$ 448.47	$ 497.05	$ 48.58	10.83%	$ 448.69	$ 503.98	$ 55.29	12.32%	$ 448.91	$ 511.01	$ 62.10	13.83%
			Double	$ 885.44	$ 980.44	$ 95.00	10.73%	$ 896.94	$ 994.10	$ 97.16	10.83%	$ 897.37	$ 1,007.96	$ 110.59	12.32%	$ 897.81	$ 1,022.01	$ 124.20	13.83%
			Emp/Child(ren)	$ 752.63	$ 833.37	$ 80.74	10.73%	$ 762.40	$ 844.99	$ 82.59	10.83%	$ 762.77	$ 856.77	$ 94.00	12.32%	$ 763.14	$ 868.71	$ 105.57	13.83%
			Family	$ 1,261.75	$ 1,397.12	$ 135.37	10.73%	$ 1,278.13	$ 1,416.60	$ 138.47	10.83%	$ 1,278.76	$ 1,436.34	$ 157.58	12.32%	$ 1,279.38	$ 1,456.37	$ 176.99	13.83%
Silver	HDE	SUSX3092	SUSX3147																
			Single	$ 445.83	$ 494.20	$ 48.37	10.85%	$ 451.62	$ 501.09	$ 49.47	10.95%	$ 451.84	$ 508.07	$ 56.23	12.44%	$ 452.06	$ 515.16	$ 63.10	13.96%
			Double	$ 891.66	$ 988.40	$ 96.74	10.85%	$ 903.23	$ 1,002.18	$ 98.95	10.96%	$ 903.67	$ 1,016.15	$ 112.48	12.45%	$ 904.11	$ 1,030.31	$ 126.20	13.96%
			Emp/Child(ren)	$ 757.91	$ 840.14	$ 82.23	10.85%	$ 767.75	$ 851.85	$ 84.10	10.95%	$ 768.12	$ 863.73	$ 95.61	12.45%	$ 768.50	$ 875.76	$ 107.26	13.96%
			Family	$ 1,270.61	$ 1,408.47	$ 137.86	10.85%	$ 1,287.11	$ 1,428.10	$ 140.99	10.95%	$ 1,287.73	$ 1,448.01	$ 160.28	12.45%	$ 1,288.36	$ 1,468.19	$ 179.83	13.96%
Silver	HDE	SUSX3108	SUSX3150																
			Single	$ 442.72	$ 490.22	$ 47.50	10.73%	$ 448.47	$ 497.05	$ 48.58	10.83%	$ 448.69	$ 503.98	$ 55.29	12.32%	$ 448.91	$ 511.01	$ 62.10	13.83%
			Double	$ 885.44	$ 980.44	$ 95.00	10.73%	$ 896.94	$ 994.10	$ 97.16	10.83%	$ 897.37	$ 1,007.96	$ 110.59	12.32%	$ 897.81	$ 1,022.01	$ 124.20	13.83%
			Emp/Child(ren)	$ 752.63	$ 833.37	$ 80.74	10.73%	$ 762.40	$ 844.99	$ 82.59	10.83%	$ 762.77	$ 856.77	$ 94.00	12.32%	$ 763.14	$ 868.71	$ 105.57	13.83%
			Family	$ 1,261.75	$ 1,397.12	$ 135.37	10.73%	$ 1,278.13	$ 1,416.60	$ 138.47	10.83%	$ 1,278.76	$ 1,436.34	$ 157.58	12.32%	$ 1,279.38	$ 1,456.37	$ 176.99	13.83%
Silver	HDE	SUSX3124	SUSX3153																
			Single	$ 432.34	$ 489.36	$ 57.02	13.19%	$ 437.96	$ 496.18	$ 58.22	13.29%	$ 438.17	$ 503.09	$ 64.92	14.82%	$ 438.38	$ 510.11	$ 71.73	16.36%
			Double	$ 864.69	$ 978.71	$ 114.02	13.19%	$ 875.91	$ 992.35	$ 116.44	13.29%	$ 876.34	$ 1,006.19	$ 129.85	14.82%	$ 876.77	$ 1,020.21	$ 143.44	16.36%
			Emp/Child(ren)	$ 734.99	$ 831.90	$ 96.91	13.19%	$ 744.53	$ 843.50	$ 98.97	13.29%	$ 744.89	$ 855.26	$ 110.37	14.82%	$ 745.25	$ 867.18	$ 121.93	16.36%
			Family	$ 1,232.18	$ 1,394.66	$ 162.48	13.19%	$ 1,248.18	$ 1,414.10	$ 165.92	13.29%	$ 1,248.79	$ 1,433.81	$ 185.02	14.82%	$ 1,249.39	$ 1,453.80	$ 204.41	16.36%
Silver	EPO	SUSX3001	SUSX3131																
			Single	$ 433.64	$ 486.28	$ 52.64	12.14%	$ 439.27	$ 493.06	$ 53.79	12.25%	$ 439.49	$ 499.93	$ 60.44	13.75%	$ 439.70	$ 506.90	$ 67.20	15.28%
			Double	$ 867.28	$ 972.56	$ 105.28	12.14%	$ 878.54	$ 986.12	$ 107.58	12.25%	$ 878.97	$ 999.87	$ 120.90	13.75%	$ 879.40	$ 1,013.80	$ 134.40	15.28%
			Emp/Child(ren)	$ 737.19	$ 826.68	$ 89.49	12.14%	$ 746.76	$ 838.20	$ 91.44	12.24%	$ 747.13	$ 849.89	$ 102.76	13.75%	$ 747.49	$ 861.73	$ 114.24	15.28%
			Family	$ 1,235.88	$ 1,385.90	$ 150.02	12.14%	$ 1,251.92	$ 1,405.22	$ 153.30	12.25%	$ 1,252.53	$ 1,424.81	$ 172.28	13.75%	$ 1,253.14	$ 1,444.67	$ 191.53	15.28%
Silver	EPO	SUSX3017	SUSX3134																
			Single	$ 442.06	$ 487.13	$ 45.07	10.20%	$ 447.80	$ 493.93	$ 46.13	10.30%	$ 448.02	$ 500.81	$ 52.79	11.78%	$ 448.24	$ 507.79	$ 59.55	13.29%
			Double	$ 884.13	$ 974.27	$ 90.14	10.20%	$ 895.61	$ 987.85	$ 92.24	10.30%	$ 896.04	$ 1,001.62	$ 105.58	11.78%	$ 896.48	$ 1,015.58	$ 119.10	13.29%
			Emp/Child(ren)	$ 751.51	$ 828.13	$ 76.62	10.20%	$ 761.26	$ 839.67	$ 78.41	10.30%	$ 761.64	$ 851.38	$ 89.74	11.78%	$ 762.01	$ 863.24	$ 101.23	13.28%
			Family	$ 1,259.88	$ 1,388.33	$ 128.45	10.20%	$ 1,276.24	$ 1,407.69	$ 131.45	10.30%	$ 1,276.86	$ 1,427.31	$ 150.45	11.78%	$ 1,277.48	$ 1,447.20	$ 169.72	13.29%
Silver	EPO	SUSX3036	SUSX3137																
			Single	$ 428.69	$ 482.37	$ 53.68	12.52%	$ 434.26	$ 489.09	$ 54.83	12.63%	$ 434.47	$ 495.91	$ 61.44	14.14%	$ 434.68	$ 502.82	$ 68.14	15.68%
			Double	$ 857.39	$ 964.74	$ 107.35	12.52%	$ 868.52	$ 978.18	$ 109.66	12.63%	$ 868.94	$ 991.82	$ 122.88	14.14%	$ 869.37	$ 1,005.64	$ 136.27	15.67%
			Emp/Child(ren)	$ 728.78	$ 820.03	$ 91.25	12.52%	$ 738.24	$ 831.46	$ 93.22	12.63%	$ 738.60	$ 843.05	$ 104.45	14.14%	$ 738.96	$ 854.80	$ 115.84	15.68%
			Family	$ 1,221.78	$ 1,374.75	$ 152.97	12.52%	$ 1,237.64	$ 1,393.91	$ 156.27	12.63%	$ 1,238.24	$ 1,413.34	$ 175.10	14.14%	$ 1,238.85	$ 1,433.04	$ 194.19	15.68%
Silver	EPO	SUSX3052	SUSX3140																
			Single	$ 431.70	$ 486.28	$ 54.58	12.64%	$ 437.31	$ 493.06	$ 55.75	12.75%	$ 437.52	$ 499.93	$ 62.41	14.26%	$ 437.73	$ 506.90	$ 69.17	15.80%
			Double	$ 863.41	$ 972.56	$ 109.15	12.64%	$ 874.61	$ 986.12	$ 111.51	12.75%	$ 875.04	$ 999.87	$ 124.83	14.27%	$ 875.47	$ 1,013.80	$ 138.33	15.80%
			Emp/Child(ren)	$ 733.90	$ 826.68	$ 92.78	12.64%	$ 743.42	$ 838.20	$ 94.78	12.75%	$ 743.78	$ 849.89	$ 106.11	14.27%	$ 744.15	$ 861.73	$ 117.58	15.80%
			Family	$ 1,230.35	$ 1,385.90	$ 155.55	12.64%	$ 1,246.33	$ 1,405.22	$ 158.89	12.75%	$ 1,246.93	$ 1,424.81	$ 177.88	14.27%	$ 1,247.54	$ 1,444.67	$ 197.13	15.80%
Silver	EPO	SUSX3068	SUSX3143																
			Single	$ 438.98	$ 483.22	$ 44.24	10.08%	$ 444.68	$ 489.96	$ 45.28	10.18%	$ 444.90	$ 496.79	$ 51.89	11.66%	$ 445.12	$ 503.71	$ 58.59	13.16%
			Double	$ 877.97	$ 966.44	$ 88.47	10.08%	$ 889.36	$ 979.91	$ 90.55	10.18%	$ 889.80	$ 993.57	$ 103.77	11.66%	$ 890.23	$ 1,007.42	$ 117.19	13.16%
			Emp/Child(ren)	$ 746.27	$ 821.48	$ 75.21	10.08%	$ 755.96	$ 832.93	$ 76.97	10.18%	$ 756.33	$ 844.54	$ 88.21	11.66%	$ 756.70	$ 856.31	$ 99.61	13.16%
			Family	$ 1,251.10	$ 1,377.18	$ 126.08	10.08%	$ 1,267.34	$ 1,396.38	$ 129.04	10.18%	$ 1,267.96	$ 1,415.84	$ 147.88	11.66%	$ 1,268.58	$ 1,435.58	$ 167.00	13.16%
Silver	EPO	SUSX3084	SUSX3146																
			Single	$ 442.06	$ 487.13	$ 45.07	10.20%	$ 447.80	$ 493.93	$ 46.13	10.30%	$ 448.02	$ 500.81	$ 52.79	11.78%	$ 448.24	$ 507.79	$ 59.55	13.29%
			Double	$ 884.13	$ 974.27	$ 90.14	10.20%	$ 895.61	$ 987.85	$ 92.24	10.30%	$ 896.04	$ 1,001.62	$ 105.58	11.78%	$ 896.48	$ 1,015.58	$ 119.10	13.29%
			Emp/Child(ren)	$ 751.51	$ 828.13	$ 76.62	10.20%	$ 761.26	$ 839.67	$ 78.41	10.30%	$ 761.64	$ 851.38	$ 89.74	11.78%	$ 762.01	$ 863.24	$ 101.23	13.28%
			Family	$ 1,259.88	$ 1,388.33	$ 128.45	10.20%	$ 1,276.24	$ 1,407.69	$ 131.45	10.30%	$ 1,276.86	$ 1,427.31	$ 150.45	11.78%	$ 1,277.48	$ 1,447.20	$ 169.72	13.29%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	EPO	SUSX3100	SUSX3149																
			Single	$ 438.98	$ 483.22	$ 44.24	10.08%	$ 444.68	$ 489.96	$ 45.28	10.18%	$ 444.90	$ 496.79	$ 51.89	11.66%	$ 445.12	$ 503.71	$ 58.59	13.16%
			Double	$ 877.97	$ 966.44	$ 88.47	10.08%	$ 889.36	$ 979.91	$ 90.55	10.18%	$ 889.80	$ 993.57	$ 103.77	11.66%	$ 890.23	$ 1,007.42	$ 117.19	13.16%
			Emp/Child(ren)	$ 746.27	$ 821.48	$ 75.21	10.08%	$ 755.96	$ 832.93	$ 76.97	10.18%	$ 756.33	$ 844.54	$ 88.21	11.66%	$ 756.70	$ 856.31	$ 99.61	13.16%
			Family	$ 1,251.10	$ 1,377.18	$ 126.08	10.08%	$ 1,267.34	$ 1,396.38	$ 129.04	10.18%	$ 1,267.96	$ 1,415.84	$ 147.88	11.66%	$ 1,268.58	$ 1,435.58	$ 167.00	13.16%
Silver	EPO	SUSX3116	SUSX3152																
			Single	$ 428.69	$ 482.37	$ 53.68	12.52%	$ 434.26	$ 489.09	$ 54.83	12.63%	$ 434.47	$ 495.91	$ 61.44	14.14%	$ 434.68	$ 502.82	$ 68.14	15.68%
			Double	$ 857.39	$ 964.74	$ 107.35	12.52%	$ 868.52	$ 978.18	$ 109.66	12.63%	$ 868.94	$ 991.82	$ 122.88	14.14%	$ 869.37	$ 1,005.64	$ 136.27	15.67%
			Emp/Child(ren)	$ 728.78	$ 820.03	$ 91.25	12.52%	$ 738.24	$ 831.46	$ 93.22	12.63%	$ 738.60	$ 843.05	$ 104.45	14.14%	$ 738.96	$ 854.80	$ 115.84	15.68%
			Family	$ 1,221.78	$ 1,374.75	$ 152.97	12.52%	$ 1,237.64	$ 1,393.91	$ 156.27	12.63%	$ 1,238.24	$ 1,413.34	$ 175.10	14.14%	$ 1,238.85	$ 1,433.04	$ 194.19	15.68%
Bronze	HDE	SUBX4001	SUBX4157																
			Single	$ 370.43	$ 416.68	$ 46.25	12.49%	$ 375.24	$ 422.49	$ 47.25	12.59%	$ 375.42	$ 428.38	$ 52.96	14.11%	$ 375.60	$ 434.35	$ 58.75	15.64%
			Double	$ 740.86	$ 833.36	$ 92.50	12.49%	$ 750.47	$ 844.98	$ 94.51	12.59%	$ 750.84	$ 856.76	$ 105.92	14.11%	$ 751.21	$ 868.70	$ 117.49	15.64%
			Emp/Child(ren)	$ 629.73	$ 708.36	$ 78.63	12.49%	$ 637.90	$ 718.23	$ 80.33	12.59%	$ 638.21	$ 728.25	$ 90.04	14.11%	$ 638.52	$ 738.40	$ 99.88	15.64%
			Family	$ 1,055.72	$ 1,187.54	$ 131.82	12.49%	$ 1,069.43	$ 1,204.10	$ 134.67	12.59%	$ 1,069.95	$ 1,220.88	$ 150.93	14.11%	$ 1,070.47	$ 1,237.90	$ 167.43	15.64%
Bronze	HDE	SUBX4019	SUBX4158																
			Single	$ 377.62	$ 417.42	$ 39.80	10.54%	$ 382.52	$ 423.24	$ 40.72	10.65%	$ 382.71	$ 429.14	$ 46.43	12.13%	$ 382.90	$ 435.12	$ 52.22	13.64%
			Double	$ 755.25	$ 834.84	$ 79.59	10.54%	$ 765.05	$ 846.48	$ 81.43	10.64%	$ 765.42	$ 858.28	$ 92.86	12.13%	$ 765.80	$ 870.24	$ 104.44	13.64%
			Emp/Child(ren)	$ 641.96	$ 709.62	$ 67.66	10.54%	$ 650.29	$ 719.51	$ 69.22	10.64%	$ 650.61	$ 729.54	$ 78.93	12.13%	$ 650.93	$ 739.71	$ 88.78	13.64%
			Family	$ 1,076.22	$ 1,189.65	$ 113.43	10.54%	$ 1,090.20	$ 1,206.24	$ 116.04	10.64%	$ 1,090.73	$ 1,223.05	$ 132.32	12.13%	$ 1,091.26	$ 1,240.10	$ 148.84	13.64%
Bronze	HDE	SUBX4037	SUBX4159																
			Single	$ 366.20	$ 413.33	$ 47.13	12.87%	$ 370.96	$ 419.09	$ 48.13	12.97%	$ 371.14	$ 424.93	$ 53.79	14.49%	$ 371.32	$ 430.86	$ 59.54	16.03%
			Double	$ 732.40	$ 826.66	$ 94.26	12.87%	$ 741.91	$ 838.18	$ 96.27	12.98%	$ 742.27	$ 849.86	$ 107.59	14.49%	$ 742.63	$ 861.71	$ 119.08	16.03%
			Emp/Child(ren)	$ 622.54	$ 702.66	$ 80.12	12.87%	$ 630.62	$ 712.45	$ 81.83	12.98%	$ 630.93	$ 722.38	$ 91.45	14.49%	$ 631.24	$ 732.45	$ 101.21	16.03%
			Family	$ 1,043.67	$ 1,177.99	$ 134.32	12.87%	$ 1,057.22	$ 1,194.41	$ 137.19	12.98%	$ 1,057.74	$ 1,211.06	$ 153.32	14.50%	$ 1,058.25	$ 1,227.94	$ 169.69	16.03%
Bronze	HDE	SUBX4055	SUBX4160																
			Single	$ 368.77	$ 416.68	$ 47.91	12.99%	$ 373.56	$ 422.49	$ 48.93	13.10%	$ 373.74	$ 428.38	$ 54.64	14.62%	$ 373.92	$ 434.35	$ 60.43	16.16%
			Double	$ 737.54	$ 833.36	$ 95.82	12.99%	$ 747.12	$ 844.98	$ 97.86	13.10%	$ 747.48	$ 856.76	$ 109.28	14.62%	$ 747.85	$ 868.70	$ 120.85	16.16%
			Emp/Child(ren)	$ 626.91	$ 708.36	$ 81.45	12.99%	$ 635.05	$ 718.23	$ 83.18	13.10%	$ 635.36	$ 728.25	$ 92.89	14.62%	$ 635.67	$ 738.40	$ 102.73	16.16%
			Family	$ 1,051.00	$ 1,187.54	$ 136.54	12.99%	$ 1,064.64	$ 1,204.10	$ 139.46	13.10%	$ 1,065.16	$ 1,220.88	$ 155.72	14.62%	$ 1,065.68	$ 1,237.90	$ 172.22	16.16%
Bronze	HDE	SUBX4073	SUBX4161																
			Single	$ 374.99	$ 414.06	$ 39.07	10.42%	$ 379.86	$ 419.83	$ 39.97	10.52%	$ 380.04	$ 425.68	$ 45.64	12.01%	$ 380.23	$ 431.62	$ 51.39	13.52%
			Double	$ 749.98	$ 828.12	$ 78.14	10.42%	$ 759.72	$ 839.66	$ 79.94	10.52%	$ 760.09	$ 851.36	$ 91.27	12.01%	$ 760.46	$ 863.23	$ 102.77	13.51%
			Emp/Child(ren)	$ 637.48	$ 703.90	$ 66.42	10.42%	$ 645.76	$ 713.71	$ 67.95	10.52%	$ 646.07	$ 723.66	$ 77.59	12.01%	$ 646.39	$ 733.75	$ 87.36	13.52%
			Family	$ 1,068.72	$ 1,180.06	$ 111.34	10.42%	$ 1,082.60	$ 1,196.51	$ 113.91	10.52%	$ 1,083.12	$ 1,213.19	$ 130.07	12.01%	$ 1,083.65	$ 1,230.10	$ 146.45	13.51%
Bronze	HDE	SUBX4091	SUBX4162																
			Single	$ 377.62	$ 417.42	$ 39.80	10.54%	$ 382.52	$ 423.24	$ 40.72	10.65%	$ 382.71	$ 429.14	$ 46.43	12.13%	$ 382.90	$ 435.12	$ 52.22	13.64%
			Double	$ 755.25	$ 834.84	$ 79.59	10.54%	$ 765.05	$ 846.48	$ 81.43	10.64%	$ 765.42	$ 858.28	$ 92.86	12.13%	$ 765.80	$ 870.24	$ 104.44	13.64%
			Emp/Child(ren)	$ 641.96	$ 709.62	$ 67.66	10.54%	$ 650.29	$ 719.51	$ 69.22	10.64%	$ 650.61	$ 729.54	$ 78.93	12.13%	$ 650.93	$ 739.71	$ 88.78	13.64%
			Family	$ 1,076.22	$ 1,189.65	$ 113.43	10.54%	$ 1,090.20	$ 1,206.24	$ 116.04	10.64%	$ 1,090.73	$ 1,223.05	$ 132.32	12.13%	$ 1,091.26	$ 1,240.10	$ 148.84	13.64%
Bronze	HDE	SUBX4109	SUBX4163																
			Single	$ 374.99	$ 414.06	$ 39.07	10.42%	$ 379.86	$ 419.83	$ 39.97	10.52%	$ 380.04	$ 425.68	$ 45.64	12.01%	$ 380.23	$ 431.62	$ 51.39	13.52%
			Double	$ 749.98	$ 828.12	$ 78.14	10.42%	$ 759.72	$ 839.66	$ 79.94	10.52%	$ 760.09	$ 851.36	$ 91.27	12.01%	$ 760.46	$ 863.23	$ 102.77	13.51%
			Emp/Child(ren)	$ 637.48	$ 703.90	$ 66.42	10.42%	$ 645.76	$ 713.71	$ 67.95	10.52%	$ 646.07	$ 723.66	$ 77.59	12.01%	$ 646.39	$ 733.75	$ 87.36	13.52%
			Family	$ 1,068.72	$ 1,180.06	$ 111.34	10.42%	$ 1,082.60	$ 1,196.51	$ 113.91	10.52%	$ 1,083.12	$ 1,213.19	$ 130.07	12.01%	$ 1,083.65	$ 1,230.10	$ 146.45	13.51%
Bronze	HDE	SUBX4127	SUBX4164																
			Single	$ 366.20	$ 413.33	$ 47.13	12.87%	$ 370.96	$ 419.09	$ 48.13	12.97%	$ 371.14	$ 424.93	$ 53.79	14.49%	$ 371.32	$ 430.86	$ 59.54	16.03%
			Double	$ 732.40	$ 826.66	$ 94.26	12.87%	$ 741.91	$ 838.18	$ 96.27	12.98%	$ 742.27	$ 849.86	$ 107.59	14.49%	$ 742.63	$ 861.71	$ 119.08	16.03%
			Emp/Child(ren)	$ 622.54	$ 702.66	$ 80.12	12.87%	$ 630.62	$ 712.45	$ 81.83	12.98%	$ 630.93	$ 722.38	$ 91.45	14.49%	$ 631.24	$ 732.45	$ 101.21	16.03%
			Family	$ 1,043.67	$ 1,177.99	$ 134.32	12.87%	$ 1,057.22	$ 1,194.41	$ 137.19	12.98%	$ 1,057.74	$ 1,211.06	$ 153.32	14.50%	$ 1,058.25	$ 1,227.94	$ 169.69	16.03%
Bronze	HDE	SUBX4014	SUBX4142																
			Single	$ 348.94	$ 397.65	$ 48.71	13.96%	$ 353.47	$ 403.19	$ 49.72	14.07%	$ 353.64	$ 408.81	$ 55.17	15.60%	$ 353.81	$ 414.51	$ 60.70	17.16%
			Double	$ 697.88	$ 795.30	$ 97.42	13.96%	$ 706.94	$ 806.39	$ 99.45	14.07%	$ 707.28	$ 817.63	$ 110.35	15.60%	$ 707.63	$ 829.02	$ 121.39	17.15%
			Emp/Child(ren)	$ 593.20	$ 676.01	$ 82.81	13.96%	$ 600.90	$ 685.43	$ 84.53	14.07%	$ 601.19	$ 694.98	$ 93.79	15.60%	$ 601.48	$ 704.67	$ 103.19	17.16%
			Family	$ 994.48	$ 1,133.30	$ 138.82	13.96%	$ 1,007.39	$ 1,149.10	$ 141.71	14.07%	$ 1,007.88	$ 1,165.12	$ 157.24	15.60%	$ 1,008.37	$ 1,181.36	$ 172.99	17.16%
Bronze	HDE	SUBX4032	SUBX4144																
			Single	$ 357.31	$ 398.35	$ 41.04	11.49%	$ 361.95	$ 403.90	$ 41.95	11.59%	$ 362.13	$ 409.53	$ 47.40	13.09%	$ 362.30	$ 415.24	$ 52.94	14.61%
			Double	$ 714.63	$ 796.69	$ 82.06	11.48%	$ 723.90	$ 807.80	$ 83.90	11.59%	$ 724.26	$ 819.06	$ 94.80	13.09%	$ 724.61	$ 830.47	$ 105.86	14.61%
			Emp/Child(ren)	$ 607.43	67719.00%	$ 69.76	11.48%	$ 615.32	$ 686.63	$ 71.31	11.59%	$ 615.62	$ 696.20	$ 80.58	13.09%	$ 615.92	$ 705.90	$ 89.98	14.61%
			Family	$ 1,018.34	$ 1,135.28	$ 116.94	11.48%	$ 1,031.56	$ 1,151.11	$ 119.55	11.59%	$ 1,032.07	$ 1,167.16	$ 135.09	13.09%	$ 1,032.57	$ 1,183.42	$ 150.85	14.61%
Bronze	HDE	SUBX4050	SUBX4146																
			Single	$ 346.51	$ 394.44	$ 47.93	13.83%	$ 351.00	$ 399.94	$ 48.94	13.94%	$ 351.18	$ 405.52	$ 54.34	15.47%	$ 351.35	$ 411.17	$ 59.82	17.03%
			Double	$ 693.01	$ 788.89	$ 95.88	13.84%	$ 702.01	$ 799.88	$ 97.87	13.94%	$ 702.35	$ 811.03	$ 108.68	15.47%	$ 702.69	$ 822.34	$ 119.65	17.03%
			Emp/Child(ren)	$ 589.06	$ 670.55	$ 81.49	13.83%	$ 596.71	$ 679.90	$ 83.19	13.94%	$ 597.00	$ 689.38	$ 92.38	15.47%	$ 597.29	$ 698.99	$ 101.70	17.03%
			Family	$ 987.54	$ 1,124.16	$ 136.62	13.83%	$ 1,000.36	$ 1,139.83	$ 139.47	13.94%	$ 1,000.85	$ 1,155.72	$ 154.87	15.47%	$ 1,001.34	$ 1,171.83	$ 170.49	17.03%
Bronze	HDE	SUBX4068	SUBX4148																
			Single	$ 348.94	$ 397.65	$ 48.71	13.96%	$ 353.47	$ 403.19	$ 49.72	14.07%	$ 353.64	$ 408.81	$ 55.17	15.60%	$ 353.81	$ 414.51	$ 60.70	17.16%
			Double	$ 697.88	$ 795.30	$ 97.42	13.96%	$ 706.94	$ 806.39	$ 99.45	14.07%	$ 707.28	$ 817.63	$ 110.35	15.60%	$ 707.63	$ 829.02	$ 121.39	17.15%
			Emp/Child(ren)	$ 593.20	$ 676.01	$ 82.81	13.96%	$ 600.90	$ 685.43	$ 84.53	14.07%	$ 601.19	$ 694.98	$ 93.79	15.60%	$ 601.48	$ 704.67	$ 103.19	17.16%
			Family	$ 994.48	$ 1,133.30	$ 138.82	13.96%	$ 1,007.39	$ 1,149.10	$ 141.71	14.07%	$ 1,007.88	$ 1,165.12	$ 157.24	15.60%	$ 1,008.37	$ 1,181.36	$ 172.99	17.16%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	SUBX4086	SUBX4150																
			Single	$ 354.82	$ 395.15	$ 40.33	11.37%	$ 359.43	$ 400.66	$ 41.23	11.47%	$ 359.60	$ 406.24	$ 46.64	12.97%	$ 359.78	$ 411.90	$ 52.12	14.49%
			Double	$ 709.65	$ 790.30	$ 80.65	11.36%	$ 718.86	$ 801.31	$ 82.45	11.47%	$ 719.21	$ 812.48	$ 93.27	12.97%	$ 719.56	$ 823.81	$ 104.25	14.49%
			Emp/Child(ren)	$ 603.20	$ 671.75	$ 68.55	11.36%	$ 611.03	$ 681.12	$ 70.09	11.47%	$ 611.33	$ 690.61	$ 79.28	12.97%	$ 611.63	$ 700.24	$ 88.61	14.49%
			Family	$ 1,011.24	$ 1,126.18	$ 114.94	11.37%	$ 1,024.37	$ 1,141.87	$ 117.50	11.47%	$ 1,024.87	$ 1,157.79	$ 132.92	12.97%	$ 1,025.37	$ 1,173.93	$ 148.56	14.49%
Bronze	HDE	SUBX4104	SUBX4152																
			Single	$ 357.31	$ 398.35	$ 41.04	11.49%	$ 361.95	$ 403.90	$ 41.95	11.59%	$ 362.13	$ 409.53	$ 47.40	13.09%	$ 362.30	$ 415.24	$ 52.94	14.61%
			Double	$ 714.63	$ 796.69	$ 82.06	11.48%	$ 723.90	$ 807.80	$ 83.90	11.59%	$ 724.26	$ 819.06	$ 94.80	13.09%	$ 724.61	$ 830.47	$ 105.86	14.61%
			Emp/Child(ren)	$ 607.43	$ 677.19	$ 69.76	11.48%	$ 615.32	$ 686.63	$ 71.31	11.59%	$ 615.62	$ 696.20	$ 80.58	13.09%	$ 615.92	$ 705.90	$ 89.98	14.61%
			Family	$ 1,018.34	$ 1,135.28	$ 116.94	11.48%	$ 1,031.56	$ 1,151.11	$ 119.55	11.59%	$ 1,032.07	$ 1,167.16	$ 135.09	13.09%	$ 1,032.57	$ 1,183.42	$ 150.85	14.61%
Bronze	HDE	SUBX4122	SUBX4154																
			Single	$ 354.82	$ 395.15	$ 40.33	11.37%	$ 359.43	$ 400.66	$ 41.23	11.47%	$ 359.60	$ 406.24	$ 46.64	12.97%	$ 359.78	$ 411.90	$ 52.12	14.49%
			Double	$ 709.65	$ 790.30	$ 80.65	11.36%	$ 718.86	$ 801.31	$ 82.45	11.47%	$ 719.21	$ 812.48	$ 93.27	12.97%	$ 719.56	$ 823.81	$ 104.25	14.49%
			Emp/Child(ren)	$ 603.20	$ 671.75	$ 68.55	11.36%	$ 611.03	$ 681.12	$ 70.09	11.47%	$ 611.33	$ 690.61	$ 79.28	12.97%	$ 611.63	$ 700.24	$ 88.61	14.49%
			Family	$ 1,011.24	$ 1,126.18	$ 114.94	11.37%	$ 1,024.37	$ 1,141.87	$ 117.50	11.47%	$ 1,024.87	$ 1,157.79	$ 132.92	12.97%	$ 1,025.37	$ 1,173.93	$ 148.56	14.49%
Bronze	HDE	SUBX4140	SUBX4156																
			Single	$ 346.51	$ 394.44	$ 47.93	13.83%	$ 351.00	$ 399.94	$ 48.94	13.94%	$ 351.18	$ 405.52	$ 54.34	15.47%	$ 351.35	$ 411.17	$ 59.82	17.03%
			Double	$ 693.01	$ 788.89	$ 95.88	13.84%	$ 702.01	$ 799.88	$ 97.87	13.94%	$ 702.35	$ 811.03	$ 108.68	15.47%	$ 702.69	$ 822.34	$ 119.65	17.03%
			Emp/Child(ren)	$ 589.06	$ 670.55	$ 81.49	13.83%	$ 596.71	$ 679.90	$ 83.19	13.94%	$ 597.00	$ 689.38	$ 92.38	15.47%	$ 597.29	$ 698.99	$ 101.70	17.03%
			Family	$ 987.54	$ 1,124.16	$ 136.62	13.83%	$ 1,000.36	$ 1,139.83	$ 139.47	13.94%	$ 1,000.85	$ 1,155.72	$ 154.87	15.47%	$ 1,001.34	$ 1,171.83	$ 170.49	17.03%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	PPO	SUPX1012	SUPX1113																
			Single	$ 606.71	$667.63	$ 60.92	10.04%	$ 614.59	$676.94	$ 62.35	10.14%	$ 614.89	$ 686.37	$ 71.48	11.62%	$ 615.19	$ 695.94	$ 80.75	13.13%
			Double	$ 1,213.42	$ 1,335.26	$ 121.84	10.04%	$ 1,229.17	$ 1,353.87	$ 124.70	10.15%	$ 1,229.47	$	$ 142.97	11.63%	$ 1,230.37	$ 1,391.88	$ 161.51	13.13%
			Emp/Child(ren)	$ 1,031.41	$ 1,134.97	$ 103.56	10.04%	$ 1,044.80	$ 1,150.79	$ 105.99	10.14%	$ 1,046.83	$	$ 121.52	11.63%	$ 1,045.81	$ 1,183.10	$ 137.29	13.13%
			Family	$ 1,729.12	$ 1,902.74	$ 173.62	10.04%	$ 1,751.57	$ 1,929.27	$ 177.70	10.15%	$ 1,752.42	$	$ 203.74	11.63%	$ 1,753.28	$ 1,983.43	$ 230.15	13.13%
Platinum	PPO	SUPX1026	SUPX1116																
			Single	$ 621.27	$ 668.81	$ 47.54	7.65%	$ 629.34	$ 678.14	$ 48.80	7.75%	$ 629.64	$ 687.59	$ 57.95	9.20%	$ 629.95	$ 697.17	$ 67.22	10.67%
			Double	$ 1,242.54	$ 1,337.63	$ 95.09	7.65%	$ 1,258.67	$ 1,356.27	$ 97.60	7.75%	$ 1,259.28	$	$ 115.89	9.20%	$ 1,259.90	$ 1,394.35	$ 134.45	10.67%
			Emp/Child(ren)	$ 1,056.16	$ 1,136.98	$ 80.82	7.65%	$ 1,069.87	$ 1,152.83	$ 82.96	7.75%	$ 1,070.90	$	$ 98.51	9.20%	$ 1,070.91	$ 1,185.20	$ 114.29	10.67%
			Family	$ 1,770.62	$ 1,906.12	$ 135.50	7.65%	$ 1,793.61	$ 1,932.69	$ 139.08	7.75%	$ 1,794.63	$	$ 165.15	9.20%	$ 1,795.36	$ 1,986.95	$ 191.59	10.67%
Platinum	PPO	SUPX1040	SUPX1119																
			Single	$ 602.48	$ 662.27	$ 59.79	9.92%	$ 610.30	$ 671.50	$ 61.20	10.03%	$ 610.60	$ 680.86	$ 70.26	11.51%	$ 610.90	$ 690.35	$ 79.45	13.01%
			Double	$ 1,204.96	$ 1,324.53	$ 119.57	9.92%	$ 1,220.60	$ 1,342.99	$ 122.39	10.03%	$ 1,221.20	$	$ 140.51	11.51%	$ 1,221.79	$ 1,380.70	$ 158.91	13.01%
			Emp/Child(ren)	$ 1,024.22	$ 1,125.85	$ 101.63	9.92%	$ 1,037.51	$ 1,141.55	$ 104.04	10.03%	$ 1,038.02	$	$ 119.44	11.51%	$ 1,038.53	$ 1,173.59	$ 135.06	13.00%
			Family	$ 1,717.07	$ 1,887.46	$ 170.39	9.92%	$ 1,739.36	$ 1,913.77	$ 174.41	10.03%	$ 1,740.24	$	$ 200.23	11.51%	$ 1,741.06	$ 1,967.49	$ 226.43	13.01%
Platinum	PPO	SUPX1054	SUPX1122																
			Single	$ 606.71	$ 667.63	$ 60.92	10.04%	$ 614.59	$ 676.94	$ 62.35	10.14%	$ 614.89	$ 686.37	$ 71.48	11.62%	$ 615.19	$ 695.94	$ 80.75	13.13%
			Double	$ 1,213.42	$ 1,335.26	$ 121.84	10.04%	$ 1,229.17	$ 1,353.87	$ 124.70	10.15%	$ 1,229.47	$	$ 142.97	11.63%	$ 1,230.37	$ 1,391.88	$ 161.51	13.13%
			Emp/Child(ren)	$ 1,031.41	$ 1,134.97	$ 103.56	10.04%	$ 1,044.80	$ 1,150.79	$ 105.99	10.14%	$ 1,046.83	$	$ 121.52	11.63%	$ 1,045.81	$ 1,183.10	$ 137.29	13.13%
			Family	$ 1,729.12	$ 1,902.74	$ 173.62	10.04%	$ 1,751.57	$ 1,929.27	$ 177.70	10.15%	$ 1,752.42	$	$ 203.74	11.63%	$ 1,753.28	$ 1,983.43	$ 230.15	13.13%
Platinum	PPO	SUPX1068	SUPX1125																
			Single	$ 616.94	$ 663.43	$ 46.49	7.54%	$ 624.95	$ 672.68	$ 47.73	7.64%	$ 625.25	$ 682.05	$ 56.80	9.08%	$ 625.56	$ 691.56	$ 66.00	10.55%
			Double	$ 1,233.88	$ 1,326.86	$ 92.98	7.54%	$ 1,249.90	$ 1,345.35	$ 95.45	7.64%	$ 1,250.51	$	$ 113.60	9.08%	$ 1,251.12	$ 1,383.12	$ 132.00	10.55%
			Emp/Child(ren)	$ 1,048.80	$ 1,127.83	$ 79.03	7.54%	$ 1,062.41	$ 1,143.55	$ 81.14	7.64%	$ 1,062.99	$	$ 96.56	9.08%	$ 1,063.45	$ 1,175.65	$ 112.20	10.55%
			Family	$ 1,758.28	$ 1,890.77	$ 132.49	7.54%	$ 1,781.11	$ 1,917.13	$ 136.02	7.64%	$ 1,781.97	$	$ 161.88	9.08%	$ 1,782.84	$ 1,970.95	$ 188.11	10.55%
Platinum	PPO	SUPX1082	SUPX1128																
			Single	$ 621.27	$ 668.81	$ 47.54	7.65%	$ 629.34	$ 678.14	$ 48.80	7.75%	$ 629.64	$ 687.59	$ 57.95	9.20%	$ 629.95	$ 697.17	$ 67.22	10.67%
			Double	$ 1,242.54	$ 1,337.63	$ 95.09	7.65%	$ 1,258.67	$ 1,356.27	$ 97.60	7.75%	$ 1,259.28	$	$ 115.89	9.20%	$ 1,259.90	$ 1,394.35	$ 134.45	10.67%
			Emp/Child(ren)	$ 1,056.16	$ 1,136.98	$ 80.82	7.65%	$ 1,069.87	$ 1,152.83	$ 82.96	7.75%	$ 1,070.90	$	$ 98.51	9.20%	$ 1,070.91	$ 1,185.20	$ 114.29	10.67%
			Family	$ 1,770.62	$ 1,906.12	$ 135.50	7.65%	$ 1,793.61	$ 1,932.69	$ 139.08	7.75%	$ 1,794.63	$	$ 165.15	9.20%	$ 1,795.36	$ 1,986.95	$ 191.59	10.67%
Platinum	PPO	SUPX1096	SUPX1131																
			Single	$ 616.94	$ 663.43	$ 46.49	7.54%	$ 624.95	$ 672.68	$ 47.73	7.64%	$ 625.25	$ 682.05	$ 56.80	9.08%	$ 625.56	$ 691.56	$ 66.00	10.55%
			Double	$ 1,233.88	$ 1,326.86	$ 92.98	7.54%	$ 1,249.90	$ 1,345.35	$ 95.45	7.64%	$ 1,250.51	$	$ 113.60	9.08%	$ 1,251.12	$ 1,383.12	$ 132.00	10.55%
			Emp/Child(ren)	$ 1,048.80	$ 1,127.83	$ 79.03	7.54%	$ 1,062.41	$ 1,143.55	$ 81.14	7.64%	$ 1,062.99	$	$ 96.56	9.08%	$ 1,063.45	$ 1,175.65	$ 112.20	10.55%
			Family	$ 1,758.28	$ 1,890.77	$ 132.49	7.54%	$ 1,781.11	$ 1,917.13	$ 136.02	7.64%	$ 1,781.97	$	$ 161.88	9.08%	$ 1,782.84	$ 1,970.95	$ 188.11	10.55%
Platinum	PPO	SUPX1110	SUPX1134																
			Single	$ 602.48	$ 662.27	$ 59.79	9.92%	$ 610.30	$ 671.50	$ 61.20	10.03%	$ 610.60	$ 680.86	$ 70.26	11.51%	$ 610.90	$ 690.35	$ 79.45	13.01%
			Double	$ 1,204.96	$ 1,324.53	$ 119.57	9.92%	$ 1,220.60	$ 1,342.99	$ 122.39	10.03%	$ 1,221.20	$	$ 140.51	11.51%	$ 1,221.79	$ 1,380.70	$ 158.91	13.01%
			Emp/Child(ren)	$ 1,024.22	$ 1,125.85	$ 101.63	9.92%	$ 1,037.51	$ 1,141.55	$ 104.04	10.03%	$ 1,038.02	$	$ 119.44	11.51%	$ 1,038.53	$ 1,173.59	$ 135.06	13.00%
			Family	$ 1,717.07	$ 1,887.46	$ 170.39	9.92%	$ 1,739.36	$ 1,913.77	$ 174.41	10.03%	$ 1,740.24	$	$ 200.23	11.51%	$ 1,741.06	$ 1,967.49	$ 226.43	13.01%
Platinum	EPO	SUPX1005	SUPX1112																
			Single	$ 566.56	$ 650.19	$ 83.63	14.76%	$ 573.91	$ 659.25	$ 85.34	14.87%	$ 574.19	$ 668.44	$ 94.25	16.41%	$ 574.47	$ 677.76	$ 103.29	17.98%
			Double	$ 1,133.12	$ 1,300.38	$ 167.26	14.76%	$ 1,147.83	$ 1,318.51	$ 170.68	14.87%	$ 1,148.39	$	$ 188.50	16.41%	$ 1,148.95	$ 1,355.52	$ 206.57	17.98%
			Emp/Child(ren)	$ 963.15	$ 1,105.33	$ 142.18	14.76%	$ 975.65	$ 1,120.73	$ 145.08	14.87%	$ 976.13	$ 1,136.35	$ 160.22	16.41%	$ 976.61	$ 1,152.19	$ 175.58	17.98%
			Family	$ 1,614.69	$ 1,853.05	$ 238.36	14.76%	$ 1,635.66	$ 1,878.88	$ 243.22	14.87%	$ 1,636.07	$	$ 268.62	16.41%	$ 1,637.25	$ 1,931.62	$ 294.37	17.98%
Platinum	EPO	SUPX1019	SUPX1115																
			Single	$ 580.16	$ 651.34	$ 71.18	12.27%	$ 587.69	$ 660.42	$ 72.73	12.38%	$ 587.97	$ 669.63	$ 81.66	13.89%	$ 588.26	$ 678.96	$ 90.70	15.42%
			Double	$ 1,160.31	$ 1,302.69	$ 142.38	12.27%	$ 1,175.38	$ 1,320.85	$ 145.47	12.38%	$ 1,175.96	$	$ 163.31	13.89%	$ 1,176.52	$ 1,357.93	$ 181.41	15.42%
			Emp/Child(ren)	$ 986.27	$ 1,107.28	$ 121.01	12.27%	$ 999.07	$ 1,122.72	$ 123.65	12.38%	$ 999.56	$ 1,138.37	$ 138.81	13.89%	$ 1,000.04	$ 1,154.24	$ 154.20	15.42%
			Family	$ 1,653.45	$ 1,856.33	$ 202.88	12.27%	$ 1,674.91	$ 1,882.21	$ 207.30	12.38%	$ 1,675.43	$	$ 232.71	13.89%	$ 1,676.54	$ 1,935.04	$ 258.50	15.42%
Platinum	EPO	SUPX1033	SUPX1118																
			Single	$ 562.61	$ 644.96	$ 82.35	14.64%	$ 569.91	$ 653.95	$ 84.04	14.75%	$ 570.19	$ 663.06	$ 92.87	16.29%	$ 570.47	$ 672.30	$ 101.83	17.85%
			Double	$ 1,125.22	$ 1,289.91	$ 164.69	14.64%	$ 1,139.83	$ 1,307.89	$ 168.06	14.74%	$ 1,140.32	$	$ 185.74	16.29%	$ 1,140.94	$ 1,344.61	$ 203.67	17.85%
			Emp/Child(ren)	$ 956.44	$ 1,096.43	$ 139.99	14.64%	$ 968.85	$ 1,111.71	$ 142.86	14.75%	$ 969.33	$ 1,127.21	$ 157.88	16.29%	$ 969.80	$ 1,142.92	$ 173.12	17.85%
			Family	$ 1,603.44	$ 1,838.13	$ 234.69	14.64%	$ 1,624.25	$ 1,863.75	$ 239.50	14.75%	$ 1,625.05	$	$ 264.68	16.29%	$ 1,625.84	$ 1,916.07	$ 290.23	17.85%
Platinum	EPO	SUPX1047	SUPX1121																
			Single	$ 566.56	$ 650.19	$ 83.63	14.76%	$ 573.91	$ 659.25	$ 85.34	14.87%	$ 574.19	$ 668.44	$ 94.25	16.41%	$ 574.47	$ 677.76	$ 103.29	17.98%
			Double	$ 1,133.12	$ 1,300.38	$ 167.26	14.76%	$ 1,147.83	$ 1,318.51	$ 170.68	14.87%	$ 1,148.39	$	$ 188.50	16.41%	$ 1,148.95	$ 1,355.52	$ 206.57	17.98%
			Emp/Child(ren)	$ 963.15	$ 1,105.33	$ 142.18	14.76%	$ 975.65	$ 1,120.73	$ 145.08	14.87%	$ 976.13	$ 1,136.35	$ 160.22	16.41%	$ 976.61	$ 1,152.19	$ 175.58	17.98%
			Family	$ 1,614.69	$ 1,853.05	$ 238.36	14.76%	$ 1,635.66	$ 1,878.88	$ 243.22	14.87%	$ 1,636.07	$	$ 268.62	16.41%	$ 1,637.25	$ 1,931.62	$ 294.37	17.98%
Platinum	EPO	SUPX1061	SUPX1124																
			Single	$ 576.11	$ 646.10	$ 69.99	12.15%	$ 583.59	$ 655.10	$ 71.51	12.25%	$ 583.88	$ 664.24	$ 80.36	13.76%	$ 584.16	$ 673.49	$ 89.33	15.29%
			Double	$ 1,152.23	$ 1,292.20	$ 139.97	12.15%	$ 1,167.18	$ 1,310.21	$ 143.03	12.25%	$ 1,167.75	$	$ 160.72	13.76%	$ 1,168.32	$ 1,346.99	$ 178.67	15.29%
			Emp/Child(ren)	$ 979.39	$ 1,098.37	$ 118.98	12.15%	$ 992.11	$ 1,113.68	$ 121.57	12.25%	$ 992.59	$ 1,129.20	$ 136.61	13.76%	$ 993.07	$ 1,144.94	$ 151.87	15.29%
			Family	$ 1,641.92	$ 1,841.38	$ 199.46	12.15%	$ 1,663.24	$ 1,867.05	$ 203.81	12.25%	$ 1,663.67	$	$ 229.02	13.76%	$ 1,664.86	$ 1,919.46	$ 254.60	15.29%
Platinum	EPO	SUPX1075	SUPX1127																
			Single	$ 580.16	$ 651.34	$ 71.18	12.27%	$ 587.69	$ 660.42	$ 72.73	12.38%	$ 587.97	$ 669.63	$ 81.66	13.89%	$ 588.26	$ 678.96	$ 90.70	15.42%
			Double	$ 1,160.31	$ 1,302.69	$ 142.38	12.27%	$ 1,175.38	$ 1,320.85	$ 145.47	12.38%	$ 1,175.96	$	$ 163.31	13.89%	$ 1,176.52	$ 1,357.93	$ 181.41	15.42%
			Emp/Child(ren)	$ 986.27	$ 1,107.28	$ 121.01	12.27%	$ 999.07	$ 1,122.72	$ 123.65	12.38%	$ 999.56	$ 1,138.37	$ 138.81	13.89%	$ 1,000.04	$ 1,154.24	$ 154.20	15.42%
			Family	$ 1,653.45	$ 1,856.33	$ 202.88	12.27%	$ 1,674.91	$ 1,882.21	$ 207.30	12.38%	$ 1,675.43	$	$ 232.71	13.89%	$ 1,676.54	$ 1,935.04	$ 258.50	15.42%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	EPO	SUPX1089	SUPX1130																
			Single	$ 576.11	$ 646.10	$ 69.99	12.15%	$ 583.59	$ 655.10	$ 71.51	12.25%	$ 583.88	$ 664.24	$ 80.36	13.76%	$ 584.16	$ 673.49	$ 89.33	15.29%
			Double	$ 1,152.23	$ 1,292.20	$ 139.97	12.15%	$ 1,167.18	$ 1,310.21	$ 143.03	12.25%	$ 1,328.45	$	$ 160.72	13.76%	$ 1,168.32	$ 1,346.99	$ 178.67	15.29%
			Emp/Child(ren)	$ 979.39	$ 1,098.37	$ 118.98	12.15%	$ 992.11	$ 1,113.68	$ 121.57	12.25%	$ 992.59	$ 1,129.20	$ 136.61	13.76%	$ 993.07	$ 1,144.94	$ 151.87	15.29%
			Family	$ 1,641.92	$ 1,841.38	$ 199.46	12.15%	$ 1,663.24	$ 1,867.05	$ 203.81	12.25%	$ 1,663.67	$	$ 229.02	13.76%	$ 1,664.86	$ 1,919.46	$ 254.60	15.29%
Platinum	EPO	SUPX1103	SUPX1133																
			Single	$ 562.61	$ 644.96	$ 82.35	14.64%	$ 569.91	$ 653.95	$ 84.04	14.75%	$ 570.19	$ 663.06	$ 92.87	16.29%	$ 570.47	$ 672.30	$ 101.83	17.85%
			Double	$ 1,125.22	$ 1,289.91	$ 164.69	14.64%	$ 1,139.83	$ 1,307.89	$ 168.06	14.74%	$ 1,326.32	$	$ 185.74	16.29%	$ 1,140.94	$ 1,344.61	$ 203.67	17.85%
			Emp/Child(ren)	$ 956.44	$ 1,096.43	$ 139.99	14.64%	$ 968.85	$ 1,111.71	$ 142.86	14.75%	$ 969.33	$ 1,127.21	$ 157.88	16.29%	$ 969.80	$ 1,142.92	$ 173.12	17.85%
			Family	$ 1,603.44	$ 1,838.13	$ 234.69	14.64%	$ 1,624.25	$ 1,863.75	$ 239.50	14.75%	$ 1,629.05	$	$ 264.68	16.29%	$ 1,625.84	$ 1,916.07	$ 290.23	17.85%
Platinum	EPO	SUPX1001	SUPX1111																
			Single	$ 557.69	$ 636.93	$ 79.24	14.21%	$ 564.93	$ 645.81	$ 80.88	14.32%	$ 565.21	$ 654.81	$ 89.60	15.85%	$ 565.48	$ 663.94	$ 98.46	17.41%
			Double	$ 1,115.39	$ 1,273.86	$ 158.47	14.21%	$ 1,129.87	$ 1,291.62	$ 161.75	14.32%	$ 1,300.62	$	$ 179.21	15.85%	$ 1,130.97	$ 1,327.88	$ 196.91	17.41%
			Emp/Child(ren)	$ 948.08	$ 1,082.78	$ 134.70	14.21%	$ 960.39	$ 1,097.88	$ 137.49	14.32%	$ 960.86	$ 1,113.18	$ 152.32	15.85%	$ 961.32	$ 1,128.70	$ 167.38	17.41%
			Family	$ 1,589.43	$ 1,815.26	$ 225.83	14.21%	$ 1,610.06	$ 1,840.56	$ 230.50	14.32%	$ 1,616.82	$	$ 255.37	15.85%	$ 1,611.63	$ 1,892.23	$ 280.60	17.41%
Platinum	EPO	SUPX1015	SUPX1114																
			Single	$ 568.53	$ 638.06	$ 69.53	12.23%	$ 575.91	$ 646.96	$ 71.05	12.34%	$ 576.19	$ 655.98	$ 79.79	13.85%	$ 576.47	$ 665.12	$ 88.65	15.38%
			Double	$ 1,137.05	$ 1,276.13	$ 139.08	12.23%	$ 1,151.81	$ 1,293.91	$ 142.10	12.34%	$ 1,352.97	$	$ 159.58	13.85%	$ 1,152.93	$ 1,330.24	$ 177.31	15.38%
			Emp/Child(ren)	$ 966.49	$ 1,084.71	$ 118.22	12.23%	$ 979.04	$ 1,099.83	$ 120.79	12.34%	$ 979.52	$ 1,115.16	$ 135.64	13.85%	$ 979.99	$ 1,130.70	$ 150.71	15.38%
			Family	$ 1,620.30	$ 1,818.48	$ 198.18	12.23%	$ 1,641.33	$ 1,843.83	$ 202.50	12.34%	$ 1,642.53	$	$ 227.40	13.85%	$ 1,642.93	$ 1,895.59	$ 252.66	15.38%
Platinum	EPO	SUPX1029	SUPX1117																
			Single	$ 551.33	$ 631.81	$ 80.48	14.60%	$ 558.49	$ 640.61	$ 82.12	14.70%	$ 558.76	$ 649.54	$ 90.78	16.25%	$ 559.03	$ 658.60	$ 99.57	17.81%
			Double	$ 1,102.66	$ 1,263.61	$ 160.95	14.60%	$ 1,116.98	$ 1,281.22	$ 164.24	14.70%	$ 1,299.62	$	$ 181.56	16.25%	$ 1,118.06	$ 1,317.19	$ 199.13	17.81%
			Emp/Child(ren)	$ 937.26	$ 1,074.07	$ 136.81	14.60%	$ 949.43	$ 1,089.04	$ 139.61	14.70%	$ 949.89	$ 1,104.22	$ 154.33	16.25%	$ 950.36	$ 1,119.61	$ 169.25	17.81%
			Family	$ 1,571.29	$ 1,800.65	$ 229.36	14.60%	$ 1,591.69	$ 1,825.74	$ 234.05	14.70%	$ 1,592.47	$	$ 258.72	16.25%	$ 1,593.24	$ 1,877.00	$ 283.76	17.81%
Platinum	EPO	SUPX1043	SUPX1120																
			Single	$ 555.20	$ 636.93	$ 81.73	14.72%	$ 562.41	$ 645.81	$ 83.40	14.83%	$ 562.68	$ 654.81	$ 92.13	16.37%	$ 562.96	$ 663.94	$ 100.98	17.94%
			Double	$ 1,110.40	$ 1,273.86	$ 163.46	14.72%	$ 1,124.82	$ 1,291.62	$ 166.80	14.83%	$ 1,329.86	$	$ 184.27	16.37%	$ 1,125.91	$ 1,327.88	$ 201.97	17.94%
			Emp/Child(ren)	$ 943.84	$ 1,082.78	$ 138.94	14.72%	$ 956.09	$ 1,097.88	$ 141.79	14.83%	$ 956.56	$ 1,113.18	$ 156.62	16.37%	$ 957.03	$ 1,128.70	$ 171.67	17.94%
			Family	$ 1,582.32	$ 1,815.26	$ 232.94	14.72%	$ 1,602.86	$ 1,840.56	$ 237.70	14.83%	$ 1,603.32	$	$ 262.58	16.37%	$ 1,604.43	$ 1,892.23	$ 287.80	17.94%
Platinum	EPO	SUPX1057	SUPX1123																
			Single	$ 564.56	$ 632.93	$ 68.37	12.11%	$ 571.89	$ 641.75	$ 69.86	12.22%	$ 572.17	$ 650.69	$ 78.52	13.72%	$ 572.45	$ 659.76	$ 87.31	15.25%
			Double	$ 1,129.12	$ 1,265.85	$ 136.73	12.11%	$ 1,143.78	$ 1,283.50	$ 139.72	12.22%	$ 1,304.39	$	$ 157.05	13.72%	$ 1,144.90	$ 1,319.53	$ 174.63	15.25%
			Emp/Child(ren)	$ 959.76	$ 1,075.97	$ 116.21	12.11%	$ 972.22	$ 1,090.97	$ 118.75	12.21%	$ 972.69	$ 1,106.18	$ 133.49	13.72%	$ 973.16	$ 1,121.60	$ 148.44	15.25%
			Family	$ 1,609.00	$ 1,803.84	$ 194.84	12.11%	$ 1,629.89	$ 1,828.98	$ 199.09	12.21%	$ 1,630.68	$	$ 223.79	13.72%	$ 1,631.48	$ 1,880.33	$ 248.85	15.25%
Platinum	EPO	SUPX1071	SUPX1126																
			Single	$ 568.53	$ 638.06	$ 69.53	12.23%	$ 575.91	$ 646.96	$ 71.05	12.34%	$ 576.19	$ 655.98	$ 79.79	13.85%	$ 576.47	$ 665.12	$ 88.65	15.38%
			Double	$ 1,137.05	$ 1,276.13	$ 139.08	12.23%	$ 1,151.81	$ 1,293.91	$ 142.10	12.34%	$ 1,352.97	$	$ 159.58	13.85%	$ 1,152.93	$ 1,330.24	$ 177.31	15.38%
			Emp/Child(ren)	$ 966.49	$ 1,084.71	$ 118.22	12.23%	$ 979.04	$ 1,099.83	$ 120.79	12.34%	$ 979.52	$ 1,115.16	$ 135.64	13.85%	$ 979.99	$ 1,130.70	$ 150.71	15.38%
			Family	$ 1,620.30	$ 1,818.48	$ 198.18	12.23%	$ 1,641.33	$ 1,843.83	$ 202.50	12.34%	$ 1,642.53	$	$ 227.40	13.85%	$ 1,642.93	$ 1,895.59	$ 252.66	15.38%
Platinum	EPO	SUPX1085	SUPX1129																
			Single	$ 564.56	$ 632.93	$ 68.37	12.11%	$ 571.89	$ 641.75	$ 69.86	12.22%	$ 572.17	$ 650.69	$ 78.52	13.72%	$ 572.45	$ 659.76	$ 87.31	15.25%
			Double	$ 1,129.12	$ 1,265.85	$ 136.73	12.11%	$ 1,143.78	$ 1,283.50	$ 139.72	12.22%	$ 1,304.39	$	$ 157.05	13.72%	$ 1,144.90	$ 1,319.53	$ 174.63	15.25%
			Emp/Child(ren)	$ 959.76	$ 1,075.97	$ 116.21	12.11%	$ 972.22	$ 1,090.97	$ 118.75	12.21%	$ 972.69	$ 1,106.18	$ 133.49	13.72%	$ 973.16	$ 1,121.60	$ 148.44	15.25%
			Family	$ 1,609.00	$ 1,803.84	$ 194.84	12.11%	$ 1,629.89	$ 1,828.98	$ 199.09	12.21%	$ 1,630.68	$	$ 223.79	13.72%	$ 1,631.48	$ 1,880.33	$ 248.85	15.25%
Platinum	EPO	SUPX1099	SUPX1132																
			Single	$ 551.33	$ 631.81	$ 80.48	14.60%	$ 558.49	$ 640.61	$ 82.12	14.70%	$ 558.76	$ 649.54	$ 90.78	16.25%	$ 559.03	$ 658.60	$ 99.57	17.81%
			Double	$ 1,102.66	$ 1,263.61	$ 160.95	14.60%	$ 1,116.98	$ 1,281.22	$ 164.24	14.70%	$ 1,299.62	$	$ 181.56	16.25%	$ 1,118.06	$ 1,317.19	$ 199.13	17.81%
			Emp/Child(ren)	$ 937.26	$ 1,074.07	$ 136.81	14.60%	$ 949.43	$ 1,089.04	$ 139.61	14.70%	$ 949.89	$ 1,104.22	$ 154.33	16.25%	$ 950.36	$ 1,119.61	$ 169.25	17.81%
			Family	$ 1,571.29	$ 1,800.65	$ 229.36	14.60%	$ 1,591.69	$ 1,825.74	$ 234.05	14.70%	$ 1,592.47	$	$ 258.72	16.25%	$ 1,593.24	$ 1,877.00	$ 283.76	17.81%
Gold	EPO	SUGX2006	SUGX2104																
			Single	$ 504.68	$ 540.73	$ 36.05	7.14%	$ 511.23	$ 548.26	$ 37.03	7.24%	$ 511.48	$ 555.91	$ 44.43	8.69%	$ 511.73	$ 563.65	$ 51.92	10.15%
			Double	$ 1,009.35	$ 1,081.45	$ 72.10	7.14%	$ 1,022.45	$ 1,096.53	$ 74.08	7.25%	$ 1,022.95	$	$ 88.86	8.69%	$ 1,023.45	$ 1,127.31	$ 103.86	10.15%
			Emp/Child(ren)	$ 857.95	$ 919.23	$ 61.28	7.14%	$ 869.09	$ 932.05	$ 62.96	7.24%	$ 869.51	$ 945.04	$ 75.53	8.69%	$ 869.93	$ 958.21	$ 88.28	10.15%
			Family	$ 1,438.33	$ 1,541.07	$ 102.74	7.14%	$ 1,457.00	$ 1,562.55	$ 105.55	7.24%	$ 1,457.71	$	$ 126.62	8.69%	$ 1,458.42	$ 1,606.41	$ 147.99	10.15%
Gold	EPO	SUGX2019	SUGX2105																
			Single	$ 516.79	$ 541.68	$ 24.89	4.82%	$ 523.50	$ 549.24	$ 25.74	4.92%	$ 523.75	$ 556.89	$ 33.14	6.33%	$ 524.01	$ 564.65	$ 40.64	7.76%
			Double	$ 1,033.58	$ 1,083.37	$ 49.79	4.82%	$ 1,046.99	$ 1,098.47	$ 51.48	4.92%	$ 1,047.50	$	$ 66.28	6.33%	$ 1,048.01	$ 1,129.31	$ 81.30	7.76%
			Emp/Child(ren)	$ 878.54	$ 920.86	$ 42.32	4.82%	$ 889.94	$ 933.70	$ 43.76	4.92%	$ 890.38	$ 946.71	$ 56.33	6.33%	$ 890.81	$ 959.91	$ 69.10	7.76%
			Family	$ 1,472.85	$ 1,543.80	$ 70.95	4.82%	$ 1,491.97	$ 1,565.32	$ 73.35	4.92%	$ 1,492.69	$	$ 94.45	6.33%	$ 1,493.42	$ 1,609.26	$ 115.84	7.76%
Gold	EPO	SUGX2032	SUGX2106																
			Single	$ 501.16	$ 536.37	$ 35.21	7.03%	$ 507.66	$ 543.85	$ 36.19	7.13%	$ 507.91	$ 551.43	$ 43.52	8.57%	$ 508.16	$ 559.12	$ 50.96	10.03%
			Double	$ 1,002.32	$ 1,072.75	$ 70.43	7.03%	$ 1,015.33	$ 1,087.70	$ 72.37	7.13%	$ 1,016.82	$	$ 87.04	8.57%	$ 1,016.32	$ 1,118.24	$ 101.92	10.03%
			Emp/Child(ren)	$ 851.97	$ 911.84	$ 59.87	7.03%	$ 863.03	$ 924.55	$ 61.52	7.13%	$ 863.45	$ 937.43	$ 73.98	8.57%	$ 863.87	$ 950.50	$ 86.63	10.03%
			Family	$ 1,428.30	$ 1,528.67	$ 100.37	7.03%	$ 1,446.84	$ 1,549.97	$ 103.13	7.13%	$ 1,447.56	$	$ 124.03	8.57%	$ 1,448.25	$ 1,593.49	$ 145.24	10.03%
Gold	EPO	SUGX2045	SUGX2107																
			Single	$ 504.68	$ 540.73	$ 36.05	7.14%	$ 511.23	$ 548.26	$ 37.03	7.24%	$ 511.48	$ 555.91	$ 44.43	8.69%	$ 511.73	$ 563.65	$ 51.92	10.15%
			Double	$ 1,009.35	$ 1,081.45	$ 72.10	7.14%	$ 1,022.45	$ 1,096.53	$ 74.08	7.25%	$ 1,022.95	$	$ 88.86	8.69%	$ 1,023.45	$ 1,127.31	$ 103.86	10.15%
			Emp/Child(ren)	$ 857.95	$ 919.23	$ 61.28	7.14%	$ 869.09	$ 932.05	$ 62.96	7.24%	$ 869.51	$ 945.04	$ 75.53	8.69%	$ 869.93	$ 958.21	$ 88.28	10.15%
			Family	$ 1,438.33	$ 1,541.07	$ 102.74	7.14%	$ 1,457.00	$ 1,562.55	$ 105.55	7.24%	$ 1,457.71	$	$ 126.62	8.69%	$ 1,458.42	$ 1,606.41	$ 147.99	10.15%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2058	SUGX2108																
			Single	$ 513.19	$ 537.32	$ 24.13	4.70%	$ 519.85	$ 544.81	$ 24.96	4.80%	$ 520.10	$ 552.41	$ 32.31	6.21%	$ 520.35	$ 560.11	$ 39.76	7.64%
			Double	$ 1,026.37	$ 1,074.64	$ 48.27	4.70%	$ 1,039.70	$ 1,089.62	$ 49.92	4.80%	$ 1,040.20	$	$ 64.61	6.21%	$ 1,040.71	$ 1,120.21	$ 79.50	7.64%
			Emp/Child(ren)	$ 872.42	$ 913.45	$ 41.03	4.70%	$ 883.74	$ 926.18	$ 42.44	4.80%	$ 884.17	$ 939.09	$ 54.92	6.21%	$ 884.60	$ 952.18	$ 67.58	7.64%
			Family	$ 1,462.58	$ 1,531.37	$ 68.79	4.70%	$ 1,481.57	$ 1,552.71	$ 71.14	4.80%	$ 1,482.26	$	$ 92.07	6.21%	$ 1,483.01	$ 1,596.30	$ 113.29	7.64%
Gold	EPO	SUGX2071	SUGX2109																
			Single	$ 516.79	$ 541.68	$ 24.89	4.82%	$ 523.50	$ 549.24	$ 25.74	4.92%	$ 523.75	$ 556.89	$ 33.14	6.33%	$ 524.01	$ 564.65	$ 40.64	7.76%
			Double	$ 1,033.58	$ 1,083.37	$ 49.79	4.82%	$ 1,046.99	$ 1,098.47	$ 51.48	4.92%	$ 1,047.50	$	$ 66.28	6.33%	$ 1,048.01	$ 1,129.31	$ 81.30	7.76%
			Emp/Child(ren)	$ 878.54	$ 920.86	$ 42.32	4.82%	$ 889.94	$ 933.70	$ 43.76	4.92%	$ 890.38	$ 946.71	$ 56.33	6.33%	$ 890.81	$ 959.91	$ 69.10	7.76%
			Family	$ 1,472.85	$ 1,543.80	$ 70.95	4.82%	$ 1,491.97	$ 1,565.32	$ 73.35	4.92%	$ 1,492.69	$	$ 94.45	6.33%	$ 1,493.42	$ 1,609.26	$ 115.84	7.76%
Gold	EPO	SUGX2084	SUGX2110																
			Single	$ 513.19	$ 537.32	$ 24.13	4.70%	$ 519.85	$ 544.81	$ 24.96	4.80%	$ 520.10	$ 552.41	$ 32.31	6.21%	$ 520.35	$ 560.11	$ 39.76	7.64%
			Double	$ 1,026.37	$ 1,074.64	$ 48.27	4.70%	$ 1,039.70	$ 1,089.62	$ 49.92	4.80%	$ 1,040.20	$	$ 64.61	6.21%	$ 1,040.71	$ 1,120.21	$ 79.50	7.64%
			Emp/Child(ren)	$ 872.42	$ 913.45	$ 41.03	4.70%	$ 883.74	$ 926.18	$ 42.44	4.80%	$ 884.17	$ 939.09	$ 54.92	6.21%	$ 884.60	$ 952.18	$ 67.58	7.64%
			Family	$ 1,462.58	$ 1,531.37	$ 68.79	4.70%	$ 1,481.57	$ 1,552.71	$ 71.14	4.80%	$ 1,482.26	$	$ 92.07	6.21%	$ 1,483.01	$ 1,596.30	$ 113.29	7.64%
Gold	EPO	SUGX2097	SUGX2111																
			Single	$ 501.16	$ 536.37	$ 35.21	7.03%	$ 507.66	$ 543.85	$ 36.19	7.13%	$ 507.91	$ 551.43	$ 43.52	8.57%	$ 508.16	$ 559.12	$ 50.96	10.03%
			Double	$ 1,002.32	$ 1,072.75	$ 70.43	7.03%	$ 1,015.33	$ 1,087.70	$ 72.37	7.13%	$ 1,016.82	$	$ 87.04	8.57%	$ 1,016.32	$ 1,118.24	$ 101.92	10.03%
			Emp/Child(ren)	$ 851.97	$ 911.84	$ 59.87	7.03%	$ 863.03	$ 924.55	$ 61.52	7.13%	$ 863.45	$ 937.43	$ 73.98	8.57%	$ 863.87	$ 950.50	$ 86.63	10.03%
			Family	$ 1,428.30	$ 1,528.67	$ 100.37	7.03%	$ 1,446.84	$ 1,549.97	$ 103.13	7.13%	$ 1,447.56	$	$ 124.03	8.57%	$ 1,448.25	$ 1,593.49	$ 145.24	10.03%
Gold	EPO	SUGX2001	SUGX2112																
			Single	$ 489.48	$ 538.84	$ 49.36	10.08%	$ 495.83	$ 546.35	$ 50.52	10.19%	$ 496.08	$ 553.97	$ 57.89	11.67%	$ 496.32	$ 561.69	$ 65.37	13.17%
			Double	$ 978.96	$ 1,077.68	$ 98.72	10.08%	$ 991.67	$ 1,092.70	$ 101.03	10.19%	$ 992.15	$ 1,107.93	$ 115.78	11.67%	$ 992.63	$ 1,123.38	$ 130.75	13.17%
			Emp/Child(ren)	$ 832.11	$ 916.03	$ 83.92	10.09%	$ 842.92	$ 928.80	$ 85.88	10.19%	$ 843.33	$ 941.74	$ 98.41	11.67%	$ 843.74	$ 954.87	$ 111.13	13.17%
			Family	$ 1,395.02	$ 1,535.70	$ 140.68	10.08%	$ 1,413.13	$ 1,557.10	$ 143.97	10.19%	$ 1,413.81	$	$ 165.00	11.67%	$ 1,414.50	$ 1,600.81	$ 186.31	13.17%
Gold	EPO	SUGX2014	SUGX2114																
			Single	$ 498.99	$ 539.79	$ 40.80	8.18%	$ 505.46	$ 547.31	$ 41.85	8.28%	$ 505.71	$ 554.94	$ 49.23	9.73%	$ 505.96	$ 562.68	$ 56.72	11.21%
			Double	$ 997.97	$ 1,079.58	$ 81.61	8.18%	$ 1,010.93	$ 1,094.63	$ 83.70	8.28%	$ 1,009.82	$	$ 98.46	9.73%	$ 1,011.91	$ 1,125.35	$ 113.44	11.21%
			Emp/Child(ren)	$ 848.28	$ 917.64	$ 69.36	8.18%	$ 859.29	$ 930.43	$ 71.14	8.28%	$ 859.71	$ 943.40	$ 83.69	9.73%	$ 860.13	$ 956.55	$ 96.42	11.21%
			Family	$ 1,422.11	$ 1,538.40	$ 116.29	8.18%	$ 1,440.57	$ 1,559.84	$ 119.27	8.28%	$ 1,441.28	$	$ 140.31	9.74%	$ 1,441.98	$ 1,603.63	$ 161.65	11.21%
Gold	EPO	SUGX2027	SUGX2116																
			Single	$ 483.89	$ 534.51	$ 50.62	10.46%	$ 490.18	$ 541.96	$ 51.78	10.56%	$ 490.42	$ 549.52	$ 59.10	12.05%	$ 490.65	$ 557.18	$ 66.53	13.56%
			Double	$ 967.79	$ 1,069.02	$ 101.23	10.46%	$ 980.35	$ 1,083.92	$ 103.57	10.56%	$ 980.83	$ 1,099.03	$ 118.20	12.05%	$ 981.31	$ 1,114.35	$ 133.04	13.56%
			Emp/Child(ren)	$ 822.62	$ 908.67	$ 86.05	10.46%	$ 833.30	$ 921.33	$ 88.03	10.56%	$ 833.71	$ 934.18	$ 100.47	12.05%	$ 834.11	$ 947.20	$ 113.09	13.56%
			Family	$ 1,379.10	$ 1,523.36	$ 144.26	10.46%	$ 1,397.00	$ 1,544.59	$ 147.59	10.56%	$ 1,398.62	$	$ 168.44	12.05%	$ 1,398.36	$ 1,587.95	$ 189.59	13.56%
Gold	EPO	SUGX2040	SUGX2118																
			Single	$ 487.29	$ 538.84	$ 51.55	10.58%	$ 493.62	$ 546.35	$ 52.73	10.68%	$ 493.86	$ 553.97	$ 60.11	12.17%	$ 494.10	$ 561.69	$ 67.59	13.68%
			Double	$ 974.58	$ 1,077.68	$ 103.10	10.58%	$ 987.23	$ 1,092.70	$ 105.47	10.68%	$ 987.71	$ 1,107.93	$ 120.22	12.17%	$ 988.20	$ 1,123.38	$ 135.18	13.68%
			Emp/Child(ren)	$ 828.39	$ 916.03	$ 87.64	10.58%	$ 839.15	$ 928.80	$ 89.65	10.68%	$ 839.56	$ 941.74	$ 102.18	12.17%	$ 839.97	$ 954.87	$ 114.90	13.68%
			Family	$ 1,388.78	$ 1,535.70	$ 146.92	10.58%	$ 1,406.81	$ 1,557.10	$ 150.29	10.68%	$ 1,407.49	$	$ 171.32	12.17%	$ 1,408.18	$ 1,600.81	$ 192.63	13.68%
Gold	EPO	SUGX2053	SUGX2120																
			Single	$ 495.51	$ 535.45	$ 39.94	8.06%	$ 501.94	$ 542.91	$ 40.97	8.16%	$ 502.19	$ 550.48	$ 48.29	9.62%	$ 502.43	$ 558.15	$ 55.72	11.09%
			Double	$ 991.02	$ 1,070.90	$ 79.88	8.06%	$ 1,003.88	$ 1,085.82	$ 81.94	8.16%	$ 1,004.37	$	$ 96.59	9.62%	$ 1,004.86	$ 1,116.31	$ 111.45	11.09%
			Emp/Child(ren)	$ 842.36	$ 910.26	$ 67.90	8.06%	$ 853.30	$ 922.95	$ 69.65	8.16%	$ 853.71	$ 935.81	$ 82.10	9.62%	$ 854.13	$ 948.86	$ 94.73	11.09%
			Family	$ 1,412.20	$ 1,526.03	$ 113.83	8.06%	$ 1,430.53	$ 1,547.30	$ 116.77	8.16%	$ 1,431.27	$	$ 137.64	9.62%	$ 1,431.92	$ 1,590.73	$ 158.81	11.09%
Gold	EPO	SUGX2066	SUGX2122																
			Single	$ 498.99	$ 539.79	$ 40.80	8.18%	$ 505.46	$ 547.31	$ 41.85	8.28%	$ 505.71	$ 554.94	$ 49.23	9.73%	$ 505.96	$ 562.68	$ 56.72	11.21%
			Double	$ 997.97	$ 1,079.58	$ 81.61	8.18%	$ 1,010.93	$ 1,094.63	$ 83.70	8.28%	$ 1,009.82	$	$ 98.46	9.73%	$ 1,011.91	$ 1,125.35	$ 113.44	11.21%
			Emp/Child(ren)	$ 848.28	$ 917.64	$ 69.36	8.18%	$ 859.29	$ 930.43	$ 71.14	8.28%	$ 859.71	$ 943.40	$ 83.69	9.73%	$ 860.13	$ 956.55	$ 96.42	11.21%
			Family	$ 1,422.11	$ 1,538.40	$ 116.29	8.18%	$ 1,440.57	$ 1,559.84	$ 119.27	8.28%	$ 1,441.28	$	$ 140.31	9.74%	$ 1,441.98	$ 1,603.63	$ 161.65	11.21%
Gold	EPO	SUGX2079	SUGX2124																
			Single	$ 495.51	$ 535.45	$ 39.94	8.06%	$ 501.94	$ 542.91	$ 40.97	8.16%	$ 502.19	$ 550.48	$ 48.29	9.62%	$ 502.43	$ 558.15	$ 55.72	11.09%
			Double	$ 991.02	$ 1,070.90	$ 79.88	8.06%	$ 1,003.88	$ 1,085.82	$ 81.94	8.16%	$ 1,004.37	$	$ 96.59	9.62%	$ 1,004.86	$ 1,116.31	$ 111.45	11.09%
			Emp/Child(ren)	$ 842.36	$ 910.26	$ 67.90	8.06%	$ 853.30	$ 922.95	$ 69.65	8.16%	$ 853.71	$ 935.81	$ 82.10	9.62%	$ 854.13	$ 948.86	$ 94.73	11.09%
			Family	$ 1,412.20	$ 1,526.03	$ 113.83	8.06%	$ 1,430.53	$ 1,547.30	$ 116.77	8.16%	$ 1,431.27	$	$ 137.64	9.62%	$ 1,431.92	$ 1,590.73	$ 158.81	11.09%
Gold	EPO	SUGX2092	SUGX2126																
			Single	$ 483.89	$ 534.51	$ 50.62	10.46%	$ 490.18	$ 541.96	$ 51.78	10.56%	$ 490.42	$ 549.52	$ 59.10	12.05%	$ 490.65	$ 557.18	$ 66.53	13.56%
			Double	$ 967.79	$ 1,069.02	$ 101.23	10.46%	$ 980.35	$ 1,083.92	$ 103.57	10.56%	$ 980.83	$ 1,099.03	$ 118.20	12.05%	$ 981.31	$ 1,114.35	$ 133.04	13.56%
			Emp/Child(ren)	$ 822.62	$ 908.67	$ 86.05	10.46%	$ 833.30	$ 921.33	$ 88.03	10.56%	$ 833.71	$ 934.18	$ 100.47	12.05%	$ 834.11	$ 947.20	$ 113.09	13.56%
			Family	$ 1,379.10	$ 1,523.36	$ 144.26	10.46%	$ 1,397.00	$ 1,544.59	$ 147.59	10.56%	$ 1,398.62	$	$ 168.44	12.05%	$ 1,398.36	$ 1,587.95	$ 189.59	13.56%
Gold	EPO	SUGX2012	SUGX2113																
			Single	$ 483.38	$ 564.49	$ 81.11	16.78%	$ 489.65	$ 572.36	$ 82.71	16.89%	$ 489.89	$ 580.33	$ 90.44	18.46%	$ 490.13	$ 588.42	$ 98.29	20.05%
			Double	$ 966.75	$ 1,128.97	$ 162.22	16.78%	$ 979.31	$ 1,144.71	$ 165.40	16.89%	$ 979.78	$ 1,160.67	$ 180.89	18.46%	$ 980.26	$ 1,176.84	$ 196.58	20.05%
			Emp/Child(ren)	$ 821.74	$ 959.63	$ 137.89	16.78%	$ 832.41	$ 973.00	$ 140.59	16.89%	$ 832.82	$ 986.57	$ 153.75	18.46%	$ 833.22	$ 1,000.32	$ 167.10	20.05%
			Family	$ 1,377.63	$ 1,608.79	$ 231.16	16.78%	$ 1,395.51	$ 1,631.21	$ 235.70	16.89%	$ 1,396.95	$	$ 257.76	18.46%	$ 1,396.87	$ 1,677.00	$ 280.13	20.05%
Gold	EPO	SUGX2025	SUGX2115																
			Single	$ 494.98	$ 565.49	$ 70.51	14.25%	$ 501.40	$ 573.37	$ 71.97	14.35%	$ 501.65	$ 581.36	$ 79.71	15.89%	$ 501.89	$ 589.47	$ 87.58	17.45%
			Double	$ 989.96	$ 1,130.98	$ 141.02	14.25%	$ 1,002.81	$ 1,146.74	$ 143.93	14.35%	$ 1,003.30	$	$ 159.43	15.89%	$ 1,003.79	$ 1,178.93	$ 175.14	17.45%
			Emp/Child(ren)	$ 841.46	$ 961.33	$ 119.87	14.25%	$ 852.39	$ 974.73	$ 122.34	14.35%	$ 852.80	$ 988.32	$ 135.52	15.89%	$ 853.22	$ 1,002.09	$ 148.87	17.45%
			Family	$ 1,410.69	$ 1,611.64	$ 200.95	14.24%	$ 1,429.00	$ 1,634.11	$ 205.11	14.35%	$ 1,429.86	$	$ 227.18	15.89%	$ 1,430.40	$ 1,679.98	$ 249.58	17.45%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Gold	EPO	SUGX2038	SUGX2117																
			Single	$ 480.01	$ 559.95	$ 79.94	16.65%	$ 486.24	$ 567.76	$ 81.52	16.77%	$ 486.48	$ 575.67	$ 89.19	18.33%	$ 486.71	$ 583.70	$ 96.99	19.93%
			Double	$ 960.02	$ 1,119.90	$ 159.88	16.65%	$ 972.48	$ 1,135.51	$ 163.03	16.76%	$ 972.95	$ 1,151.34	$ 178.39	18.33%	$ 973.43	$ 1,167.39	$ 193.96	19.93%
			Emp/Child(ren)	$ 816.01	$ 951.92	$ 135.91	16.66%	$ 826.61	$ 965.19	$ 138.58	16.76%	$ 827.01	$ 978.64	$ 151.63	18.33%	$ 827.41	$ 992.28	$ 164.87	19.93%
			Family	$ 1,368.02	$ 1,595.86	$ 227.84	16.65%	$ 1,385.78	$ 1,618.11	$ 232.33	16.77%	$ 1,[illegible]	$	$ 254.20	18.33%	$ 1,387.13	$ 1,663.53	$ 276.40	19.93%
Gold	EPO	SUGX2051	SUGX2119																
			Single	$ 483.38	$ 564.49	$ 81.11	16.78%	$ 489.65	$ 572.36	$ 82.71	16.89%	$ 489.89	$ 580.33	$ 90.44	18.46%	$ 490.13	$ 588.42	$ 98.29	20.05%
			Double	$ 966.75	$ 1,128.97	$ 162.22	16.78%	$ 979.31	$ 1,144.71	$ 165.40	16.89%	$ 979.78	$ 1,160.67	$ 180.89	18.46%	$ 980.26	$ 1,176.84	$ 196.58	20.05%
			Emp/Child(ren)	$ 821.74	$ 959.63	$ 137.89	16.78%	$ 832.41	$ 973.00	$ 140.59	16.89%	$ 832.82	$ 986.57	$ 153.75	18.46%	$ 833.22	$ 1,000.32	$ 167.10	20.05%
			Family	$ 1,377.63	$ 1,608.79	$ 231.16	16.78%	$ 1,395.51	$ 1,631.21	$ 235.70	16.89%	$ 1,[illegible]	$	$ 257.76	18.46%	$ 1,396.87	$ 1,677.00	$ 280.13	20.05%
Gold	EPO	SUGX2064	SUGX2121																
			Single	$ 491.53	$ 560.94	$ 69.41	14.12%	$ 497.91	$ 568.76	$ 70.85	14.23%	$ 498.15	$ 576.69	$ 78.54	15.77%	$ 498.39	$ 584.73	$ 86.34	17.32%
			Double	$ 983.06	$ 1,121.89	$ 138.83	14.12%	$ 995.82	$ 1,137.52	$ 141.70	14.23%	$ 996.30	$ 1,153.38	$ 157.08	15.77%	$ 996.79	$ 1,169.46	$ 172.67	17.32%
			Emp/Child(ren)	$ 835.60	$ 953.60	$ 118.00	14.12%	$ 846.45	$ 966.90	$ 120.45	14.23%	$ 846.86	$ 980.37	$ 133.51	15.77%	$ 847.27	$ 994.04	$ 146.77	17.32%
			Family	$ 1,400.86	$ 1,598.69	$ 197.83	14.12%	$ 1,419.04	$ 1,620.97	$ 201.93	14.23%	$ 1,[illegible]	$	$ 223.84	15.77%	$ 1,420.43	$ 1,666.48	$ 246.05	17.32%
Gold	EPO	SUGX2077	SUGX2123																
			Single	$ 494.98	$ 565.49	$ 70.51	14.25%	$ 501.40	$ 573.37	$ 71.97	14.35%	$ 501.65	$ 581.36	$ 79.71	15.89%	$ 501.89	$ 589.47	$ 87.58	17.45%
			Double	$ 989.96	$ 1,130.98	$ 141.02	14.25%	$ 1,002.81	$ 1,146.74	$ 143.93	14.35%	$ 1,[illegible]	$	$ 159.43	15.89%	$ 1,003.79	$ 1,178.93	$ 175.14	17.45%
			Emp/Child(ren)	$ 841.46	$ 961.33	$ 119.87	14.25%	$ 852.39	$ 974.73	$ 122.34	14.35%	$ 852.80	$ 988.32	$ 135.52	15.89%	$ 853.22	$ 1,002.09	$ 148.87	17.45%
			Family	$ 1,410.69	$ 1,611.64	$ 200.95	14.24%	$ 1,429.00	$ 1,634.11	$ 205.11	14.35%	$ 1,[illegible]	$	$ 227.18	15.89%	$ 1,430.40	$ 1,679.98	$ 249.58	17.45%
Gold	EPO	SUGX2090	SUGX2125																
			Single	$ 491.53	$ 560.94	$ 69.41	14.12%	$ 497.91	$ 568.76	$ 70.85	14.23%	$ 498.15	$ 576.69	$ 78.54	15.77%	$ 498.39	$ 584.73	$ 86.34	17.32%
			Double	$ 983.06	$ 1,121.89	$ 138.83	14.12%	$ 995.82	$ 1,137.52	$ 141.70	14.23%	$ 996.30	$ 1,153.38	$ 157.08	15.77%	$ 996.79	$ 1,169.46	$ 172.67	17.32%
			Emp/Child(ren)	$ 835.60	$ 953.60	$ 118.00	14.12%	$ 846.45	$ 966.90	$ 120.45	14.23%	$ 846.86	$ 980.37	$ 133.51	15.77%	$ 847.27	$ 994.04	$ 146.77	17.32%
			Family	$ 1,400.86	$ 1,598.69	$ 197.83	14.12%	$ 1,419.04	$ 1,620.97	$ 201.93	14.23%	$ 1,[illegible]	$	$ 223.84	15.77%	$ 1,420.43	$ 1,666.48	$ 246.05	17.32%
Gold	EPO	SUGX2103	SUGX2127																
			Single	$ 480.01	$ 559.95	$ 79.94	16.65%	$ 486.24	$ 567.76	$ 81.52	16.77%	$ 486.48	$ 575.67	$ 89.19	18.33%	$ 486.71	$ 583.70	$ 96.99	19.93%
			Double	$ 960.02	$ 1,119.90	$ 159.88	16.65%	$ 972.48	$ 1,135.51	$ 163.03	16.76%	$ 972.95	$ 1,151.34	$ 178.39	18.33%	$ 973.43	$ 1,167.39	$ 193.96	19.93%
			Emp/Child(ren)	$ 816.01	$ 951.92	$ 135.91	16.66%	$ 826.61	$ 965.19	$ 138.58	16.76%	$ 827.01	$ 978.64	$ 151.63	18.33%	$ 827.41	$ 992.28	$ 164.87	19.93%
			Family	$ 1,368.02	$ 1,595.86	$ 227.84	16.65%	$ 1,385.78	$ 1,618.11	$ 232.33	16.77%	$ 1,[illegible]	$	$ 254.20	18.33%	$ 1,387.13	$ 1,663.53	$ 276.40	19.93%
Silver	PPO	SUSX3015	SUSX3133																
			Single	$ 422.10	$ 483.73	$ 61.63	14.60%	$ 427.58	$ 490.47	$ 62.89	14.71%	$ 427.79	$ 497.31	$ 69.52	16.25%	$ 427.99	$ 504.24	$ 76.25	17.82%
			Double	$ 844.20	$ 967.45	$ 123.25	14.60%	$ 855.15	$ 980.94	$ 125.79	14.71%	$ 855.57	$ 994.61	$ 139.04	16.25%	$ 855.99	$ 1,008.47	$ 152.48	17.81%
			Emp/Child(ren)	$ 717.57	$ 822.33	$ 104.76	14.60%	$ 726.88	$ 833.80	$ 106.92	14.71%	$ 727.24	$ 845.42	$ 118.18	16.25%	$ 727.59	$ 857.20	$ 129.61	17.81%
			Family	$ 1,202.98	$ 1,378.62	$ 175.64	14.60%	$ 1,218.60	$ 1,397.83	$ 179.23	14.71%	$ 1,[illegible]	$	$ 198.13	16.25%	$ 1,219.78	$ 1,437.08	$ 217.30	17.81%
Silver	PPO	SUSX3034	SUSX3136																
			Single	$ 432.23	$ 484.59	$ 52.36	12.11%	$ 437.84	$ 491.34	$ 53.50	12.22%	$ 438.05	$ 498.19	$ 60.14	13.73%	$ 438.27	$ 505.14	$ 66.87	15.26%
			Double	$ 864.46	$ 969.17	$ 104.71	12.11%	$ 875.68	$ 982.68	$ 107.00	12.22%	$ 876.11	$ 996.38	$ 120.27	13.73%	$ 876.53	$ 1,010.27	$ 133.74	15.26%
			Emp/Child(ren)	$ 734.79	$ 823.80	$ 89.01	12.11%	$ 744.33	$ 835.28	$ 90.95	12.22%	$ 744.69	$ 846.92	$ 102.23	13.73%	$ 745.05	$ 858.73	$ 113.68	15.26%
			Family	$ 1,231.85	$ 1,381.07	$ 149.22	12.11%	$ 1,247.84	$ 1,400.32	$ 152.48	12.22%	$ 1,[illegible]	$	$ 171.39	13.73%	$ 1,249.06	$ 1,439.64	$ 190.58	15.26%
Silver	PPO	SUSX3050	SUSX3139																
			Single	$ 419.16	$ 479.84	$ 60.68	14.48%	$ 424.60	$ 486.53	$ 61.93	14.59%	$ 424.80	$ 493.31	$ 68.51	16.13%	$ 425.01	$ 500.18	$ 75.17	17.69%
			Double	$ 838.31	$ 959.67	$ 121.36	14.48%	$ 849.19	$ 973.05	$ 123.86	14.59%	$ 849.61	$ 986.62	$ 137.01	16.13%	$ 850.02	$ 1,000.37	$ 150.35	17.69%
			Emp/Child(ren)	$ 712.56	$ 815.72	$ 103.16	14.48%	$ 721.81	$ 827.09	$ 105.28	14.59%	$ 722.17	$ 838.62	$ 116.45	16.13%	$ 722.52	$ 850.31	$ 127.79	17.69%
			Family	$ 1,194.59	$ 1,367.54	$ 172.95	14.48%	$ 1,210.10	$ 1,386.60	$ 176.50	14.59%	$ 1,[illegible]	$	$ 195.24	16.13%	$ 1,211.28	$ 1,425.52	$ 214.24	17.69%
Silver	PPO	SUSX3066	SUSX3142																
			Single	$ 422.10	$ 483.73	$ 61.63	14.60%	$ 427.58	$ 490.47	$ 62.89	14.71%	$ 427.79	$ 497.31	$ 69.52	16.25%	$ 427.99	$ 504.24	$ 76.25	17.82%
			Double	$ 844.20	$ 967.45	$ 123.25	14.60%	$ 855.15	$ 980.94	$ 125.79	14.71%	$ 855.57	$ 994.61	$ 139.04	16.25%	$ 855.99	$ 1,008.47	$ 152.48	17.81%
			Emp/Child(ren)	$ 717.57	$ 822.33	$ 104.76	14.60%	$ 726.88	$ 833.80	$ 106.92	14.71%	$ 727.24	$ 845.42	$ 118.18	16.25%	$ 727.59	$ 857.20	$ 129.61	17.81%
			Family	$ 1,202.98	$ 1,378.62	$ 175.64	14.60%	$ 1,218.60	$ 1,397.83	$ 179.23	14.71%	$ 1,[illegible]	$	$ 198.13	16.25%	$ 1,219.78	$ 1,437.08	$ 217.30	17.81%
Silver	PPO	SUSX3082	SUSX3145																
			Single	$ 429.22	$ 480.69	$ 51.47	11.99%	$ 434.79	$ 487.39	$ 52.60	12.10%	$ 435.00	$ 494.18	$ 59.18	13.60%	$ 435.21	$ 501.07	$ 65.86	15.13%
			Double	$ 858.43	$ 961.38	$ 102.95	11.99%	$ 869.57	$ 974.78	$ 105.21	12.10%	$ 870.00	$ 988.36	$ 118.36	13.60%	$ 870.42	$ 1,002.14	$ 131.72	15.13%
			Emp/Child(ren)	$ 729.67	$ 817.17	$ 87.50	11.99%	$ 739.14	$ 828.56	$ 89.42	12.10%	$ 739.50	$ 840.11	$ 100.61	13.61%	$ 739.86	$ 851.82	$ 111.96	15.13%
			Family	$ 1,223.26	$ 1,369.96	$ 146.70	11.99%	$ 1,239.14	$ 1,389.06	$ 149.92	12.10%	$ 1,[illegible]	$	$ 168.67	13.61%	$ 1,240.35	$ 1,428.05	$ 187.70	15.13%
Silver	PPO	SUSX3098	SUSX3148																
			Single	$ 432.23	$ 484.59	$ 52.36	12.11%	$ 437.84	$ 491.34	$ 53.50	12.22%	$ 438.05	$ 498.19	$ 60.14	13.73%	$ 438.27	$ 505.14	$ 66.87	15.26%
			Double	$ 864.46	$ 969.17	$ 104.71	12.11%	$ 875.68	$ 982.68	$ 107.00	12.22%	$ 876.11	$ 996.38	$ 120.27	13.73%	$ 876.53	$ 1,010.27	$ 133.74	15.26%
			Emp/Child(ren)	$ 734.79	$ 823.80	$ 89.01	12.11%	$ 744.33	$ 835.28	$ 90.95	12.22%	$ 744.69	$ 846.92	$ 102.23	13.73%	$ 745.05	$ 858.73	$ 113.68	15.26%
			Family	$ 1,231.85	$ 1,381.07	$ 149.22	12.11%	$ 1,247.84	$ 1,400.32	$ 152.48	12.22%	$ 1,[illegible]	$	$ 171.39	13.73%	$ 1,249.06	$ 1,439.64	$ 190.58	15.26%
Silver	PPO	SUSX3114	SUSX3151																
			Single	$ 429.22	$ 480.69	$ 51.47	11.99%	$ 434.79	$ 487.39	$ 52.60	12.10%	$ 435.00	$ 494.18	$ 59.18	13.60%	$ 435.21	$ 501.07	$ 65.86	15.13%
			Double	$ 858.43	$ 961.38	$ 102.95	11.99%	$ 869.57	$ 974.78	$ 105.21	12.10%	$ 870.00	$ 988.36	$ 118.36	13.60%	$ 870.42	$ 1,002.14	$ 131.72	15.13%
			Emp/Child(ren)	$ 729.67	$ 817.17	$ 87.50	11.99%	$ 739.14	$ 828.56	$ 89.42	12.10%	$ 739.50	$ 840.11	$ 100.61	13.61%	$ 739.86	$ 851.82	$ 111.96	15.13%
			Family	$ 1,223.26	$ 1,369.96	$ 146.70	11.99%	$ 1,239.14	$ 1,389.06	$ 149.92	12.10%	$ 1,[illegible]	$	$ 168.67	13.61%	$ 1,240.35	$ 1,428.05	$ 187.70	15.13%
Silver	PPO	SUSX3130	SUSX3154																
			Single	$ 419.16	$ 479.84	$ 60.68	14.48%	$ 424.60	$ 486.53	$ 61.93	14.59%	$ 424.80	$ 493.31	$ 68.51	16.13%	$ 425.01	$ 500.18	$ 75.17	17.69%
			Double	$ 838.31	$ 959.67	$ 121.36	14.48%	$ 849.19	$ 973.05	$ 123.86	14.59%	$ 849.61	$ 986.62	$ 137.01	16.13%	$ 850.02	$ 1,000.37	$ 150.35	17.69%
			Emp/Child(ren)	$ 712.56	$ 815.72	$ 103.16	14.48%	$ 721.81	$ 827.09	$ 105.28	14.59%	$ 722.17	$ 838.62	$ 116.45	16.13%	$ 722.52	$ 850.31	$ 127.79	17.69%
			Family	$ 1,194.59	$ 1,367.54	$ 172.95	14.48%	$ 1,210.10	$ 1,386.60	$ 176.50	14.59%	$ 1,[illegible]	$	$ 195.24	16.13%	$ 1,211.28	$ 1,425.52	$ 214.24	17.69%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	HDE	SUSX3009	SUSX3132																
			Single	$ 418.14	$ 473.79	$ 55.65	13.31%	$ 423.57	$ 480.40	$ 56.83	13.42%	$ 423.78	$ 487.10	$ 63.32	14.94%	$ 423.98	$ 493.89	$ 69.91	16.49%
			Double	$ 836.29	$ 947.59	$ 111.30	13.31%	$ 847.14	$ 960.80	$ 113.66	13.42%	$ 847.55	$ 974.19	$ 126.64	14.94%	$ 847.97	$ 987.77	$ 139.80	16.49%
			Emp/Child(ren)	$ 710.84	$ 805.45	$ 94.61	13.31%	$ 720.07	$ 816.68	$ 96.61	13.42%	$ 720.42	$ 828.06	$ 107.64	14.94%	$ 720.77	$ 839.60	$ 118.83	16.49%
			Family	$ 1,191.71	$ 1,350.32	$ 158.61	13.31%	$ 1,207.18	$ 1,369.14	$ 161.96	13.42%	$ 1,208.22	$	$ 180.45	14.94%	$ 1,208.35	$ 1,407.57	$ 199.22	16.49%
Silver	HDE	SUSX3025	SUSX3135																
			Single	$ 428.18	$ 474.63	$ 46.45	10.85%	$ 433.74	$ 481.25	$ 47.51	10.95%	$ 433.95	$ 487.96	$ 54.01	12.45%	$ 434.16	$ 494.76	$ 60.60	13.96%
			Double	$ 856.36	$ 949.27	$ 92.91	10.85%	$ 867.47	$ 962.50	$ 95.03	10.95%	$ 867.90	$ 975.92	$ 108.02	12.45%	$ 868.32	$ 989.52	$ 121.20	13.96%
			Emp/Child(ren)	$ 727.90	$ 806.88	$ 78.98	10.85%	$ 737.35	$ 818.13	$ 80.78	10.96%	$ 737.71	$ 829.53	$ 91.82	12.45%	$ 738.07	$ 841.09	$ 103.02	13.96%
			Family	$ 1,220.31	$ 1,352.71	$ 132.40	10.85%	$ 1,236.15	$ 1,371.57	$ 135.42	10.95%	$ 1,236.68	$	$ 153.93	12.45%	$ 1,237.35	$ 1,410.07	$ 172.72	13.96%
Silver	HDE	SUSX3044	SUSX3138																
			Single	$ 415.23	$ 469.98	$ 54.75	13.19%	$ 420.62	$ 476.53	$ 55.91	13.29%	$ 420.82	$ 483.18	$ 62.36	14.82%	$ 421.03	$ 489.91	$ 68.88	16.36%
			Double	$ 830.46	$ 939.96	$ 109.50	13.19%	$ 841.24	$ 953.07	$ 111.83	13.29%	$ 841.65	$ 966.35	$ 124.70	14.82%	$ 842.06	$ 979.82	$ 137.76	16.36%
			Emp/Child(ren)	$ 705.89	$ 798.97	$ 93.08	13.19%	$ 715.05	$ 810.11	$ 95.06	13.29%	$ 715.40	$ 821.40	$ 106.00	14.82%	$ 715.75	$ 832.85	$ 117.10	16.36%
			Family	$ 1,183.40	$ 1,339.45	$ 156.05	13.19%	$ 1,198.76	$ 1,358.12	$ 159.36	13.29%	$ 1,199.05	$	$ 177.70	14.82%	$ 1,199.93	$ 1,396.24	$ 196.31	16.36%
Silver	HDE	SUSX3060	SUSX3141																
			Single	$ 418.14	$ 473.79	$ 55.65	13.31%	$ 423.57	$ 480.40	$ 56.83	13.42%	$ 423.78	$ 487.10	$ 63.32	14.94%	$ 423.98	$ 493.89	$ 69.91	16.49%
			Double	$ 836.29	$ 947.59	$ 111.30	13.31%	$ 847.14	$ 960.80	$ 113.66	13.42%	$ 847.55	$ 974.19	$ 126.64	14.94%	$ 847.97	$ 987.77	$ 139.80	16.49%
			Emp/Child(ren)	$ 710.84	$ 805.45	$ 94.61	13.31%	$ 720.07	$ 816.68	$ 96.61	13.42%	$ 720.42	$ 828.06	$ 107.64	14.94%	$ 720.77	$ 839.60	$ 118.83	16.49%
			Family	$ 1,191.71	$ 1,350.32	$ 158.61	13.31%	$ 1,207.18	$ 1,369.14	$ 161.96	13.42%	$ 1,208.22	$	$ 180.45	14.94%	$ 1,208.35	$ 1,407.57	$ 199.22	16.49%
Silver	HDE	SUSX3076	SUSX3144																
			Single	$ 425.19	$ 470.81	$ 45.62	10.73%	$ 430.71	$ 477.37	$ 46.66	10.83%	$ 430.92	$ 484.03	$ 53.11	12.32%	$ 431.13	$ 490.78	$ 59.65	13.84%
			Double	$ 850.39	$ 941.62	$ 91.23	10.73%	$ 861.43	$ 954.75	$ 93.32	10.83%	$ 861.85	$ 968.06	$ 106.21	12.32%	$ 862.27	$ 981.55	$ 119.28	13.83%
			Emp/Child(ren)	$ 722.83	$ 800.38	$ 77.55	10.73%	$ 732.21	$ 811.54	$ 79.33	10.83%	$ 732.57	$ 822.85	$ 90.28	12.32%	$ 732.93	$ 834.32	$ 101.39	13.83%
			Family	$ 1,211.80	$ 1,341.81	$ 130.01	10.73%	$ 1,227.53	$ 1,360.52	$ 132.99	10.83%	$ 1,228.48	$	$ 151.35	12.32%	$ 1,228.73	$ 1,398.71	$ 169.98	13.83%
Silver	HDE	SUSX3092	SUSX3147																
			Single	$ 428.18	$ 474.63	$ 46.45	10.85%	$ 433.74	$ 481.25	$ 47.51	10.95%	$ 433.95	$ 487.96	$ 54.01	12.45%	$ 434.16	$ 494.76	$ 60.60	13.96%
			Double	$ 856.36	$ 949.27	$ 92.91	10.85%	$ 867.47	$ 962.50	$ 95.03	10.95%	$ 867.90	$ 975.92	$ 108.02	12.45%	$ 868.32	$ 989.52	$ 121.20	13.96%
			Emp/Child(ren)	$ 727.90	$ 806.88	$ 78.98	10.85%	$ 737.35	$ 818.13	$ 80.78	10.96%	$ 737.71	$ 829.53	$ 91.82	12.45%	$ 738.07	$ 841.09	$ 103.02	13.96%
			Family	$ 1,220.31	$ 1,352.71	$ 132.40	10.85%	$ 1,236.15	$ 1,371.57	$ 135.42	10.95%	$ 1,236.68	$	$ 153.93	12.45%	$ 1,237.35	$ 1,410.07	$ 172.72	13.96%
Silver	HDE	SUSX3108	SUSX3150																
			Single	$ 425.19	$ 470.81	$ 45.62	10.73%	$ 430.71	$ 477.37	$ 46.66	10.83%	$ 430.92	$ 484.03	$ 53.11	12.32%	$ 431.13	$ 490.78	$ 59.65	13.84%
			Double	$ 850.39	$ 941.62	$ 91.23	10.73%	$ 861.43	$ 954.75	$ 93.32	10.83%	$ 861.85	$ 968.06	$ 106.21	12.32%	$ 862.27	$ 981.55	$ 119.28	13.83%
			Emp/Child(ren)	$ 722.83	$ 800.38	$ 77.55	10.73%	$ 732.21	$ 811.54	$ 79.33	10.83%	$ 732.57	$ 822.85	$ 90.28	12.32%	$ 732.93	$ 834.32	$ 101.39	13.83%
			Family	$ 1,211.80	$ 1,341.81	$ 130.01	10.73%	$ 1,227.53	$ 1,360.52	$ 132.99	10.83%	$ 1,228.48	$	$ 151.35	12.32%	$ 1,228.73	$ 1,398.71	$ 169.98	13.83%
Silver	HDE	SUSX3124	SUSX3153																
			Single	$ 415.23	$ 469.98	$ 54.75	13.19%	$ 420.62	$ 476.53	$ 55.91	13.29%	$ 420.82	$ 483.18	$ 62.36	14.82%	$ 421.03	$ 489.91	$ 68.88	16.36%
			Double	$ 830.46	$ 939.96	$ 109.50	13.19%	$ 841.24	$ 953.07	$ 111.83	13.29%	$ 841.65	$ 966.35	$ 124.70	14.82%	$ 842.06	$ 979.82	$ 137.76	16.36%
			Emp/Child(ren)	$ 705.89	$ 798.97	$ 93.08	13.19%	$ 715.05	$ 810.11	$ 95.06	13.29%	$ 715.40	$ 821.40	$ 106.00	14.82%	$ 715.75	$ 832.85	$ 117.10	16.36%
			Family	$ 1,183.40	$ 1,339.45	$ 156.05	13.19%	$ 1,198.76	$ 1,358.12	$ 159.36	13.29%	$ 1,199.05	$	$ 177.70	14.82%	$ 1,199.93	$ 1,396.24	$ 196.31	16.36%
Silver	EPO	SUSX3001	SUSX3131																
			Single	$ 416.47	$ 467.03	$ 50.56	12.14%	$ 421.88	$ 473.54	$ 51.66	12.25%	$ 422.09	$ 480.14	$ 58.05	13.75%	$ 422.29	$ 486.83	$ 64.54	15.28%
			Double	$ 832.95	$ 934.06	$ 101.11	12.14%	$ 843.76	$ 947.08	$ 103.32	12.25%	$ 844.17	$ 960.28	$ 116.11	13.75%	$ 844.58	$ 973.67	$ 129.09	15.28%
			Emp/Child(ren)	$ 708.01	$ 793.95	$ 85.94	12.14%	$ 717.20	$ 805.02	$ 87.82	12.24%	$ 717.55	$ 816.24	$ 98.69	13.75%	$ 717.90	$ 827.62	$ 109.72	15.28%
			Family	$ 1,186.95	$ 1,331.04	$ 144.09	12.14%	$ 1,202.36	$ 1,349.59	$ 147.23	12.25%	$ 1,202.90	$	$ 165.45	13.75%	$ 1,203.53	$ 1,387.48	$ 183.95	15.28%
Silver	EPO	SUSX3017	SUSX3134																
			Single	$ 424.56	$ 467.85	$ 43.29	10.20%	$ 430.07	$ 474.37	$ 44.30	10.30%	$ 430.28	$ 480.98	$ 50.70	11.78%	$ 430.49	$ 487.69	$ 57.20	13.29%
			Double	$ 849.13	$ 935.70	$ 86.57	10.20%	$ 860.15	$ 948.74	$ 88.59	10.30%	$ 860.57	$ 961.97	$ 101.40	11.78%	$ 860.99	$ 975.37	$ 114.38	13.28%
			Emp/Child(ren)	$ 721.76	$ 795.34	$ 73.58	10.19%	$ 731.13	$ 806.43	$ 75.30	10.30%	$ 731.48	$ 817.67	$ 86.19	11.78%	$ 731.84	$ 829.07	$ 97.23	13.29%
			Family	$ 1,210.00	$ 1,333.37	$ 123.37	10.20%	$ 1,225.71	$ 1,351.96	$ 126.25	10.30%	$ 1,226.80	$	$ 144.49	11.78%	$ 1,226.91	$ 1,389.91	$ 163.00	13.29%
Silver	EPO	SUSX3036	SUSX3137																
			Single	$ 411.72	$ 463.27	$ 51.55	12.52%	$ 417.07	$ 469.73	$ 52.66	12.63%	$ 417.27	$ 476.28	$ 59.01	14.14%	$ 417.47	$ 482.92	$ 65.45	15.68%
			Double	$ 823.44	$ 926.54	$ 103.10	12.52%	$ 834.13	$ 939.46	$ 105.33	12.63%	$ 834.54	$ 952.55	$ 118.01	14.14%	$ 834.95	$ 965.83	$ 130.88	15.68%
			Emp/Child(ren)	$ 699.93	$ 787.56	$ 87.63	12.52%	$ 709.01	$ 798.54	$ 89.53	12.63%	$ 709.36	$ 809.67	$ 100.31	14.14%	$ 709.71	$ 820.96	$ 111.25	15.68%
			Family	$ 1,173.41	$ 1,320.32	$ 146.91	12.52%	$ 1,188.64	$ 1,338.73	$ 150.09	12.63%	$ 1,189.29	$	$ 168.17	14.14%	$ 1,189.80	$ 1,376.31	$ 186.51	15.68%
Silver	EPO	SUSX3052	SUSX3140																
			Single	$ 414.61	$ 467.03	$ 52.42	12.64%	$ 419.99	$ 473.54	$ 53.55	12.75%	$ 420.20	$ 480.14	$ 59.94	14.26%	$ 420.40	$ 486.83	$ 66.43	15.80%
			Double	$ 829.22	$ 934.06	$ 104.84	12.64%	$ 839.99	$ 947.08	$ 107.09	12.75%	$ 840.40	$ 960.28	$ 119.88	14.26%	$ 840.81	$ 973.67	$ 132.86	15.80%
			Emp/Child(ren)	$ 704.84	$ 793.95	$ 89.11	12.64%	$ 713.99	$ 805.02	$ 91.03	12.75%	$ 714.34	$ 816.24	$ 101.90	14.26%	$ 714.69	$ 827.62	$ 112.93	15.80%
			Family	$ 1,181.64	$ 1,331.04	$ 149.40	12.64%	$ 1,196.98	$ 1,349.59	$ 152.61	12.75%	$ 1,197.67	$	$ 170.83	14.26%	$ 1,198.15	$ 1,387.48	$ 189.33	15.80%
Silver	EPO	SUSX3068	SUSX3143																
			Single	$ 421.60	$ 464.09	$ 42.49	10.08%	$ 427.08	$ 470.56	$ 43.48	10.18%	$ 427.28	$ 477.12	$ 49.84	11.66%	$ 427.49	$ 483.77	$ 56.28	13.17%
			Double	$ 843.21	$ 928.18	$ 84.97	10.08%	$ 854.15	$ 941.12	$ 86.97	10.18%	$ 854.57	$ 954.24	$ 99.67	11.66%	$ 854.99	$ 967.54	$ 112.55	13.16%
			Emp/Child(ren)	$ 716.73	$ 788.95	$ 72.22	10.08%	$ 726.03	$ 799.95	$ 73.92	10.18%	$ 726.38	$ 811.10	$ 84.72	11.66%	$ 726.74	$ 822.41	$ 95.67	13.16%
			Family	$ 1,201.57	$ 1,322.66	$ 121.09	10.08%	$ 1,217.17	$ 1,341.09	$ 123.92	10.18%	$ 1,217.70	$	$ 142.03	11.66%	$ 1,218.36	$ 1,378.74	$ 160.38	13.16%
Silver	EPO	SUSX3084	SUSX3146																
			Single	$ 424.56	$ 467.85	$ 43.29	10.20%	$ 430.07	$ 474.37	$ 44.30	10.30%	$ 430.28	$ 480.98	$ 50.70	11.78%	$ 430.49	$ 487.69	$ 57.20	13.29%
			Double	$ 849.13	$ 935.70	$ 86.57	10.20%	$ 860.15	$ 948.74	$ 88.59	10.30%	$ 860.57	$ 961.97	$ 101.40	11.78%	$ 860.99	$ 975.37	$ 114.38	13.28%
			Emp/Child(ren)	$ 721.76	$ 795.34	$ 73.58	10.19%	$ 731.13	$ 806.43	$ 75.30	10.30%	$ 731.48	$ 817.67	$ 86.19	11.78%	$ 731.84	$ 829.07	$ 97.23	13.29%
			Family	$ 1,210.00	$ 1,333.37	$ 123.37	10.20%	$ 1,225.71	$ 1,351.96	$ 126.25	10.30%	$ 1,226.80	$	$ 144.49	11.78%	$ 1,226.91	$ 1,389.91	$ 163.00	13.29%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Silver	EPO	SUSX3100	SUSX3149																
			Single	$ 421.60	$ 464.09	$ 42.49	10.08%	$ 427.08	$ 470.56	$ 43.48	10.18%	$ 427.28	$ 477.12	$ 49.84	11.66%	$ 427.49	$ 483.77	$ 56.28	13.17%
			Double	$ 843.21	$ 928.18	$ 84.97	10.08%	$ 854.15	$ 941.12	$ 86.97	10.18%	$ 854.57	$ 954.24	$ 99.67	11.66%	$ 854.99	$ 967.54	$ 112.55	13.16%
			Emp/Child(ren)	$ 716.73	$ 788.95	$ 72.22	10.08%	$ 726.03	$ 799.95	$ 73.92	10.18%	$ 726.38	$ 811.10	$ 84.72	11.66%	$ 726.74	$ 822.41	$ 95.67	13.16%
			Family	$ 1,201.57	$ 1,322.66	$ 121.09	10.08%	$ 1,217.17	$ 1,341.09	$ 123.92	10.18%	$ 1,219.70	$	$ 142.03	11.66%	$ 1,218.36	$ 1,378.74	$ 160.38	13.16%
Silver	EPO	SUSX3116	SUSX3152																
			Single	$ 411.72	$ 463.27	$ 51.55	12.52%	$ 417.07	$ 469.73	$ 52.66	12.63%	$ 417.27	$ 476.28	$ 59.01	14.14%	$ 417.47	$ 482.92	$ 65.45	15.68%
			Double	$ 823.44	$ 926.54	$ 103.10	12.52%	$ 834.13	$ 939.46	$ 105.33	12.63%	$ 834.54	$ 952.55	$ 118.01	14.14%	$ 834.95	$ 965.83	$ 130.88	15.68%
			Emp/Child(ren)	$ 699.93	$ 787.56	$ 87.63	12.52%	$ 709.01	$ 798.54	$ 89.53	12.63%	$ 709.36	$ 809.67	$ 100.31	14.14%	$ 709.71	$ 820.96	$ 111.25	15.68%
			Family	$ 1,173.41	$ 1,320.32	$ 146.91	12.52%	$ 1,188.64	$ 1,338.73	$ 150.09	12.63%	$ 1,189.22	$	$ 168.17	14.14%	$ 1,189.80	$ 1,376.31	$ 186.51	15.68%
Bronze	HDE	SUBX4001	SUBX4157																
			Single	$ 355.76	$ 400.19	$ 44.43	12.49%	$ 360.38	$ 405.76	$ 45.38	12.59%	$ 360.56	$ 411.42	$ 50.86	14.11%	$ 360.73	$ 417.15	$ 56.42	15.64%
			Double	$ 711.53	$ 800.37	$ 88.84	12.49%	$ 720.76	$ 811.53	$ 90.77	12.59%	$ 721.11	$ 822.84	$ 101.73	14.11%	$ 721.47	$ 834.31	$ 112.84	15.64%
			Emp/Child(ren)	$ 604.80	$ 680.32	$ 75.52	12.49%	$ 612.65	$ 689.80	$ 77.15	12.59%	$ 612.95	$ 699.41	$ 86.46	14.11%	$ 613.25	$ 709.16	$ 95.91	15.64%
			Family	$ 1,013.92	$ 1,140.53	$ 126.61	12.49%	$ 1,027.09	$ 1,156.43	$ 129.34	12.59%	$ 1,022.59	$	$ 144.96	14.11%	$ 1,028.09	$ 1,188.89	$ 160.80	15.64%
Bronze	HDE	SUBX4019	SUBX4158																
			Single	$ 362.67	$ 400.90	$ 38.23	10.54%	$ 367.38	$ 406.48	$ 39.10	10.64%	$ 367.56	$ 412.15	$ 44.59	12.13%	$ 367.74	$ 417.90	$ 50.16	13.64%
			Double	$ 725.35	$ 801.79	$ 76.44	10.54%	$ 734.76	$ 812.97	$ 78.21	10.64%	$ 735.12	$ 824.30	$ 89.18	12.13%	$ 735.48	$ 835.79	$ 100.31	13.64%
			Emp/Child(ren)	$ 616.54	$ 681.52	$ 64.98	10.54%	$ 624.55	$ 691.02	$ 66.47	10.64%	$ 624.85	$ 700.66	$ 75.81	12.13%	$ 625.16	$ 710.42	$ 85.26	13.64%
			Family	$ 1,033.62	$ 1,142.56	$ 108.94	10.54%	$ 1,047.03	$ 1,158.48	$ 111.45	10.64%	$ 1,047.63	$	$ 127.08	12.13%	$ 1,048.06	$ 1,191.00	$ 142.94	13.64%
Bronze	HDE	SUBX4037	SUBX4159																
			Single	$ 351.70	$ 396.97	$ 45.27	12.87%	$ 356.27	$ 402.50	$ 46.23	12.98%	$ 356.44	$ 408.11	$ 51.67	14.50%	$ 356.62	$ 413.80	$ 57.18	16.03%
			Double	$ 703.41	$ 793.93	$ 90.52	12.87%	$ 712.54	$ 805.00	$ 92.46	12.98%	$ 712.89	$ 816.22	$ 103.33	14.49%	$ 713.23	$ 827.60	$ 114.37	16.04%
			Emp/Child(ren)	$ 597.90	$ 674.84	$ 76.94	12.87%	$ 605.66	$ 684.25	$ 78.59	12.98%	$ 605.95	$ 693.79	$ 87.84	14.50%	$ 606.25	$ 703.46	$ 97.21	16.03%
			Family	$ 1,002.36	$ 1,131.35	$ 128.99	12.87%	$ 1,015.37	$ 1,147.12	$ 131.75	12.98%	$ 1,015.86	$	$ 147.25	14.50%	$ 1,016.36	$ 1,179.32	$ 162.96	16.03%
Bronze	HDE	SUBX4055	SUBX4160																
			Single	$ 354.17	$ 400.19	$ 46.02	12.99%	$ 358.77	$ 405.76	$ 46.99	13.10%	$ 358.95	$ 411.42	$ 52.47	14.62%	$ 359.12	$ 417.15	$ 58.03	16.16%
			Double	$ 708.34	$ 800.37	$ 92.03	12.99%	$ 717.54	$ 811.53	$ 93.99	13.10%	$ 717.89	$ 822.84	$ 104.95	14.62%	$ 718.24	$ 834.31	$ 116.07	16.16%
			Emp/Child(ren)	$ 602.09	$ 680.32	$ 78.23	12.99%	$ 609.91	$ 689.80	$ 79.89	13.10%	$ 610.21	$ 699.41	$ 89.20	14.62%	$ 610.50	$ 709.16	$ 98.66	16.16%
			Family	$ 1,009.39	$ 1,140.53	$ 131.14	12.99%	$ 1,022.49	$ 1,156.43	$ 133.94	13.10%	$ 1,022.95	$	$ 149.56	14.62%	$ 1,023.49	$ 1,188.89	$ 165.40	16.16%
Bronze	HDE	SUBX4073	SUBX4161																
			Single	$ 360.14	$ 397.67	$ 37.53	10.42%	$ 364.82	$ 403.21	$ 38.39	10.52%	$ 365.00	$ 408.83	$ 43.83	12.01%	$ 365.18	$ 414.53	$ 49.35	13.51%
			Double	$ 720.29	$ 795.33	$ 75.04	10.42%	$ 729.64	$ 806.42	$ 76.78	10.52%	$ 730.00	$ 817.66	$ 87.66	12.01%	$ 730.35	$ 829.06	$ 98.71	13.52%
			Emp/Child(ren)	$ 612.25	$ 676.03	$ 63.78	10.42%	$ 620.19	$ 685.45	$ 65.26	10.52%	$ 620.50	$ 695.01	$ 74.51	12.01%	$ 620.80	$ 704.70	$ 83.90	13.51%
			Family	$ 1,026.41	$ 1,133.35	$ 106.94	10.42%	$ 1,039.74	$ 1,149.14	$ 109.40	10.52%	$ 1,040.26	$	$ 124.92	12.01%	$ 1,040.75	$ 1,181.40	$ 140.65	13.51%
Bronze	HDE	SUBX4091	SUBX4162																
			Single	$ 362.67	$ 400.90	$ 38.23	10.54%	$ 367.38	$ 406.48	$ 39.10	10.64%	$ 367.56	$ 412.15	$ 44.59	12.13%	$ 367.74	$ 417.90	$ 50.16	13.64%
			Double	$ 725.35	$ 801.79	$ 76.44	10.54%	$ 734.76	$ 812.97	$ 78.21	10.64%	$ 735.12	$ 824.30	$ 89.18	12.13%	$ 735.48	$ 835.79	$ 100.31	13.64%
			Emp/Child(ren)	$ 616.54	$ 681.52	$ 64.98	10.54%	$ 624.55	$ 691.02	$ 66.47	10.64%	$ 624.85	$ 700.66	$ 75.81	12.13%	$ 625.16	$ 710.42	$ 85.26	13.64%
			Family	$ 1,033.62	$ 1,142.56	$ 108.94	10.54%	$ 1,047.03	$ 1,158.48	$ 111.45	10.64%	$ 1,047.63	$	$ 127.08	12.13%	$ 1,048.06	$ 1,191.00	$ 142.94	13.64%
Bronze	HDE	SUBX4109	SUBX4163																
			Single	$ 360.14	$ 397.67	$ 37.53	10.42%	$ 364.82	$ 403.21	$ 38.39	10.52%	$ 365.00	$ 408.83	$ 43.83	12.01%	$ 365.18	$ 414.53	$ 49.35	13.51%
			Double	$ 720.29	$ 795.33	$ 75.04	10.42%	$ 729.64	$ 806.42	$ 76.78	10.52%	$ 730.00	$ 817.66	$ 87.66	12.01%	$ 730.35	$ 829.06	$ 98.71	13.52%
			Emp/Child(ren)	$ 612.25	$ 676.03	$ 63.78	10.42%	$ 620.19	$ 685.45	$ 65.26	10.52%	$ 620.50	$ 695.01	$ 74.51	12.01%	$ 620.80	$ 704.70	$ 83.90	13.51%
			Family	$ 1,026.41	$ 1,133.35	$ 106.94	10.42%	$ 1,039.74	$ 1,149.14	$ 109.40	10.52%	$ 1,040.26	$	$ 124.92	12.01%	$ 1,040.75	$ 1,181.40	$ 140.65	13.51%
Bronze	HDE	SUBX4127	SUBX4164																
			Single	$ 351.70	$ 396.97	$ 45.27	12.87%	$ 356.27	$ 402.50	$ 46.23	12.98%	$ 356.44	$ 408.11	$ 51.67	14.50%	$ 356.62	$ 413.80	$ 57.18	16.03%
			Double	$ 703.41	$ 793.93	$ 90.52	12.87%	$ 712.54	$ 805.00	$ 92.46	12.98%	$ 712.89	$ 816.22	$ 103.33	14.49%	$ 713.23	$ 827.60	$ 114.37	16.04%
			Emp/Child(ren)	$ 597.90	$ 674.84	$ 76.94	12.87%	$ 605.66	$ 684.25	$ 78.59	12.98%	$ 605.95	$ 693.79	$ 87.84	14.50%	$ 606.25	$ 703.46	$ 97.21	16.03%
			Family	$ 1,002.36	$ 1,131.35	$ 128.99	12.87%	$ 1,015.37	$ 1,147.12	$ 131.75	12.98%	$ 1,015.86	$	$ 147.25	14.50%	$ 1,016.36	$ 1,179.32	$ 162.96	16.03%
Bronze	HDE	SUBX4014	SUBX4142																
			Single	$ 335.12	$ 381.91	$ 46.79	13.96%	$ 339.47	$ 387.23	$ 47.76	14.07%	$ 339.64	$ 392.63	$ 52.99	15.60%	$ 339.81	$ 398.10	$ 58.29	17.15%
			Double	$ 670.25	$ 763.81	$ 93.56	13.96%	$ 678.95	$ 774.46	$ 95.51	14.07%	$ 679.28	$ 785.26	$ 105.98	15.60%	$ 679.61	$ 796.20	$ 116.59	17.16%
			Emp/Child(ren)	$ 569.71	$ 649.24	$ 79.53	13.96%	$ 577.11	$ 658.29	$ 81.18	14.07%	$ 577.39	$ 667.47	$ 90.08	15.60%	$ 577.67	$ 676.77	$ 99.10	17.16%
			Family	$ 955.10	$ 1,088.44	$ 133.34	13.96%	$ 967.50	$ 1,103.61	$ 136.11	14.07%	$ 967.97	$ 1,118.99	$ 151.02	15.60%	$ 968.45	$ 1,134.59	$ 166.14	17.16%
Bronze	HDE	SUBX4032	SUBX4144																
			Single	$ 343.17	$ 382.58	$ 39.41	11.48%	$ 347.62	$ 387.91	$ 40.29	11.59%	$ 347.79	$ 393.32	$ 45.53	13.09%	$ 347.96	$ 398.80	$ 50.84	14.61%
			Double	$ 686.33	$ 765.15	$ 78.82	11.48%	$ 695.24	$ 775.82	$ 80.58	11.59%	$ 695.58	$ 786.63	$ 91.05	13.09%	$ 695.92	$ 797.59	$ 101.67	14.61%
			Emp/Child(ren)	$ 583.38	65038.00%	$ 67.00	11.48%	$ 590.96	$ 659.44	$ 68.48	11.59%	$ 591.25	$ 668.64	$ 77.39	13.09%	$ 591.53	$ 677.96	$ 86.43	14.61%
			Family	$ 978.03	$ 1,090.34	$ 112.31	11.48%	$ 990.72	$ 1,105.54	$ 114.82	11.59%	$ 991.21	$ 1,120.95	$ 129.74	13.09%	$ 991.69	$ 1,136.57	$ 144.88	14.61%
Bronze	HDE	SUBX4050	SUBX4146																
			Single	$ 332.79	$ 378.83	$ 46.04	13.83%	$ 337.11	$ 384.11	$ 47.00	13.94%	$ 337.27	$ 389.46	$ 52.19	15.47%	$ 337.44	$ 394.89	$ 57.45	17.03%
			Double	$ 665.58	$ 757.65	$ 92.07	13.83%	$ 674.22	$ 768.21	$ 93.99	13.94%	$ 674.55	$ 778.92	$ 104.37	15.47%	$ 674.87	$ 789.78	$ 114.91	17.03%
			Emp/Child(ren)	$ 565.74	$ 644.01	$ 78.27	13.83%	$ 573.08	$ 652.98	$ 79.90	13.94%	$ 573.36	$ 662.08	$ 88.72	15.47%	$ 573.64	$ 671.31	$ 97.67	17.03%
			Family	$ 948.45	$ 1,079.66	$ 131.21	13.83%	$ 960.76	$ 1,094.71	$ 133.95	13.94%	$ 961.23	$ 1,109.97	$ 148.74	15.47%	$ 961.70	$ 1,125.44	$ 163.74	17.03%
Bronze	HDE	SUBX4068	SUBX4148																
			Single	$ 335.12	$ 381.91	$ 46.79	13.96%	$ 339.47	$ 387.23	$ 47.76	14.07%	$ 339.64	$ 392.63	$ 52.99	15.60%	$ 339.81	$ 398.10	$ 58.29	17.15%
			Double	$ 670.25	$ 763.81	$ 93.56	13.96%	$ 678.95	$ 774.46	$ 95.51	14.07%	$ 679.28	$ 785.26	$ 105.98	15.60%	$ 679.61	$ 796.20	$ 116.59	17.16%
			Emp/Child(ren)	$ 569.71	$ 649.24	$ 79.53	13.96%	$ 577.11	$ 658.29	$ 81.18	14.07%	$ 577.39	$ 667.47	$ 90.08	15.60%	$ 577.67	$ 676.77	$ 99.10	17.16%
			Family	$ 955.10	$ 1,088.44	$ 133.34	13.96%	$ 967.50	$ 1,103.61	$ 136.11	14.07%	$ 967.97	$ 1,118.99	$ 151.02	15.60%	$ 968.45	$ 1,134.59	$ 166.14	17.16%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	SUBX4086	SUBX4150																
			Single	$ 340.78	$ 379.51	$ 38.73	11.37%	$ 345.20	$ 384.80	$ 39.60	11.47%	$ 345.37	$ 390.16	$ 44.79	12.97%	$ 345.54	$ 395.60	$ 50.06	14.49%
			Double	$ 681.55	$ 759.01	$ 77.46	11.37%	$ 690.40	$ 769.59	$ 79.19	11.47%	$ 690.73	$ 780.32	$ 89.59	12.97%	$ 691.07	$ 791.20	$ 100.13	14.49%
			Emp/Child(ren)	$ 579.32	$ 645.16	$ 65.84	11.37%	$ 586.84	$ 654.15	$ 67.31	11.47%	$ 587.12	$ 663.27	$ 76.15	12.97%	$ 587.41	$ 672.52	$ 85.11	14.49%
			Family	$ 971.21	$ 1,081.59	$ 110.38	11.37%	$ 983.82	$ 1,096.67	$ 112.85	11.47%	$ 984.30	$ 1,111.95	$ 127.65	12.97%	$ 984.78	$ 1,127.45	$ 142.67	14.49%
Bronze	HDE	SUBX4104	SUBX4152																
			Single	$ 343.17	$ 382.58	$ 39.41	11.48%	$ 347.62	$ 387.91	$ 40.29	11.59%	$ 347.79	$ 393.32	$ 45.53	13.09%	$ 347.96	$ 398.80	$ 50.84	14.61%
			Double	$ 686.33	$ 765.15	$ 78.82	11.48%	$ 695.24	$ 775.82	$ 80.58	11.59%	$ 695.58	$ 786.63	$ 91.05	13.09%	$ 695.92	$ 797.59	$ 101.67	14.61%
			Emp/Child(ren)	$ 583.38	$ 650.38	$ 67.00	11.48%	$ 590.96	$ 659.44	$ 68.48	11.59%	$ 591.25	$ 668.64	$ 77.39	13.09%	$ 591.53	$ 677.96	$ 86.43	14.61%
			Family	$ 978.03	$ 1,090.34	$ 112.31	11.48%	$ 990.72	$ 1,105.54	$ 114.82	11.59%	$ 991.21	$ 1,120.95	$ 129.74	13.09%	$ 991.69	$ 1,136.57	$ 144.88	14.61%
Bronze	HDE	SUBX4122	SUBX4154																
			Single	$ 340.78	$ 379.51	$ 38.73	11.37%	$ 345.20	$ 384.80	$ 39.60	11.47%	$ 345.37	$ 390.16	$ 44.79	12.97%	$ 345.54	$ 395.60	$ 50.06	14.49%
			Double	$ 681.55	$ 759.01	$ 77.46	11.37%	$ 690.40	$ 769.59	$ 79.19	11.47%	$ 690.73	$ 780.32	$ 89.59	12.97%	$ 691.07	$ 791.20	$ 100.13	14.49%
			Emp/Child(ren)	$ 579.32	$ 645.16	$ 65.84	11.37%	$ 586.84	$ 654.15	$ 67.31	11.47%	$ 587.12	$ 663.27	$ 76.15	12.97%	$ 587.41	$ 672.52	$ 85.11	14.49%
			Family	$ 971.21	$ 1,081.59	$ 110.38	11.37%	$ 983.82	$ 1,096.67	$ 112.85	11.47%	$ 984.30	$ 1,111.95	$ 127.65	12.97%	$ 984.78	$ 1,127.45	$ 142.67	14.49%
Bronze	HDE	SUBX4140	SUBX4156																
			Single	$ 332.79	$ 378.83	$ 46.04	13.83%	$ 337.11	$ 384.11	$ 47.00	13.94%	$ 337.27	$ 389.46	$ 52.19	15.47%	$ 337.44	$ 394.89	$ 57.45	17.03%
			Double	$ 665.58	$ 757.65	$ 92.07	13.83%	$ 674.22	$ 768.21	$ 93.99	13.94%	$ 674.55	$ 778.92	$ 104.37	15.47%	$ 674.87	$ 789.78	$ 114.91	17.03%
			Emp/Child(ren)	$ 565.74	$ 644.01	$ 78.27	13.83%	$ 573.08	$ 652.98	$ 79.90	13.94%	$ 573.36	$ 662.08	$ 88.72	15.47%	$ 573.64	$ 671.31	$ 97.67	17.03%
			Family	$ 948.45	$ 1,079.66	$ 131.21	13.83%	$ 960.76	$ 1,094.71	$ 133.95	13.94%	$ 961.23	$ 1,109.97	$ 148.74	15.47%	$ 961.70	$ 1,125.44	$ 163.74	17.03%

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Standard?	OV	SP	INN HOSP
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	Non-Standard	20	20	750
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	Non-Standard	20	20	750
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	Non-Standard	20	20	750
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	Non-Standard	20	20	750
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	Non-Standard	20	20	750
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	Non-Standard	20	20	750
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	Non-Standard	20	20	750
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	Non-Standard	20	20	750
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	Non-Standard	15	15	500
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	Non-Standard	15	15	500
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	Non-Standard	15	15	500
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	Non-Standard	15	15	500
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	Non-Standard	15	15	500
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	Non-Standard	15	15	500
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	Non-Standard	15	15	500
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	Non-Standard	15	15	500
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	Standard	15	35	500
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	Standard	15	35	500
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	Standard	15	35	500
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	Standard	15	35	500
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	Standard	15	35	500
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	Standard	15	35	500
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	Standard	15	35	500
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	Standard	15	35	500
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	Non-Standard	25	45	250
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	Non-Standard	25	45	250
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	Non-Standard	25	45	250
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	Non-Standard	25	45	250
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	Non-Standard	25	45	250
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	Non-Standard	25	45	250
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	Non-Standard	25	45	250
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	Non-Standard	25	45	250
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	Standard	25	40	1000
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	Standard	25	40	1000
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	Standard	25	40	1000
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	Standard	25	40	1000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	Standard	25	40	1000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	Standard	25	40	1000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	Standard	25	40	1000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	Standard	25	40	1000
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	Non-Standard	25	50	0.2
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	Non-Standard	25	50	0.2
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	Non-Standard	25	50	0.2
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	Non-Standard	25	50	0.2
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	Non-Standard	25	50	0.2
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	Non-Standard	25	50	0.2
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	Non-Standard	25	50	0.2
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	Non-Standard	25	50	0.2
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	Non-Standard	40	60	0.2
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	Non-Standard	40	60	0.2
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	Non-Standard	40	60	0.2
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	Non-Standard	40	60	0.2
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	Non-Standard	40	60	0.2

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Standard?	OV	SP	INN HOSP
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	Non-Standard	40	60	0.2
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	Non-Standard	40	60	0.2
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	Non-Standard	40	60	0.2
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	Non-Standard	0	0	0
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	Non-Standard	0	0	0
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	Non-Standard	0	0	0
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	Non-Standard	0	0	0
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	Non-Standard	0	0	0
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	Non-Standard	0	0	0
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	Non-Standard	0	0	0
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	Non-Standard	0	0	0
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	Standard	30	50	1500
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	Standard	30	50	1500
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	Standard	30	50	1500
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	Standard	30	50	1500
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	Standard	30	50	1500
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	Standard	30	50	1500
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	Standard	30	50	1500
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	Standard	30	50	1500
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	Standard	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	Standard	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	Standard	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	Standard	0.5	0.5	0.5
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	Non-Standard	0.5	0.5	0.5

2014 Plan Code	2015 Plan Code	OUT SURG	ER	AMB	DME	URGENT CARE	DIABETIC	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN
SUPX1012	SUPX1113	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1026	SUPX1116	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1040	SUPX1119	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1054	SUPX1122	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1068	SUPX1125	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1082	SUPX1128	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1096	SUPX1131	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1110	SUPX1134	200	75	75	0.5	30	15	20	0	0	0	3000	6000	0.2
SUPX1005	SUPX1112	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1019	SUPX1115	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1033	SUPX1118	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1047	SUPX1121	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1061	SUPX1124	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1075	SUPX1127	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1089	SUPX1130	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1103	SUPX1133	100	100	100	0.5	40	15	15	0	0	0	6600	13200	N/A
SUPX1001	SUPX1111	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1015	SUPX1114	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1029	SUPX1117	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1043	SUPX1120	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1057	SUPX1123	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1071	SUPX1126	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1085	SUPX1129	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUPX1099	SUPX1132	100	100	100	0.1	55	15	25	0	0	0	2000	4000	N/A
SUGX2006	SUGX2104	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2019	SUGX2105	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2032	SUGX2106	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2045	SUGX2107	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2058	SUGX2108	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2071	SUGX2109	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2084	SUGX2110	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2097	SUGX2111	50	75	75	0.5	35	15	45	0	500	1000	6600	13200	N/A
SUGX2001	SUGX2112	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2014	SUGX2114	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2027	SUGX2116	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2040	SUGX2118	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2053	SUGX2120	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2066	SUGX2122	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2079	SUGX2124	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2092	SUGX2126	100	150	150	0.2	60	25	30	0	600	1200	4000	8000	N/A
SUGX2012	SUGX2113	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2025	SUGX2115	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2038	SUGX2117	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2051	SUGX2119	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2064	SUGX2121	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2077	SUGX2123	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2090	SUGX2125	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUGX2103	SUGX2127	0.2	0.2	0.2	0.5	35	15	50	0.2	500	1000	2000	4000	N/A
SUSX3015	SUSX3133	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3034	SUSX3136	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3050	SUSX3139	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3066	SUSX3142	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3082	SUSX3145	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5

2014 Plan Code	2015 Plan Code	OUT SURG	ER	AMB	DME	URGENT CARE	DIABETIC	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN
SUSX3098	SUSX3148	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3114	SUSX3151	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3130	SUSX3154	0.2	0.2	0.2	0.5	50	15	60	0.2	2000	4000	5000	10000	0.5
SUSX3009	SUSX3132	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3025	SUSX3135	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3044	SUSX3138	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3060	SUSX3141	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3076	SUSX3144	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3092	SUSX3147	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3108	SUSX3150	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3124	SUSX3153	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A
SUSX3001	SUSX3131	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3017	SUSX3134	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3036	SUSX3137	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3052	SUSX3140	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3068	SUSX3143	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3084	SUSX3146	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3100	SUSX3149	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUSX3116	SUSX3152	100	150	150	0.3	70	30	30	0	2000	4000	5500	11000	N/A
SUBX4001	SUBX4157	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4019	SUBX4158	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4037	SUBX4159	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4055	SUBX4160	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4073	SUBX4161	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4091	SUBX4162	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4109	SUBX4163	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4127	SUBX4164	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700	N/A
SUBX4014	SUBX4142	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4032	SUBX4144	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4050	SUBX4146	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4068	SUBX4148	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4086	SUBX4150	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4104	SUBX4152	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4122	SUBX4154	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A
SUBX4140	SUBX4156	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900	N/A

2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
SUPX1012	SUPX1113	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	No Riders
SUPX1026	SUPX1116	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	Age 29
SUPX1040	SUPX1119	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	No Family Planning
SUPX1054	SUPX1122	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	DP
SUPX1068	SUPX1125	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	Age 29 + No Family Planning
SUPX1082	SUPX1128	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	Age 29 + DP
SUPX1096	SUPX1131	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	Age 29 + DP + No Family Planning
SUPX1110	SUPX1134	1000	2500	3000	7500	Embedded	PPO	Copayment	$10/$25/$40	DP + No Family Planning
SUPX1005	SUPX1112	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	No Riders
SUPX1019	SUPX1115	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29
SUPX1033	SUPX1118	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	No Family Planning
SUPX1047	SUPX1121	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	DP
SUPX1061	SUPX1124	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29 + No Family Planning
SUPX1075	SUPX1127	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29 + DP
SUPX1089	SUPX1130	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning
SUPX1103	SUPX1133	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	DP + No Family Planning
SUPX1001	SUPX1111	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	No Riders
SUPX1015	SUPX1114	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	Age 29
SUPX1029	SUPX1117	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	No Family Planning
SUPX1043	SUPX1120	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	DP
SUPX1057	SUPX1123	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	Age 29 + No Family Planning
SUPX1071	SUPX1126	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	Age 29 + DP
SUPX1085	SUPX1129	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	Age 29 + DP + No Family Planning
SUPX1099	SUPX1132	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$30/$60	DP + No Family Planning
SUGX2006	SUGX2104	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	No Riders
SUGX2019	SUGX2105	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29
SUGX2032	SUGX2106	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	No Family Planning
SUGX2045	SUGX2107	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	DP
SUGX2058	SUGX2108	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29 + No Family Planning
SUGX2071	SUGX2109	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29 + DP
SUGX2084	SUGX2110	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning
SUGX2097	SUGX2111	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$4/$30/$60	DP + No Family Planning
SUGX2001	SUGX2112	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	No Riders
SUGX2014	SUGX2114	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29
SUGX2027	SUGX2116	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	No Family Planning
SUGX2040	SUGX2118	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	DP
SUGX2053	SUGX2120	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29 + No Family Planning
SUGX2066	SUGX2122	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29 + DP
SUGX2079	SUGX2124	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning
SUGX2092	SUGX2126	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	DP + No Family Planning
SUGX2012	SUGX2113	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	No Riders
SUGX2025	SUGX2115	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	Age 29
SUGX2038	SUGX2117	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	No Family Planning
SUGX2051	SUGX2119	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	DP
SUGX2064	SUGX2121	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	Age 29 + No Family Planning
SUGX2077	SUGX2123	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	Age 29 + DP
SUGX2090	SUGX2125	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	Age 29 + DP + No Family Planning
SUGX2103	SUGX2127	N/A	N/A	N/A	N/A	Embedded	EPO	Transitional	$4/50%/50%	DP + No Family Planning
SUSX3015	SUSX3133	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	No Riders
SUSX3034	SUSX3136	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	Age 29
SUSX3050	SUSX3139	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	No Family Planning
SUSX3066	SUSX3142	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	DP
SUSX3082	SUSX3145	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	Age 29 + No Family Planning

2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
SUSX3098	SUSX3148	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	Age 29 + DP
SUSX3114	SUSX3151	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	Age 29 + DP + No Family Planning
SUSX3130	SUSX3154	5000	10000	10000	20000	Embedded	PPO	Transitional	$4/50%/50%	DP + No Family Planning
SUSX3009	SUSX3132	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	No Riders
SUSX3025	SUSX3135	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	Age 29
SUSX3044	SUSX3138	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	No Family Planning
SUSX3060	SUSX3141	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	DP
SUSX3076	SUSX3144	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	Age 29 + No Family Planning
SUSX3092	SUSX3147	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	Age 29 + DP
SUSX3108	SUSX3150	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	Age 29 + DP + No Family Planning
SUSX3124	SUSX3153	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$50/$80	DP + No Family Planning
SUSX3001	SUSX3131	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	No Riders
SUSX3017	SUSX3134	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29
SUSX3036	SUSX3137	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	No Family Planning
SUSX3052	SUSX3140	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	DP
SUSX3068	SUSX3143	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29 + No Family Planning
SUSX3084	SUSX3146	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29 + DP
SUSX3100	SUSX3149	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning
SUSX3116	SUSX3152	N/A	N/A	N/A	N/A	Embedded	EPO	Copayment	$10/$35/$70	DP + No Family Planning
SUBX4001	SUBX4157	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	No Riders
SUBX4019	SUBX4158	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	Age 29
SUBX4037	SUBX4159	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	No Family Planning
SUBX4055	SUBX4160	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	DP
SUBX4073	SUBX4161	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	Age 29 + No Family Planning
SUBX4091	SUBX4162	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	Age 29 + DP
SUBX4109	SUBX4163	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	Age 29 + DP + No Family Planning
SUBX4127	SUBX4164	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	$10/$35/$70	DP + No Family Planning
SUBX4014	SUBX4142	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	No Riders
SUBX4032	SUBX4144	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29
SUBX4050	SUBX4146	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	No Family Planning
SUBX4068	SUBX4148	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	DP
SUBX4086	SUBX4150	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29 + No Family Planning
SUBX4104	SUBX4152	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29 + DP
SUBX4122	SUBX4154	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29 + DP + No Family Planning
SUBX4140	SUBX4156	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	DP + No Family Planning

2014 Plan Code	2015 Plan Code	Additional Benefits	Additional Benefits	Additional Benefits	Additional Benefits
SUPX1012	SUPX1113	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1026	SUPX1116	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1040	SUPX1119	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1054	SUPX1122	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1068	SUPX1125	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1082	SUPX1128	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1096	SUPX1131	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1110	SUPX1134	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1005	SUPX1112	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1019	SUPX1115	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1033	SUPX1118	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1047	SUPX1121	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1061	SUPX1124	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1075	SUPX1127	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1089	SUPX1130	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1103	SUPX1133	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUPX1001	SUPX1111	No Riders	No Riders	No Riders	No Riders
SUPX1015	SUPX1114	No Riders	No Riders	No Riders	No Riders
SUPX1029	SUPX1117	No Riders	No Riders	No Riders	No Riders
SUPX1043	SUPX1120	No Riders	No Riders	No Riders	No Riders
SUPX1057	SUPX1123	No Riders	No Riders	No Riders	No Riders
SUPX1071	SUPX1126	No Riders	No Riders	No Riders	No Riders
SUPX1085	SUPX1129	No Riders	No Riders	No Riders	No Riders
SUPX1099	SUPX1132	No Riders	No Riders	No Riders	No Riders
SUGX2006	SUGX2104	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2019	SUGX2105	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2032	SUGX2106	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2045	SUGX2107	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2058	SUGX2108	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2071	SUGX2109	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2084	SUGX2110	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2097	SUGX2111	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2001	SUGX2112	No Riders	No Riders	No Riders	No Riders
SUGX2014	SUGX2114	No Riders	No Riders	No Riders	No Riders
SUGX2027	SUGX2116	No Riders	No Riders	No Riders	No Riders
SUGX2040	SUGX2118	No Riders	No Riders	No Riders	No Riders
SUGX2053	SUGX2120	No Riders	No Riders	No Riders	No Riders
SUGX2066	SUGX2122	No Riders	No Riders	No Riders	No Riders
SUGX2079	SUGX2124	No Riders	No Riders	No Riders	No Riders
SUGX2092	SUGX2126	No Riders	No Riders	No Riders	No Riders
SUGX2012	SUGX2113	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2025	SUGX2115	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2038	SUGX2117	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2051	SUGX2119	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2064	SUGX2121	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2077	SUGX2123	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2090	SUGX2125	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUGX2103	SUGX2127	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3015	SUSX3133	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3034	SUSX3136	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3050	SUSX3139	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3066	SUSX3142	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3082	SUSX3145	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

2014 Plan Code	2015 Plan Code	Additional Benefits	Additional Benefits	Additional Benefits	Additional Benefits
SUSX3098	SUSX3148	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3114	SUSX3151	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3130	SUSX3154	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3009	SUSX3132	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3025	SUSX3135	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3044	SUSX3138	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3060	SUSX3141	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3076	SUSX3144	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3092	SUSX3147	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3108	SUSX3150	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3124	SUSX3153	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUSX3001	SUSX3131	No Riders	No Riders	No Riders	No Riders
SUSX3017	SUSX3134	No Riders	No Riders	No Riders	No Riders
SUSX3036	SUSX3137	No Riders	No Riders	No Riders	No Riders
SUSX3052	SUSX3140	No Riders	No Riders	No Riders	No Riders
SUSX3068	SUSX3143	No Riders	No Riders	No Riders	No Riders
SUSX3084	SUSX3146	No Riders	No Riders	No Riders	No Riders
SUSX3100	SUSX3149	No Riders	No Riders	No Riders	No Riders
SUSX3116	SUSX3152	No Riders	No Riders	No Riders	No Riders
SUBX4001	SUBX4157	No Riders	No Riders	No Riders	No Riders
SUBX4019	SUBX4158	No Riders	No Riders	No Riders	No Riders
SUBX4037	SUBX4159	No Riders	No Riders	No Riders	No Riders
SUBX4055	SUBX4160	No Riders	No Riders	No Riders	No Riders
SUBX4073	SUBX4161	No Riders	No Riders	No Riders	No Riders
SUBX4091	SUBX4162	No Riders	No Riders	No Riders	No Riders
SUBX4109	SUBX4163	No Riders	No Riders	No Riders	No Riders
SUBX4127	SUBX4164	No Riders	No Riders	No Riders	No Riders
SUBX4014	SUBX4142	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4032	SUBX4144	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4050	SUBX4146	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4068	SUBX4148	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4086	SUBX4150	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4104	SUBX4152	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4122	SUBX4154	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
SUBX4140	SUBX4156	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

CDPHP, Universal Benefits Inc.
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	58.7%	1.00	0.586	1.000	0.587	
Double	14.7%	2.00	0.293	2.000	0.293	
Emp/Child(ren)	2.3%	2.63	0.061	1.700	0.039	
Family	24.3%	3.92	0.954	2.850	0.694	
Total 4T	100.0%		1.894		1.613	1.174
						1.174

CDPHP, Universal Benefits Inc.
UBI Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2015 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Essex
	Columbia	Dutchess	Tioga	Chenango
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

CDPHP, Universal Benefits Inc.
UBI Product
Tier Factors

VI. Tier Factors

2015 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

CDPHP, Universal Benefits Inc.
Small Group UBI Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a small group on exchange UBI benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
SUPX1113	$619.84	$ 1,239.68	$ 1,053.73	$ 1,766.54
Final Rates	**$619.84**	**$1,239.68**	**$1,053.73**	**$1,766.54**

CDPHP, Universal Benefits Inc.
UBI Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

82.00%

RULE	On-Exchange (SHOP) Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP UBI's service area with eligible **CDPHP UBI Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer Saratoga, Schenectady, Schoharie, Warren, Washington **Region 3 (Mid-Hudson Area)** Delaware, Dutchess, Orange, Ulster **Region 6 (Syracuse Area)** Broome, Tioga **Region 7 (Utica/Watertown Area)** Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego
Eligible Employees	• Eligible workers or employees as determined by the employer
	•
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP UBI service area; 5. CDPHP UBI decides to discontinue the product in which the group is enrolled 6. CDPHP UBI decides to discontinue all coverage in the market

Approved under CAPD-129469291

2015 Commission Schedule

CDPHP Universal Benefits, Inc.
Capital District Physicians' Healthcare Network, Inc.

Small Group (community-rated) EPO, PPO, HDEPO, or HDPPO

(*Applies to new group, renewal and broker of record changes)*
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August -January effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

Large Group (experience-rated) EPO, PPO, HDEPO, HDPPO

New group sales in 2015
- 5 percent commission on first $250,000 of combined employer group premium
- 5.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Renewal groups sold 2006-2014
- 4 percent commission on first $250,000 of combined employer group premium
- 4.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Groups Sold prior to 2006 – renews at current rate

Agent/Broker has flexibility to change commission rate/scale at new sale or at renewal; request must be submitted in writing prior to rates being released

Broker of Record changes on existing large group
- -If replacing current broker of record - pays at same commission scale as previous broker of record
- -If group does not have a current broker of record, commission will begin upon renewal

Medicare PPO Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group was Sold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Dental

New or Renewal Groups

2-99 Eligible Employees - 10 percent
100-249 Eligible Employees - 5 percent
250-499 Eligible Employees - 4 percent
500–999 Eligible Employees - 3 percent
1000+ Eligible Employees - negotiable

Commission percentage will be based on each Group's Eligible Employees at the time of sale or 120 days prior to renewal.

Shared Health

The experienced rated scale noted above will be applied to the annualized fully insured premium amount to determine an estimated annualized commission amount. The estimated annual commission is then divided by the fixed annualized premium amount to determine a fixed commission percentage that will be applied to the monthly fixed premium payments.

Bonus Programs:

Quarterly CDPHP UBI New Small Group

Qualifier: Minimum of 50 new small group contracts (EPO, PPO, HDPPO and HDEPO). If BOR is lost within the calendar year of new group sale, contract counts will be removed from broker's qualifier. New BOR will not receive credit for group.

Payment calculated quarterly and pays $50 per subscriber.

Year End CDPHP UBI New Large Group Bonus

Qualifier:

With at least 2 new large groups sold
100 new CDPHP UBI experience-rated subscriber certificates—$4,000
250 new CDPHP UBI experience-rated subscriber certificates—$15,000

With 3 new large groups sold
500 new CDPHP UBI experience-rated subscriber certificates—$35,000

With 4 new large groups sold
1,000 new CDPHP UBI experience-rated subscriber certificates—$90,000

Subscriber certificate counts are determined on 12/31/14

Persistency Bonus

Snapshot of book of business taken 12/31/14 and compare same groups on 12/31/15 to determine persistency percentage. If group changes broker of record during 2013 calendar year, group will be removed from existing broker's 12/31/14 base count and the enrollment as of the current date will be added to the new broker's 12/31/14 base count.

Initial Qualifier: Minimum of 100 subscriber certificates in CDPHP book of business as of 12/31/14:
Base Level
95% persistency—0.25 percent annual collected premium
Premium collected from EPO, PPO, HDPPO and HDEPO products

ASO Bonus (Capital District Physicians' Healthcare Network, Inc.)
A one time bonus on ASO Groups sold on or after 1/1/14. Subscriber counts are based on each individual group's enrollment as of the last day of the month the group becomes effective.

<1,000 subscribers = $5,000
1,000 - 2,499 subscribers = $10,000
2,500 – 4,999 subscribes = $20,000
5,000+ subscribers = $40,000

Shared Health Bonus
For the bonuses described below Subscriber counts are based on each individual Group's enrollment as of the last day of the month the Group becomes effective.

New Business: Any new group Sold on or after 1/1/15, a bonus of $10.00 per subscriber; a minimum of $2,000 to a maximum of $10,000 per Group will be paid.

50-200 subscriber per Group = $2,000
201-999 subscribers per Group = $2,010 - $9,990
1000+ subscriber per Group = $10,000

Existing Groups moving to Shared Health in 2015 with total replacement* or all 3rd year renewals (new to Shared Health in 2013) a bonus of $5.00 per subscriber; a minimum of $1,000 to a maximum of $5,000 per Group will be paid.

50-200 subscriber per Group = $1,000
201-999 subscribers per Group = $1,005 - $4,995
1000+ subscriber per Group = $5,000

*Existing groups where CDPHP was the sole carrier will not be eligible for bonus.

Premier Broker Bonus

Qualifier: The entire book of business as of 12/31/14 must have a minimum of 2,800 subscribers and 1,400 EPO, PPO, HDEPO and HDPPO subscribers. Subscriber counts exclude any ancillary products including but not limited to Dental, any individual Medicare products and individual and non-group Healthy New York products.

Summit Level:
If 97% Persistency Percentage is maintained and the EPO, PPO, HDPPO & HDEPO subscriber counts increase by:

500-999 subscribers a $10,000 bonus will be paid
1,000- 1999 subscribers a $25,000 bonus will be paid
2,000 or more subscribers a $50,000 bonus will be paid

CDPHP, Universal Benefits Inc.

2015 Premium Rate Filing

SG UBI - On Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	
		Small Group
	Albany Region	1
	Mid-Hudson Region	2
	Syracuse Region	3
	Utica/Watertown Region	4
II.	**Benefit Summary**	5-8
III.	**Conversion Factor**	9
IV.	**Region Factors**	10
V.	**Tier Factors**	11
VI.	**Rate Calculation**	12
VII.	**Expected Loss Ratio**	13
VIII.	**Underwriting Guidelines**	14
IX.	**Commission Schedule**	15-17

CDPHP, Universal Benefits Inc.
Albany Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	New for 2015	SUBX4165																
			Single	N/A	$362.86	$ -	0.00%	N/A	$ 367.92	$ -	0.00%	N/A	$ 373.05	$ -	0.00%	N/A	$ 378.25	$ -	0.00%
			Double	N/A	$ 725.72	$ -	0.00%	N/A	$ 735.84	$ -	0.00%	N/A	$ 746.09	$ -	0.00%	N/A	$ 756.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 616.86	$ -	0.00%	N/A	$ 625.46	$ -	0.00%	N/A	$ 634.18	$ -	0.00%	N/A	$ 643.02	$ -	0.00%
			Family	N/A	$ 1,034.15	$ -	0.00%	N/A	$ 1,048.57	$ -	0.00%	N/A	$ 1,063.18	$ -	0.00%	N/A	$ 1,078.00	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4166																
			Single	N/A	$ 363.50	$ -	0.00%	N/A	$ 368.57	$ -	0.00%	N/A	$ 373.70	$ -	0.00%	N/A	$ 378.91	$ -	0.00%
			Double	N/A	$ 727.00	$ -	0.00%	N/A	$ 737.13	$ -	0.00%	N/A	$ 747.41	$ -	0.00%	N/A	$ 757.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 617.95	$ -	0.00%	N/A	$ 626.56	$ -	0.00%	N/A	$ 635.30	$ -	0.00%	N/A	$ 644.15	$ -	0.00%
			Family	N/A	$ 1,035.98	$ -	0.00%	N/A	$ 1,050.42	$ -	0.00%	N/A	$ 1,065.06	$ -	0.00%	N/A	$ 1,079.90	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4167																
			Single	N/A	$ 359.94	$ -	0.00%	N/A	$ 364.96	$ -	0.00%	N/A	$ 370.04	$ -	0.00%	N/A	$ 375.20	$ -	0.00%
			Double	N/A	$ 719.88	$ -	0.00%	N/A	$ 729.91	$ -	0.00%	N/A	$ 740.09	$ -	0.00%	N/A	$ 750.41	$ -	0.00%
			Emp/Child(ren)	N/A	$ 611.90	$ -	0.00%	N/A	$ 620.43	$ -	0.00%	N/A	$ 629.08	$ -	0.00%	N/A	$ 637.84	$ -	0.00%
			Family	N/A	$ 1,025.83	$ -	0.00%	N/A	$ 1,040.13	$ -	0.00%	N/A	$ 1,054.63	$ -	0.00%	N/A	$ 1,069.33	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4168																
			Single	N/A	$ 362.86	$ -	0.00%	N/A	$ 367.92	$ -	0.00%	N/A	$ 373.05	$ -	0.00%	N/A	$ 378.25	$ -	0.00%
			Double	N/A	$ 725.72	$ -	0.00%	N/A	$ 735.84	$ -	0.00%	N/A	$ 746.09	$ -	0.00%	N/A	$ 756.49	$ -	0.00%
			Emp/Child(ren)	N/A	$ 616.86	$ -	0.00%	N/A	$ 625.46	$ -	0.00%	N/A	$ 634.18	$ -	0.00%	N/A	$ 643.02	$ -	0.00%
			Family	N/A	$ 1,034.15	$ -	0.00%	N/A	$ 1,048.57	$ -	0.00%	N/A	$ 1,063.18	$ -	0.00%	N/A	$ 1,078.00	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4169																
			Single	N/A	$ 360.58	$ -	0.00%	N/A	$ 365.61	$ -	0.00%	N/A	$ 370.70	$ -	0.00%	N/A	$ 375.87	$ -	0.00%
			Double	N/A	$ 721.16	$ -	0.00%	N/A	$ 731.21	$ -	0.00%	N/A	$ 741.40	$ -	0.00%	N/A	$ 751.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 612.99	$ -	0.00%	N/A	$ 621.53	$ -	0.00%	N/A	$ 630.19	$ -	0.00%	N/A	$ 638.98	$ -	0.00%
			Family	N/A	$ 1,027.65	$ -	0.00%	N/A	$ 1,041.98	$ -	0.00%	N/A	$ 1,056.50	$ -	0.00%	N/A	$ 1,071.23	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4170																
			Single	N/A	$ 363.50	$ -	0.00%	N/A	$ 368.57	$ -	0.00%	N/A	$ 373.70	$ -	0.00%	N/A	$ 378.91	$ -	0.00%
			Double	N/A	$ 727.00	$ -	0.00%	N/A	$ 737.13	$ -	0.00%	N/A	$ 747.41	$ -	0.00%	N/A	$ 757.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 617.95	$ -	0.00%	N/A	$ 626.56	$ -	0.00%	N/A	$ 635.30	$ -	0.00%	N/A	$ 644.15	$ -	0.00%
			Family	N/A	$ 1,035.98	$ -	0.00%	N/A	$ 1,050.42	$ -	0.00%	N/A	$ 1,065.06	$ -	0.00%	N/A	$ 1,079.90	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4171																
			Single	N/A	$ 360.58	$ -	0.00%	N/A	$ 365.61	$ -	0.00%	N/A	$ 370.70	$ -	0.00%	N/A	$ 375.87	$ -	0.00%
			Double	N/A	$ 721.16	$ -	0.00%	N/A	$ 731.21	$ -	0.00%	N/A	$ 741.40	$ -	0.00%	N/A	$ 751.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 612.99	$ -	0.00%	N/A	$ 621.53	$ -	0.00%	N/A	$ 630.19	$ -	0.00%	N/A	$ 638.98	$ -	0.00%
			Family	N/A	$ 1,027.65	$ -	0.00%	N/A	$ 1,041.98	$ -	0.00%	N/A	$ 1,056.50	$ -	0.00%	N/A	$ 1,071.23	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4172																
			Single	N/A	$ 359.94	$ -	0.00%	N/A	$ 364.96	$ -	0.00%	N/A	$ 370.04	$ -	0.00%	N/A	$ 375.20	$ -	0.00%
			Double	N/A	$ 719.88	$ -	0.00%	N/A	$ 729.91	$ -	0.00%	N/A	$ 740.09	$ -	0.00%	N/A	$ 750.41	$ -	0.00%
			Emp/Child(ren)	N/A	$ 611.90	$ -	0.00%	N/A	$ 620.43	$ -	0.00%	N/A	$ 629.08	$ -	0.00%	N/A	$ 637.84	$ -	0.00%
			Family	N/A	$ 1,025.83	$ -	0.00%	N/A	$ 1,040.13	$ -	0.00%	N/A	$ 1,054.63	$ -	0.00%	N/A	$ 1,069.33	$ -	0.00%

CDPHP, Universal Benefits Inc.
Mid-Hudson
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	New for 2015	SUBX4165																
			Single	N/A	$428.36	$ -	0.00%	N/A	$434.33	$ -	0.00%	N/A	$ 440.38	$ -	0.00%	N/A	$ 446.52	$ -	0.00%
			Double	N/A	$ 856.71	$ -	0.00%	N/A	$ 868.65	$ -	0.00%	N/A	$ 880.76	$ -	0.00%	N/A	$ 893.04	$ -	0.00%
			Emp/Child(ren)	N/A	$ 728.21	$ -	0.00%	N/A	$ 738.36	$ -	0.00%	N/A	$ 748.65	$ -	0.00%	N/A	$ 759.08	$ -	0.00%
			Family	N/A	$ 1,220.82	$ -	0.00%	N/A	$ 1,237.83	$ -	0.00%	N/A	$ 1,255.09	$ -	0.00%	N/A	$ 1,272.58	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4166																
			Single	N/A	$ 429.11	$ -	0.00%	N/A	$ 435.09	$ -	0.00%	N/A	$ 441.16	$ -	0.00%	N/A	$ 447.31	$ -	0.00%
			Double	N/A	$ 858.22	$ -	0.00%	N/A	$ 870.19	$ -	0.00%	N/A	$ 882.32	$ -	0.00%	N/A	$ 894.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 729.49	$ -	0.00%	N/A	$ 739.66	$ -	0.00%	N/A	$ 749.97	$ -	0.00%	N/A	$ 760.42	$ -	0.00%
			Family	N/A	$ 1,222.97	$ -	0.00%	N/A	$ 1,240.02	$ -	0.00%	N/A	$ 1,257.30	$ -	0.00%	N/A	$ 1,274.83	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4167																
			Single	N/A	$ 424.91	$ -	0.00%	N/A	$ 430.83	$ -	0.00%	N/A	$ 436.84	$ -	0.00%	N/A	$ 442.93	$ -	0.00%
			Double	N/A	$ 849.82	$ -	0.00%	N/A	$ 861.66	$ -	0.00%	N/A	$ 873.67	$ -	0.00%	N/A	$ 885.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 722.35	$ -	0.00%	N/A	$ 732.41	$ -	0.00%	N/A	$ 742.62	$ -	0.00%	N/A	$ 752.98	$ -	0.00%
			Family	N/A	$ 1,210.99	$ -	0.00%	N/A	$ 1,227.87	$ -	0.00%	N/A	$ 1,244.99	$ -	0.00%	N/A	$ 1,262.34	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4168																
			Single	N/A	$ 428.36	$ -	0.00%	N/A	$ 434.33	$ -	0.00%	N/A	$ 440.38	$ -	0.00%	N/A	$ 446.52	$ -	0.00%
			Double	N/A	$ 856.71	$ -	0.00%	N/A	$ 868.65	$ -	0.00%	N/A	$ 880.76	$ -	0.00%	N/A	$ 893.04	$ -	0.00%
			Emp/Child(ren)	N/A	$ 728.21	$ -	0.00%	N/A	$ 738.36	$ -	0.00%	N/A	$ 748.65	$ -	0.00%	N/A	$ 759.08	$ -	0.00%
			Family	N/A	$ 1,220.82	$ -	0.00%	N/A	$ 1,237.83	$ -	0.00%	N/A	$ 1,255.09	$ -	0.00%	N/A	$ 1,272.58	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4169																
			Single	N/A	$ 425.66	$ -	0.00%	N/A	$ 431.60	$ -	0.00%	N/A	$ 437.61	$ -	0.00%	N/A	$ 443.71	$ -	0.00%
			Double	N/A	$ 851.33	$ -	0.00%	N/A	$ 863.20	$ -	0.00%	N/A	$ 875.23	$ -	0.00%	N/A	$ 887.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 723.63	$ -	0.00%	N/A	$ 733.72	$ -	0.00%	N/A	$ 743.94	$ -	0.00%	N/A	$ 754.31	$ -	0.00%
			Family	N/A	$ 1,213.14	$ -	0.00%	N/A	$ 1,230.05	$ -	0.00%	N/A	$ 1,247.20	$ -	0.00%	N/A	$ 1,264.59	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4170																
			Single	N/A	$ 429.11	$ -	0.00%	N/A	$ 435.09	$ -	0.00%	N/A	$ 441.16	$ -	0.00%	N/A	$ 447.31	$ -	0.00%
			Double	N/A	$ 858.22	$ -	0.00%	N/A	$ 870.19	$ -	0.00%	N/A	$ 882.32	$ -	0.00%	N/A	$ 894.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 729.49	$ -	0.00%	N/A	$ 739.66	$ -	0.00%	N/A	$ 749.97	$ -	0.00%	N/A	$ 760.42	$ -	0.00%
			Family	N/A	$ 1,222.97	$ -	0.00%	N/A	$ 1,240.02	$ -	0.00%	N/A	$ 1,257.30	$ -	0.00%	N/A	$ 1,274.83	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4171																
			Single	N/A	$ 425.66	$ -	0.00%	N/A	$ 431.60	$ -	0.00%	N/A	$ 437.61	$ -	0.00%	N/A	$ 443.71	$ -	0.00%
			Double	N/A	$ 851.33	$ -	0.00%	N/A	$ 863.20	$ -	0.00%	N/A	$ 875.23	$ -	0.00%	N/A	$ 887.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 723.63	$ -	0.00%	N/A	$ 733.72	$ -	0.00%	N/A	$ 743.94	$ -	0.00%	N/A	$ 754.31	$ -	0.00%
			Family	N/A	$ 1,213.14	$ -	0.00%	N/A	$ 1,230.05	$ -	0.00%	N/A	$ 1,247.20	$ -	0.00%	N/A	$ 1,264.59	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4172																
			Single	N/A	$ 424.91	$ -	0.00%	N/A	$ 430.83	$ -	0.00%	N/A	$ 436.84	$ -	0.00%	N/A	$ 442.93	$ -	0.00%
			Double	N/A	$ 849.82	$ -	0.00%	N/A	$ 861.66	$ -	0.00%	N/A	$ 873.67	$ -	0.00%	N/A	$ 885.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 722.35	$ -	0.00%	N/A	$ 732.41	$ -	0.00%	N/A	$ 742.62	$ -	0.00%	N/A	$ 752.98	$ -	0.00%
			Family	N/A	$ 1,210.99	$ -	0.00%	N/A	$ 1,227.87	$ -	0.00%	N/A	$ 1,244.99	$ -	0.00%	N/A	$ 1,262.34	$ -	0.00%

CDPHP, Universal Benefits Inc.
Syracuse Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	New for 2015	SUBX4165																
			Single	N/A	$406.95	$ -	0.00%	N/A	$412.62	$ -	0.00%	N/A	$ 418.37	$ -	0.00%	N/A	$ 424.20	$ -	0.00%
			Double	N/A	$ 813.90	$ -	0.00%	N/A	$ 825.24	$ -	0.00%	N/A	$ 836.74	$ -	0.00%	N/A	$ 848.41	$ -	0.00%
			Emp/Child(ren)	N/A	$ 691.81	$ -	0.00%	N/A	$ 701.45	$ -	0.00%	N/A	$ 711.23	$ -	0.00%	N/A	$ 721.15	$ -	0.00%
			Family	N/A	$ 1,159.80	$ -	0.00%	N/A	$ 1,175.97	$ -	0.00%	N/A	$ 1,192.36	$ -	0.00%	N/A	$ 1,208.98	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4166																
			Single	N/A	$ 407.67	$ -	0.00%	N/A	$ 413.35	$ -	0.00%	N/A	$ 419.11	$ -	0.00%	N/A	$ 424.95	$ -	0.00%
			Double	N/A	$ 815.33	$ -	0.00%	N/A	$ 826.70	$ -	0.00%	N/A	$ 838.22	$ -	0.00%	N/A	$ 849.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 693.03	$ -	0.00%	N/A	$ 702.69	$ -	0.00%	N/A	$ 712.49	$ -	0.00%	N/A	$ 722.42	$ -	0.00%
			Family	N/A	$ 1,161.85	$ -	0.00%	N/A	$ 1,178.04	$ -	0.00%	N/A	$ 1,194.46	$ -	0.00%	N/A	$ 1,211.11	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4167																
			Single	N/A	$ 403.67	$ -	0.00%	N/A	$ 409.30	$ -	0.00%	N/A	$ 415.00	$ -	0.00%	N/A	$ 420.79	$ -	0.00%
			Double	N/A	$ 807.35	$ -	0.00%	N/A	$ 818.60	$ -	0.00%	N/A	$ 830.01	$ -	0.00%	N/A	$ 841.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 686.24	$ -	0.00%	N/A	$ 695.81	$ -	0.00%	N/A	$ 705.51	$ -	0.00%	N/A	$ 715.34	$ -	0.00%
			Family	N/A	$ 1,150.47	$ -	0.00%	N/A	$ 1,166.50	$ -	0.00%	N/A	$ 1,182.76	$ -	0.00%	N/A	$ 1,199.25	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4168																
			Single	N/A	$ 406.95	$ -	0.00%	N/A	$ 412.62	$ -	0.00%	N/A	$ 418.37	$ -	0.00%	N/A	$ 424.20	$ -	0.00%
			Double	N/A	$ 813.90	$ -	0.00%	N/A	$ 825.24	$ -	0.00%	N/A	$ 836.74	$ -	0.00%	N/A	$ 848.41	$ -	0.00%
			Emp/Child(ren)	N/A	$ 691.81	$ -	0.00%	N/A	$ 701.45	$ -	0.00%	N/A	$ 711.23	$ -	0.00%	N/A	$ 721.15	$ -	0.00%
			Family	N/A	$ 1,159.80	$ -	0.00%	N/A	$ 1,175.97	$ -	0.00%	N/A	$ 1,192.36	$ -	0.00%	N/A	$ 1,208.98	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4169																
			Single	N/A	$ 404.39	$ -	0.00%	N/A	$ 410.03	$ -	0.00%	N/A	$ 415.74	$ -	0.00%	N/A	$ 421.54	$ -	0.00%
			Double	N/A	$ 808.78	$ -	0.00%	N/A	$ 820.05	$ -	0.00%	N/A	$ 831.49	$ -	0.00%	N/A	$ 843.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 687.46	$ -	0.00%	N/A	$ 697.05	$ -	0.00%	N/A	$ 706.76	$ -	0.00%	N/A	$ 716.61	$ -	0.00%
			Family	N/A	$ 1,152.51	$ -	0.00%	N/A	$ 1,168.58	$ -	0.00%	N/A	$ 1,184.87	$ -	0.00%	N/A	$ 1,201.38	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4170																
			Single	N/A	$ 407.67	$ -	0.00%	N/A	$ 413.35	$ -	0.00%	N/A	$ 419.11	$ -	0.00%	N/A	$ 424.95	$ -	0.00%
			Double	N/A	$ 815.33	$ -	0.00%	N/A	$ 826.70	$ -	0.00%	N/A	$ 838.22	$ -	0.00%	N/A	$ 849.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 693.03	$ -	0.00%	N/A	$ 702.69	$ -	0.00%	N/A	$ 712.49	$ -	0.00%	N/A	$ 722.42	$ -	0.00%
			Family	N/A	$ 1,161.85	$ -	0.00%	N/A	$ 1,178.04	$ -	0.00%	N/A	$ 1,194.46	$ -	0.00%	N/A	$ 1,211.11	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4171																
			Single	N/A	$ 404.39	$ -	0.00%	N/A	$ 410.03	$ -	0.00%	N/A	$ 415.74	$ -	0.00%	N/A	$ 421.54	$ -	0.00%
			Double	N/A	$ 808.78	$ -	0.00%	N/A	$ 820.05	$ -	0.00%	N/A	$ 831.49	$ -	0.00%	N/A	$ 843.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 687.46	$ -	0.00%	N/A	$ 697.05	$ -	0.00%	N/A	$ 706.76	$ -	0.00%	N/A	$ 716.61	$ -	0.00%
			Family	N/A	$ 1,152.51	$ -	0.00%	N/A	$ 1,168.58	$ -	0.00%	N/A	$ 1,184.87	$ -	0.00%	N/A	$ 1,201.38	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4172																
			Single	N/A	$ 403.67	$ -	0.00%	N/A	$ 409.30	$ -	0.00%	N/A	$ 415.00	$ -	0.00%	N/A	$ 420.79	$ -	0.00%
			Double	N/A	$ 807.35	$ -	0.00%	N/A	$ 818.60	$ -	0.00%	N/A	$ 830.01	$ -	0.00%	N/A	$ 841.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 686.24	$ -	0.00%	N/A	$ 695.81	$ -	0.00%	N/A	$ 705.51	$ -	0.00%	N/A	$ 715.34	$ -	0.00%
			Family	N/A	$ 1,150.47	$ -	0.00%	N/A	$ 1,166.50	$ -	0.00%	N/A	$ 1,182.76	$ -	0.00%	N/A	$ 1,199.25	$ -	0.00%

CDPHP, Universal Benefits Inc.
Utica/Watertown Region
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Metal Tier	Product Line	Old Name	New Name	2014 Quarter 1 Current Rate	2015 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2014 Quarter 2 Current Rate	2015 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2014 Quarter 3 Current Rate	2015 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2014 Quarter 4 Current Rate	2015 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Bronze	HDE	New for 2015	SUBX4165																
			Single	N/A	$390.84	$ -	0.00%	N/A	$396.28	$ -	0.00%	N/A	$ 401.81	$ -	0.00%	N/A	$ 407.41	$ -	0.00%
			Double	N/A	$ 781.67	$ -	0.00%	N/A	$ 792.57	$ -	0.00%	N/A	$ 803.62	$ -	0.00%	N/A	$ 814.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 664.42	$ -	0.00%	N/A	$ 673.68	$ -	0.00%	N/A	$ 683.07	$ -	0.00%	N/A	$ 692.60	$ -	0.00%
			Family	N/A	$ 1,113.88	$ -	0.00%	N/A	$ 1,129.41	$ -	0.00%	N/A	$ 1,145.15	$ -	0.00%	N/A	$ 1,161.12	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4166																
			Single	N/A	$ 391.53	$ -	0.00%	N/A	$ 396.98	$ -	0.00%	N/A	$ 402.52	$ -	0.00%	N/A	$ 408.13	$ -	0.00%
			Double	N/A	$ 783.05	$ -	0.00%	N/A	$ 793.97	$ -	0.00%	N/A	$ 805.03	$ -	0.00%	N/A	$ 816.26	$ -	0.00%
			Emp/Child(ren)	N/A	$ 665.59	$ -	0.00%	N/A	$ 674.87	$ -	0.00%	N/A	$ 684.28	$ -	0.00%	N/A	$ 693.82	$ -	0.00%
			Family	N/A	$ 1,115.85	$ -	0.00%	N/A	$ 1,131.40	$ -	0.00%	N/A	$ 1,147.17	$ -	0.00%	N/A	$ 1,163.16	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4167																
			Single	N/A	$ 387.69	$ -	0.00%	N/A	$ 393.10	$ -	0.00%	N/A	$ 398.57	$ -	0.00%	N/A	$ 404.13	$ -	0.00%
			Double	N/A	$ 775.38	$ -	0.00%	N/A	$ 786.19	$ -	0.00%	N/A	$ 797.15	$ -	0.00%	N/A	$ 808.26	$ -	0.00%
			Emp/Child(ren)	N/A	$ 659.08	$ -	0.00%	N/A	$ 668.26	$ -	0.00%	N/A	$ 677.58	$ -	0.00%	N/A	$ 687.02	$ -	0.00%
			Family	N/A	$ 1,104.92	$ -	0.00%	N/A	$ 1,120.32	$ -	0.00%	N/A	$ 1,135.94	$ -	0.00%	N/A	$ 1,151.77	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4168																
			Single	N/A	$ 390.84	$ -	0.00%	N/A	$ 396.28	$ -	0.00%	N/A	$ 401.81	$ -	0.00%	N/A	$ 407.41	$ -	0.00%
			Double	N/A	$ 781.67	$ -	0.00%	N/A	$ 792.57	$ -	0.00%	N/A	$ 803.62	$ -	0.00%	N/A	$ 814.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 664.42	$ -	0.00%	N/A	$ 673.68	$ -	0.00%	N/A	$ 683.07	$ -	0.00%	N/A	$ 692.60	$ -	0.00%
			Family	N/A	$ 1,113.88	$ -	0.00%	N/A	$ 1,129.41	$ -	0.00%	N/A	$ 1,145.15	$ -	0.00%	N/A	$ 1,161.12	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4169																
			Single	N/A	$ 388.38	$ -	0.00%	N/A	$ 393.79	$ -	0.00%	N/A	$ 399.28	$ -	0.00%	N/A	$ 404.85	$ -	0.00%
			Double	N/A	$ 776.76	$ -	0.00%	N/A	$ 787.59	$ -	0.00%	N/A	$ 798.57	$ -	0.00%	N/A	$ 809.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 660.25	$ -	0.00%	N/A	$ 669.45	$ -	0.00%	N/A	$ 678.78	$ -	0.00%	N/A	$ 688.24	$ -	0.00%
			Family	N/A	$ 1,106.89	$ -	0.00%	N/A	$ 1,122.31	$ -	0.00%	N/A	$ 1,137.96	$ -	0.00%	N/A	$ 1,153.82	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4170																
			Single	N/A	$ 391.53	$ -	0.00%	N/A	$ 396.98	$ -	0.00%	N/A	$ 402.52	$ -	0.00%	N/A	$ 408.13	$ -	0.00%
			Double	N/A	$ 783.05	$ -	0.00%	N/A	$ 793.97	$ -	0.00%	N/A	$ 805.03	$ -	0.00%	N/A	$ 816.26	$ -	0.00%
			Emp/Child(ren)	N/A	$ 665.59	$ -	0.00%	N/A	$ 674.87	$ -	0.00%	N/A	$ 684.28	$ -	0.00%	N/A	$ 693.82	$ -	0.00%
			Family	N/A	$ 1,115.85	$ -	0.00%	N/A	$ 1,131.40	$ -	0.00%	N/A	$ 1,147.17	$ -	0.00%	N/A	$ 1,163.16	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4171																
			Single	N/A	$ 388.38	$ -	0.00%	N/A	$ 393.79	$ -	0.00%	N/A	$ 399.28	$ -	0.00%	N/A	$ 404.85	$ -	0.00%
			Double	N/A	$ 776.76	$ -	0.00%	N/A	$ 787.59	$ -	0.00%	N/A	$ 798.57	$ -	0.00%	N/A	$ 809.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 660.25	$ -	0.00%	N/A	$ 669.45	$ -	0.00%	N/A	$ 678.78	$ -	0.00%	N/A	$ 688.24	$ -	0.00%
			Family	N/A	$ 1,106.89	$ -	0.00%	N/A	$ 1,122.31	$ -	0.00%	N/A	$ 1,137.96	$ -	0.00%	N/A	$ 1,153.82	$ -	0.00%
Bronze	HDE	New for 2015	SUBX4172																
			Single	N/A	$ 387.69	$ -	0.00%	N/A	$ 393.10	$ -	0.00%	N/A	$ 398.57	$ -	0.00%	N/A	$ 404.13	$ -	0.00%
			Double	N/A	$ 775.38	$ -	0.00%	N/A	$ 786.19	$ -	0.00%	N/A	$ 797.15	$ -	0.00%	N/A	$ 808.26	$ -	0.00%
			Emp/Child(ren)	N/A	$ 659.08	$ -	0.00%	N/A	$ 668.26	$ -	0.00%	N/A	$ 677.58	$ -	0.00%	N/A	$ 687.02	$ -	0.00%
			Family	N/A	$ 1,104.92	$ -	0.00%	N/A	$ 1,120.32	$ -	0.00%	N/A	$ 1,135.94	$ -	0.00%	N/A	$ 1,151.77	$ -	0.00%

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange
Proposed Premium Rates Effective 1/1/2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Standard?	OV	SP	INN HOSP
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	Non-Standard	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	Non-Standard	0.5	0.5	0.5

2014 Plan Code	2015 Plan Code	OUT SURG	ER	AMB	DME	URGENT CARE	DIABETIC	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN
New for 2015	SUBX4165	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4166	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4167	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4168	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4169	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4170	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4171	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A
New for 2015	SUBX4172	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6450	12900	N/A

2014 Plan Code	2015 Plan Code	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
New for 2015	SUBX4165	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	No Riders
New for 2015	SUBX4166	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29
New for 2015	SUBX4167	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	No Family Planning
New for 2015	SUBX4168	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	DP
New for 2015	SUBX4169	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29 + No Family Planning
New for 2015	SUBX4170	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29 + DP
New for 2015	SUBX4171	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	Age 29 + DP + No Family Planning
New for 2015	SUBX4172	N/A	N/A	N/A	N/A	Aggregate	HDE	ıalified High Deductil	50%/50%/50%	DP + No Family Planning

2014 Plan Code	2015 Plan Code	Additional Benefits	Additional Benefits	Additional Benefits	Additional Benefits
New for 2015	SUBX4165	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4166	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4167	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4168	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4169	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4170	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4171	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
New for 2015	SUBX4172	Adult Vision/HW	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

CDPHP, Universal Benefits Inc.
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	58.7%	1.00	0.586	1.000	0.587	
Double	14.7%	2.00	0.293	2.000	0.293	
Emp/Child(ren)	2.3%	2.63	0.061	1.700	0.039	
Family	24.3%	3.92	0.954	2.850	0.694	
Total 4T	100.0%		1.894		1.613	1.174
						1.174

CDPHP, Universal Benefits Inc.
UBI Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2015 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Essex
	Columbia	Dutchess	Tioga	Chenango
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

CDPHP, Universal Benefits Inc.
UBI Product
Tier Factors

VI. Tier Factors

2015 Rating Factors			
Rating Method	**Contract Type**		**Small Group**
4-Tier	Individual		1
	Employee + Spouse		2.00
	Employee + Child(ren)		1.70
	Family		2.85

CDPHP, Universal Benefits Inc.
Small Group UBI Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a small group on exchange UBI benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
SUBX4165	$362.86	$ 725.72	$ 616.86	$ 1,034.15
Final Rates	**$362.86**	**$725.72**	**$616.86**	**$1,034.15**

CDPHP, Universal Benefits Inc.
UBI Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

82.00%

RULE	On-Exchange (SHOP) Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP UBI's service area with eligible **CDPHP UBI Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer Saratoga, Schenectady, Schoharie, Warren, Washington **Region 3 (Mid-Hudson Area)** Delaware, Dutchess, Orange, Ulster **Region 6 (Syracuse Area)** Broome, Tioga **Region 7 (Utica/Watertown Area)** Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego
Eligible Employees	• Eligible workers or employees as determined by the employer
	•
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP UBI service area; 5. CDPHP UBI decides to discontinue the product in which the group is enrolled 6. CDPHP UBI decides to discontinue all coverage in the market

Approved under CAPD-129469291

2015 Commission Schedule

CDPHP Universal Benefits, Inc.
Capital District Physicians' Healthcare Network, Inc.

Small Group (community-rated) EPO, PPO, HDEPO, or HDPPO

(*Applies to new group, renewal and broker of record changes)*
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August -January effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

Large Group (experience-rated) EPO, PPO, HDEPO, HDPPO

New group sales in 2015
- 5 percent commission on first $250,000 of combined employer group premium
- 5.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Renewal groups sold 2006-2014
- 4 percent commission on first $250,000 of combined employer group premium
- 4.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Groups Sold prior to 2006 – renews at current rate

Agent/Broker has flexibility to change commission rate/scale at new sale or at renewal; request must be submitted in writing prior to rates being released

Broker of Record changes on existing large group
- -If replacing current broker of record - pays at same commission scale as previous broker of record
- -If group does not have a current broker of record, commission will begin upon renewal

Medicare PPO Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group was Sold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Dental

New or Renewal Groups

2-99 Eligible Employees - 10 percent
100-249 Eligible Employees - 5 percent
250-499 Eligible Employees - 4 percent
500–999 Eligible Employees - 3 percent
1000+ Eligible Employees - negotiable

Commission percentage will be based on each Group's Eligible Employees at the time of sale or 120 days prior to renewal.

Shared Health

The experienced rated scale noted above will be applied to the annualized fully insured premium amount to determine an estimated annualized commission amount. The estimated annual commission is then divided by the fixed annualized premium amount to determine a fixed commission percentage that will be applied to the monthly fixed premium payments.

Bonus Programs:

Quarterly CDPHP UBI New Small Group

Qualifier: Minimum of 50 new small group contracts (EPO, PPO, HDPPO and HDEPO). If BOR is lost within the calendar year of new group sale, contract counts will be removed from broker's qualifier. New BOR will not receive credit for group.

Payment calculated quarterly and pays $50 per subscriber.

Year End CDPHP UBI New Large Group Bonus

Qualifier:

With at least 2 new large groups sold
100 new CDPHP UBI experience-rated subscriber certificates—$4,000
250 new CDPHP UBI experience-rated subscriber certificates—$15,000

With 3 new large groups sold
500 new CDPHP UBI experience-rated subscriber certificates—$35,000

With 4 new large groups sold
1,000 new CDPHP UBI experience-rated subscriber certificates—$90,000

Subscriber certificate counts are determined on 12/31/14

Persistency Bonus

Snapshot of book of business taken 12/31/14 and compare same groups on 12/31/15 to determine persistency percentage. If group changes broker of record during 2013 calendar year, group will be removed from existing broker's 12/31/14 base count and the enrollment as of the current date will be added to the new broker's 12/31/14 base count.

Initial Qualifier: Minimum of 100 subscriber certificates in CDPHP book of business as of 12/31/14:
Base Level
95% persistency—0.25 percent annual collected premium
Premium collected from EPO, PPO, HDPPO and HDEPO products

ASO Bonus (Capital District Physicians' Healthcare Network, Inc.)
A one time bonus on ASO Groups sold on or after 1/1/14. Subscriber counts are based on each individual group's enrollment as of the last day of the month the group becomes effective.

<1,000 subscribers = $5,000
1,000 - 2,499 subscribers = $10,000
2,500 – 4,999 subscribes = $20,000
5,000+ subscribers = $40,000

Shared Health Bonus
For the bonuses described below Subscriber counts are based on each individual Group's enrollment as of the last day of the month the Group becomes effective.

New Business: Any new group Sold on or after 1/1/15, a bonus of $10.00 per subscriber; a minimum of $2,000 to a maximum of $10,000 per Group will be paid.

50-200 subscriber per Group = $2,000
201-999 subscribers per Group = $2,010 - $9,990
1000+ subscriber per Group = $10,000

Existing Groups moving to Shared Health in 2015 with total replacement* or all 3rd year renewals (new to Shared Health in 2013) a bonus of $5.00 per subscriber; a minimum of $1,000 to a maximum of $5,000 per Group will be paid.

50-200 subscriber per Group = $1,000
201-999 subscribers per Group = $1,005 - $4,995
1000+ subscriber per Group = $5,000

*Existing groups where CDPHP was the sole carrier will not be eligible for bonus.

Premier Broker Bonus

Qualifier: The entire book of business as of 12/31/14 must have a minimum of 2,800 subscribers and 1,400 EPO, PPO, HDEPO and HDPPO subscribers. Subscriber counts exclude any ancillary products including but not limited to Dental, any individual Medicare products and individual and non-group Healthy New York products.

Summit Level:
If 97% Persistency Percentage is maintained and the EPO, PPO, HDPPO & HDEPO subscriber counts increase by:

500-999 subscribers a $10,000 bonus will be paid
1,000- 1999 subscribers a $25,000 bonus will be paid
2,000 or more subscribers a $50,000 bonus will be paid

State: New York **Filing Company:** CDPHP Universal Benefits Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 UBI SG On-Renewal
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	2. Actuarial Certification - SG On Exchange Renewal.pdf 2. Actuarial Certification - SG On Exchange New.pdf Actuarial Memorandum - Exhibits - SG UBI ON.pdf Actuarial Memorandum - Exhibits - SG UBI ON-New.pdf Data Reliance Letter.pdf 1. Actuarial Memorandum - SG UBI On-Exchange.pdf 1. Actuarial Memorandum - SG UBI On-Exchange New.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2. Actuarial Certification - SG On Exchange Renewal.pdf 2. Actuarial Certification - SG On Exchange New.pdf Actuarial Memorandum - Exhibits - SG UBI ON.pdf Actuarial Memorandum - Exhibits - SG UBI ON-New.pdf Data Reliance Letter.pdf 1. Actuarial Memorandum - SG UBI On-Exchange.pdf 1. Actuarial Memorandum - SG UBI On-Exchange New.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	AV Shots Small Group UBI On.pdf AV Shots Small Group UBI On NEW.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Exhibit 13a SG_UBI_2015 (Narrative summary).pdf Exhibit 13b SG_UBI_2015 (Numerical summary).pdf Exhibit 13b SG_UBI_2015 (Numerical summary).xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** CDPHP Universal Benefits Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 UBI SG On-Renewal
Project Name/Number: /

Satisfied - Item:	Exhibit 14B-Sm Grp Requested Percentage Changes
Comments:	
Attachment(s):	Exhibit 14B - Small Group On (UBI).pdf Exhibit 14B - Small Group On (UBI).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	Exhibit 15B - Small Group On (UBI).pdf Exhibit 15B - Small Group On (UBI).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	EXHIBIT 16 (On Exchange).pdf EXHIBIT 16 (On Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	Exhibit 17 SG UBI (On Exchange).pdf Exhibit 17 SG UBI (On Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	Exhibit 18 SG UBI On Exchange New Plans.pdf Exhibit 18 SG UBI On Exchange New Plans.xlsx Exhibit 18 SG UBI On Exchange Non-Standard.pdf Exhibit 18 SG UBI On Exchange Non-Standard.xlsx Exhibit 18 SG UBI On Exchange Standard.pdf Exhibit 18 SG UBI On Exchange Standard.xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** CDPHP Universal Benefits Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 UBI SG On-Renewal
Project Name/Number: /

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	Exhibit 19 (on Exchange).pdf Exhibit 19 (on Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	Exhibit 20 (On Exchange).pdf Exhibit 20 (On Exchange).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	Exhibit 22 UBI SG.pdf Exhibit 22 UBI SG.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	Exhibit 23 - Small Group On (UBI).pdf Exhibit 23 - Small Group On (UBI).xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	** Please note that you must bypass this Requirement at initial submission since the required documentation will not yet be available.**
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	14-0803 Rate Adjust Group Certificate Holder.pdf

State: New York **Filing Company:** CDPHP Universal Benefits Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: 2015 UBI SG On-Renewal
Project Name/Number: /

Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	CDPHP Small Group Recommendation Letter (2nd notice) 10 18 13.pdf CDPHP Subscriber Recommendation Letter (2nd notice) 10 22 13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	Exhibit 11 UBI (On Exchange) Redacted.pdf Exhibit 11 UBI (On Exchange) Redacted.xlsx Exhibit 21a UBI SG - REDACTED.pdf Exhibit 21a UBI SG - REDACTED.xlsx Exhibit 21b UBI SG - REDACTED.pdf Exhibit 21b UBI SG - REDACTED.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template v2.0.2 20140326 SG UBI.pdf Unified_Rate_Review_Template v2.0.2 20140326 SG UBI.xlsm
Item Status:	
Status Date:	

CDPHP, Universal Benefits, Inc.
Premium Rate Filing
FORM # 02-0001-2014

Actuarial Certification
Small Group – On Exchange Plans

I, [redacted] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the qualification standards to perform this review and make this certification.

I certify that to the best of my knowledge and belief:

- The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).
- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
    - ASOP No. 41, Actuarial Communications

- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

- The benefits are reasonable in relation to the premiums charged.

- The rates are not unfairly discriminatory.

- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

- The AV Calculator was used to determine the AV Metal Values.

- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

[redacted] _____ 6/10/2014
Date

Principal & Consulting Actuary
Milliman, San Francisco Health Practice
[redacted]

CDPHP, Universal Benefits, Inc.
Premium Rate Filing
FORM # 02-0001-2014

Actuarial Certification
Small Group – On Exchange Plans

I, [redacted] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the qualification standards to perform this review and make this certification.

I certify that to the best of my knowledge and belief:

- The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).
- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
    - ASOP No. 41, Actuarial Communications

- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

- The benefits are reasonable in relation to the premiums charged.

- The rates are not unfairly discriminatory.

- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

- The AV Calculator was used to determine the AV Metal Values.

- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

[redacted] _____ 6/10/2014
Date

Principal & Consulting Actuary
Milliman, San Francisco Health Practice
[redacted]

CDPHP Universal Benefits Inc.
Small Group UBI - On Exchange
Essential Health Benefits
2015 Rate Filing

Exhibit A

Essential Health Benefits added to base experience

	Standard plans	Non Standard Plans	
Pediatric Vision Exams/Hardware	$2.09	$2.09	
Hearing Evaluations	$0.01	$0.01	
Skilled Nursing Facility - 200 days	$0.06	$0.06	
Healthy Lifestyle - Gym Membership	$3.31	$3.31	
Residential Treatment Facilities	$2.55	$2.55	
Removal of Orthotics	($0.61)	n/a	
Total	$7.40	$8.01	A
Starting Claims cost	$362.09	$362.09	B
Factor Applied	1.02003	1.02165	C = 1+(A/(A+B))

Pediatric Vision Exams and Hardware 1 exam/hardware per year
Hearing Evaluations
Data based on Child Health Plus utilization and cost for calendar year 2013

	Freq	Cost	PMPM
Vision Exams	0.3877	$38.89	$1.26
Vision Hardware	0.5830	$17.21	$0.84
Hearing Exams	0.0068	$9.89	$0.01

Extend SNF benefit from 45 days to 200

		Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014					
		FREQ	**COST**	**PMPM**	**COPAY**	**COPAY PMPM**	**NET PMPM**
Skilled Nursing Facility (45)- 2013 Benefit	A	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38
Skilled Nursing Facility (200)- 2014 Base Benefit	D	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43
Skilled Nursing Facility (365)- 2015 Base Benefit	F	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44
			45 - 200 days	$0.06			
Member Months							

From Claim Probability Distribution for Skilled Nursing Facility, based claims data from MarketScan 2010-2011

Annual Cost of 45 days based on current benefit	$15,490.80		
Annual Cost of 200 Days	$68,848.00		
Utilization Factor, 200 Days over 45 Days	1.131	C	From previous Milliman pricing, 2014
Projected Utilization with 200 Day Limit	0.0159	D = A *C	
Utilization Factor, 365 Days over 200 Days	1.0026	E	From previous Milliman pricing, 2014
Selection Factor	1.0250	F	From previous Milliman pricing, 2014
Projected Utilization with No Day Limit	0.0163	G = D * E * F	

Healthy Lifestyle Benefits

Total Available Allowance $500

$500 total benefit, extended to include dependents
$100 available for Childrens' sports programs http://statisticbrain.com/youth-sports-statistics/
- 60% of kids participate in sports outside of school; assume 50% of these members will be reimbursed for this acitivity
$400 available for exercise facilities, weight loss programs and alternative programs such as tai chi, yoga, etc.
- Increased compliance rate to 8% since benefit is now open to all dependent

Total Allowance $500	(A) Contracts With Children	(B) Allowance	(C) Compliance Rate	(D) Contracts	(E) Allowance	(F) Compliance Rate	(G)=(A)*(B)*(C)*(D)*(E)*(F) Total Dollars	(H) Total Contracts	(I)=(G)/(H)/12 Spread over all (pmpm)
Small Group HMO	29,320	$100	30%	112,838	$400	8%	$4,490,416	112,838	$3.32
Individual HMO/UBI	13,868	$100	30%	72,437	$400	8%	$2,734,024	72,437	$3.15
Small Group UBI	125,873	$100	30%	470,379	$400	8%	$18,828,318	470,379	$3.34
Small Group/Individual	169,061	$100	30%	655,654	$400	8%	$26,052,758	655,654	**$3.31**

Removal of Orthotics (Standard Plans Only)

Data: Jan 1, 2103 - Dec 31, 2013 as of 02/28/14

Jan 1, 2013 - Dec 31, 2013 as of 02/28/14

FREQ	**COST**	**PMPM**
0.056	$131.29	**$0.61**

Treatment in Residential Facilities

Total Members	243806
# if eating disorder cases	68
	0.03%

	Total January Enrollment Individual	Small	Sole	Serious Conditi Prevalence	members *w/ Serious cond	**Hi Estimate** Assumed % residential care	Total in RC	**Lo Estimate** Assumed % residential care	Total in RC
<12	43	9,140	111						
12-17	34	6,818	97	4.4%	306	0.81%	2	0.10%	0
18-25	191	11,565	146	4.1%	488	0.81%	4	0.10%	0
26-49	641	35,500	402	5.2%	1,900	0.81%	15	0.10%	2
50+	1,961	31,716	768	3.0%	1,033	0.81%	8	0.10%	1
	2,870	94,739	1,524		3,727		30		4
						@200K ea	6,062,210	@200K ea	745,465
						PMPM	5.10	PMPM	0.63
						@100K ea	3,031,105	@100K ea	372,732
						PMPM	**2.55**	PMPM	0.31

http://www.nccp.org/publications/pub_929.html

Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth 1 and begin at a young age. 2

One in five children birth to 18 has a diagnosable mental disorder. 3
One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. 4
The onset of major mental illness may occur as early as 7 to 11 years old. 5
Roughly half of all lifetime mental health disorders start by the midâ€teens. 6 7
Individual and enviromental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system.
These and other factors can be identified and addressed in the early years. 8
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

http://www.nimh.nih.gov/statistics/index.shtml
http://www.nimh.nih.gov/statistics/1EAT_CHILD.shtml

In 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.1 percent of all U.S. adults.

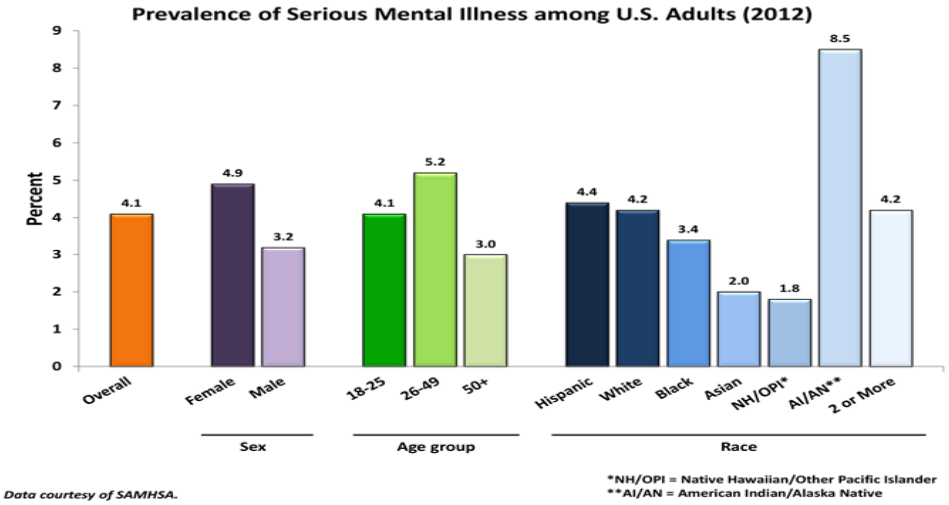

Exhibit B

CDPHP Universal Benefits, Inc.

UBI Product

Projected Utilization and Cost Trends

	2013			2014			2015		
	Util	Cost	Total	Util	Cost	Total	Util	Cost	Total
Inpatient Facility	-2.8%	7.4%	4.4%	-2.2%	6.5%	4.2%	-1.3%	5.7%	4.3%
Outpatient Facility	7.5%	0.8%	8.3%	4.5%	2.5%	7.1%	1.3%	4.2%	5.5%
Professional	-1.2%	5.3%	4.0%	0.9%	2.3%	3.2%	1.6%	1.4%	3.0%
Radiology	-1.4%	-1.2%	-2.6%	0.0%	-4.0%	-4.0%	1.0%	-0.4%	0.6%
Pathology	1.5%	10.5%	12.1%	3.0%	-2.6%	0.3%	1.5%	0.8%	2.4%
Prescription Drugs	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Other	3.8%	10.1%	14.3%	2.6%	1.5%	4.1%	1.5%	1.5%	3.0%
Caps		17.6%	17.6%		21.2%	21.2%		2.8%	2.8%
Medical	0.4%	5.1%	5.5%	1.6%	2.4%	4.1%	1.4%	2.4%	3.9%
Pharmacy	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Total	0.0%	5.4%	5.5%	1.4%	4.3%	5.7%	1.3%	4.4%	5.7%

CDPHP Universal Benefits Inc.
Benefits in Addition to the Essential Health Benefits
2015 Rate Filing

Exhibit C

Mandatory Make Available Benefits	***Factor***
Age 29	1.0018
Domestic Partner	1.0000
Carve out Family Planning	0.9921

Dependents to Age 29			**Per Member Per Year**			
	% of Total	Allowed	Paid+WH	Copay	Deductible	Coins
Members 0 - 26 as of 2013	28.62%	$596.37	$524.41	$32.51	$3.19	$36.27
Members 27 - 29 as of 2013	0.09%	$2.93	$2.51	$0.18	$0.05	$0.19
Members > 30?	0.03%	$3.06	$2.90	$0.09	$0.04	$0.04
Total Dependents	28.75%	$602.37	$529.83	$32.78	$3.28	$36.49
Subscribers & Spouses	67.34%	$2,843.86	$2,540.97	$139.40	$17.30	$146.19
Total All Members	96.10%	$3,446.23	$3,070.80	$172.18	$20.57	$182.68

			Per Member Per Month			
	% of Total	Allowed	Paid+WH	Total to 26	Total to 29	Rate Impact
Members 0 - 26 as of 2013	29.79%	$49.70	$43.70	$43.70	$43.70	
Members 27 - 29 as of 2013	0.10%	$0.24	$0.21		$0.21	
Members > 30?	0.04%	$0.26	$0.24		$0.24	
Total Dependents	29.92%	$50.20	$44.15			
Subscribers & Spouses	70.08%	$236.99	$211.75	$211.75	$211.75	
Total All Members	100.00%	$287.19	$255.90	$255.45	$255.90	**1.0018**

Family Planning
Data based on January - December 2013 paid through 2/28/14

							Trend 07/1/13 - 07/1/15				**Gross**		**Copay**	**Net**
	Util	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**	**Util**	**Cost**	**Util**	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**
Elective Abortion	0.00012	$1,298.02	$0.01	$93.30	$0.00	$0.01	1.011	1.057	0.00013	$1,372.60	$0.01	$97.63	$0.00	$0.01
Sterilization	0.00027	$8,488.91	$0.19	$394.41	$0.01	$0.18	1.011	1.057	0.00027	$8,976.63	$0.20	$412.71	$0.01	$0.19
Vasectomies	0.00187	$609.45	$0.09	$115.53	$0.02	$0.08	1.011	1.057	0.00189	$644.46	$0.10	$120.89	$0.02	$0.08
Contraceptives	0.72296	$39.36	$2.37	$0.00	$0.00	$2.37	1.013	1.084	0.73228	$42.66	$2.60	$0.00	$0.00	$2.60
						$2.64								**$2.89**
													Starting claims cost	$362.09
													Cost to carve out family planning	**0.9921**

Additional Benefits added to base plans (non-standard only)

	Factor
Adult Vision/HW	1.00516
SNF to 365	1.00003
Acupuncture	1.00013
Lasik	1.00336

Adult Vision Exam/Hardware - 1 every 2 years

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Vision Exams	0.37819	$74.61	$2.35	$26.96	$0.85	$1.50	1.1%	5.7%	0.38219	$78.90	$2.51	$26.96	$0.86	$1.65
Vision Hardware	0.12174	$22.92	$0.23	$3.97	$0.04	$0.19	5.3%	8.8%	0.12816	$24.94	$0.27	$3.97	$0.04	$0.22
						$1.69								$1.88
													Starting claims cost	$362.09
													Cost to add Adult Vision and Hardware	**1.00516**

Extend SNF benefit from 200 days to 365 days

Jan 1, 2013 - Dec 31, 2103
as of Feb 28, 2014

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38	6.5%	6.5%	0.015	$366.69	$0.46	$16.37	$0.02	$0.44
Skilled Nursing Facility (200)- 2014 Base Benefit	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43	6.5%	6.5%	0.017	$366.69	$0.52	$16.37	$0.02	$0.50
Skilled Nursing Facility (365)- 2015 Base Benefit	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44	6.5%	6.5%	0.017	$366.69	$0.53	$16.37	$0.02	$0.51
													200 - 365 days	**$0.01**
													Starting claims cost	$362.09
													Cost to extend SNF from 200 to 365 days	**1.00003**

Acupuncture

Jan 2012 - Dec 2013 as of 01/31/14 — Based on actual data from large group currently covering benefit

Membermonths	**Year**	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
156670	2012	0.0044	$171.51	$0.06	$57.84	$0.02	$0.04								
157414	2013	0.0049	$161.23	$0.07	$54.52	$0.02	**$0.04**	1.1%	5.7%	0.0049	$170.49	$0.07	$54.52	$0.02	$0.05
														Starting claim cost	$362.09
														Cost to add Acupuncture Benefit	**1.00013**

Lasik Surgery - $750 Maximum Reimbursement

% Population who would consider Lasik Surgery (18+) Source: Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html

71%	of population wears glasses or contacts on regular basis
43%	would consider having the surgery
60%	would consider having the surgery if insurance paid for it
11%	consider having it in next year or so

Membership as of December 2013 (18+)

	0-17	18+	25-43	
Large Group HMO	16898	70228	19818	87126
Small Group HMO	2604	13525	4101	16129
Individual HMO	729	8018	1579	8747
Large Group UBI	13479	56757	18574	70236
Small Group UBI	14291	68637	22206	82928
	48001	217165	66278	265166

Lasik Surgery ($750 Max)

Expected Number of Procedures

	# Proc	Util	*$750 Max* Cost	PMPM
Large Group HMO	1548	0.01776	$750	$1.11
Small Group HMO	320	0.01986	$750	$1.24
Individual HMO	123	0.01410	$750	$0.88
Large Group UBI	1451	0.02065	$750	$1.29
Small Group UBI	1734	0.02091	$750	$1.31
Combined	5176	0.01952	$750	$1.22
			Starting claim cost	$362.09
			Cost to add Lasik Benefit	**1.00336**

CDPHP Universal Benefits Inc. Exhibit D

Out-of- Network Plan Designs and Factors

2015 Rate Filing

Out of Network Factor (varies by plan)

2014 Plan	2015 Plan	Factor
SUPX1012	SUPX1113	1.0349
SUPX1026	SUPX1116	1.0349
SUPX1040	SUPX1119	1.0349
SUPX1054	SUPX1122	1.0349
SUPX1068	SUPX1125	1.0349
SUPX1082	SUPX1128	1.0349
SUPX1096	SUPX1131	1.0349
SUPX1110	SUPX1134	1.0349
SUSX3015	SUSX3133	1.0254
SUSX3034	SUSX3136	1.0254
SUSX3050	SUSX3139	1.0254
SUSX3066	SUSX3142	1.0254
SUSX3082	SUSX3145	1.0254
SUSX3098	SUSX3148	1.0254
SUSX3114	SUSX3151	1.0254
SUSX3130	SUSX3154	1.0254

Exhibit G

CDPHP, Universal Benefits Inc.
Small Group
Conversion Factor Summary - 4-Tier

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Small Group						
Four Tier Premiums						
Single	58.7%	1.00	0.586	1.000	0.587	
Double	14.7%	2.00	0.293	2.000	0.293	
Emp/Child(ren)	2.3%	2.63	0.061	1.700	0.039	
Family	24.3%	3.92	0.954	2.850	0.694	
Total 4T	100.0%		1.894		1.613	1.174
						1.174

Exhbit H

CDPHP Universal Benefits, Inc.
UBI Product
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

2015 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Chenango
	Columbia	Dutchess	Tioga	Essex
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code		Product	Product ID	Plan Id with Variant	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	Non-Standard	92551	92551NY039	92551NY0390017-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	Non-Standard	92551	92551NY039	92551NY0390018-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	Non-Standard	92551	92551NY039	92551NY0390019-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	Non-Standard	92551	92551NY039	92551NY0390020-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	Non-Standard	92551	92551NY039	92551NY0390021-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	Non-Standard	92551	92551NY039	92551NY0390022-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	Non-Standard	92551	92551NY039	92551NY0390023-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	Non-Standard	92551	92551NY039	92551NY0390024-01	88.3%	20	20	750	200	75	75
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	Non-Standard	92551	92551NY038	92551NY0380001-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	Non-Standard	92551	92551NY038	92551NY0380002-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	Non-Standard	92551	92551NY038	92551NY0380003-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	Non-Standard	92551	92551NY038	92551NY0380004-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	Non-Standard	92551	92551NY038	92551NY0380005-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	Non-Standard	92551	92551NY038	92551NY0380006-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	Non-Standard	92551	92551NY038	92551NY0380007-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	Non-Standard	92551	92551NY038	92551NY0380008-01	89.0%	15	15	500	100	100	100
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	Standard	92551	92551NY038	92551NY0380641-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	Standard	92551	92551NY038	92551NY0380649-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	Standard	92551	92551NY038	92551NY0380657-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	Standard	92551	92551NY038	92551NY0380665-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	Standard	92551	92551NY038	92551NY0380673-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	Standard	92551	92551NY038	92551NY0380681-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	Standard	92551	92551NY038	92551NY0380689-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	Standard	92551	92551NY038	92551NY0380697-01	88.1%	15	35	500	100	100	100
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	Non-Standard	92551	92551NY038	92551NY0380017-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	Non-Standard	92551	92551NY038	92551NY0380018-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	Non-Standard	92551	92551NY038	92551NY0380019-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	Non-Standard	92551	92551NY038	92551NY0380020-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	Non-Standard	92551	92551NY038	92551NY0380021-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	Non-Standard	92551	92551NY038	92551NY0380022-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	Non-Standard	92551	92551NY038	92551NY0380023-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	Non-Standard	92551	92551NY038	92551NY0380024-01	78.5%	25	45	250	50	75	75
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	Standard	92551	92551NY038	92551NY0380642-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	Standard	92551	92551NY038	92551NY0380651-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	Standard	92551	92551NY038	92551NY0380659-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	Standard	92551	92551NY038	92551NY0380667-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	Standard	92551	92551NY038	92551NY0380675-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	Standard	92551	92551NY038	92551NY0380683-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	Standard	92551	92551NY038	92551NY0380691-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	Standard	92551	92551NY038	92551NY0380699-01	79.1%	25	40	1000	100	150	150
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	Non-Standard	92551	92551NY038	92551NY0380193-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	Non-Standard	92551	92551NY038	92551NY0380194-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	Non-Standard	92551	92551NY038	92551NY0380195-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	Non-Standard	92551	92551NY038	92551NY0380196-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	Non-Standard	92551	92551NY038	92551NY0380197-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	Non-Standard	92551	92551NY038	92551NY0380198-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	Non-Standard	92551	92551NY038	92551NY0380199-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	Non-Standard	92551	92551NY038	92551NY0380200-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	Non-Standard	92551	92551NY039	92551NY0390001-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	Non-Standard	92551	92551NY039	92551NY0390002-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	Non-Standard	92551	92551NY039	92551NY0390003-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	Non-Standard	92551	92551NY039	92551NY0390004-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	Non-Standard	92551	92551NY039	92551NY0390005-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	Non-Standard	92551	92551NY039	92551NY0390006-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	Non-Standard	92551	92551NY039	92551NY0390007-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	Non-Standard	92551	92551NY039	92551NY0390008-01	70.7%	40	60	0.2	0.2	0.2	0.2

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code		Product	Product ID	Plan Id with Variant	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	Non-Standard	92551	92551NY038	92551NY0380273-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	Non-Standard	92551	92551NY038	92551NY0380274-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	Non-Standard	92551	92551NY038	92551NY0380275-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	Non-Standard	92551	92551NY038	92551NY0380276-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	Non-Standard	92551	92551NY038	92551NY0380277-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	Non-Standard	92551	92551NY038	92551NY0380278-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	Non-Standard	92551	92551NY038	92551NY0380279-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	Non-Standard	92551	92551NY038	92551NY0380280-01	71.0%	0	0	0	0	0	0
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	Standard	92551	92551NY038	92551NY0380643-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	Standard	92551	92551NY038	92551NY0380653-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	Standard	92551	92551NY038	92551NY0380661-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	Standard	92551	92551NY038	92551NY0380669-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	Standard	92551	92551NY038	92551NY0380677-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	Standard	92551	92551NY038	92551NY0380685-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	Standard	92551	92551NY038	92551NY0380693-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	Standard	92551	92551NY038	92551NY0380701-01	70.7%	30	50	1500	100	150	150
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	Standard	92551	92551NY038	92551NY0380644-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	Standard	92551	92551NY038	92551NY0380655-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	Standard	92551	92551NY038	92551NY0380663-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	Standard	92551	92551NY038	92551NY0380671-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	Standard	92551	92551NY038	92551NY0380679-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	Standard	92551	92551NY038	92551NY0380687-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	Standard	92551	92551NY038	92551NY0380695-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	Standard	92551	92551NY038	92551NY0380703-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	Non-Standard	92551	92551NY038	92551NY0380305-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	Non-Standard	92551	92551NY038	92551NY0380306-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	Non-Standard	92551	92551NY038	92551NY0380307-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	Non-Standard	92551	92551NY038	92551NY0380308-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	Non-Standard	92551	92551NY038	92551NY0380309-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	Non-Standard	92551	92551NY038	92551NY0380310-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	Non-Standard	92551	92551NY038	92551NY0380311-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	Non-Standard	92551	92551NY038	92551NY0380312-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	DME	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	0.5	50	15	60	0.2	2000	4000	5000	10000

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	DME	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	0.5	5000	10000	10000	20000	Embedded	PPO

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	Copayment	$10/$25/$40	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	Copayment	$10/$25/$40	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	Copayment	$10/$25/$40	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	Copayment	$10/$25/$40	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	Copayment	$10/$25/$40	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	Copayment	$10/$25/$40	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	Copayment	$10/$25/$40	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	Copayment	$10/$25/$40	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	Copayment	$4/$30/$60	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	Copayment	$10/$30/$60	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	Copayment	$10/$30/$60	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	Copayment	$10/$30/$60	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	Copayment	$10/$30/$60	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	Copayment	$10/$30/$60	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	Copayment	$10/$30/$60	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	Copayment	$10/$30/$60	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	Copayment	$10/$30/$60	DP + No Family Planning	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	Copayment	$4/$30/$60	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	Copayment	$10/$35/$70	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	Copayment	$10/$35/$70	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	Copayment	$10/$35/$70	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	Copayment	$10/$35/$70	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	Copayment	$10/$35/$70	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	Copayment	$10/$35/$70	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	Copayment	$10/$35/$70	DP + No Family Planning	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	Transitional	$4/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	Transitional	$4/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	Transitional	$4/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	Transitional	$4/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	Transitional	$4/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	Transitional	$4/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	Transitional	$4/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	Transitional	$4/50%/50%	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	Transitional	$4/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	Transitional	$4/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	Transitional	$4/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	Transitional	$4/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	Transitional	$4/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	Transitional	$4/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	Transitional	$4/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	Transitional	$4/50%/50%	DP + No Family Planning	Adult Vision/HW

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	Qualified High Deductible	$10/$50/$80	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	Qualified High Deductible	$10/$50/$80	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	Qualified High Deductible	$10/$50/$80	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	Qualified High Deductible	$10/$50/$80	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	Qualified High Deductible	$10/$50/$80	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	Qualified High Deductible	$10/$50/$80	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	Qualified High Deductible	$10/$50/$80	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	Qualified High Deductible	$10/$50/$80	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	Copayment	$10/$35/$70	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	Copayment	$10/$35/$70	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	Copayment	$10/$35/$70	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	Copayment	$10/$35/$70	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	Copayment	$10/$35/$70	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	Copayment	$10/$35/$70	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	Copayment	$10/$35/$70	DP + No Family Planning	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	Qualified High Deductible	$10/$35/$70	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	Qualified High Deductible	$10/$35/$70	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	Qualified High Deductible	$10/$35/$70	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	Qualified High Deductible	$10/$35/$70	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	Qualified High Deductible	$10/$35/$70	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	Qualified High Deductible	$10/$35/$70	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	Qualified High Deductible	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	Qualified High Deductible	$10/$35/$70	DP + No Family Planning	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	Qualified High Deductible	50%/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	Qualified High Deductible	50%/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	Qualified High Deductible	50%/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	Qualified High Deductible	50%/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	Qualified High Deductible	50%/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	Qualified High Deductible	50%/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	Qualified High Deductible	50%/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	Qualified High Deductible	50%/50%/50%	DP + No Family Planning	Adult Vision/HW

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	No Riders	No Riders	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	No Riders	No Riders	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	No Riders	No Riders	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	No Riders	No Riders	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

A plan for life.

2015 Commission Schedule

CDPHP Universal Benefits, Inc.
Capital District Physicians' Healthcare Network, Inc.

Small Group (community-rated) EPO, PPO, HDEPO, or HDPPO

(Applies to new group, renewal and broker of record changes)
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August -January effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

Large Group (experience-rated) EPO, PPO, HDEPO, HDPPO

New group sales in 2015
- 5 percent commission on first $250,000 of combined employer group premium
- 5.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Renewal groups sold 2006-2014
- 4 percent commission on first $250,000 of combined employer group premium
- 4.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Groups Sold prior to 2006 – renews at current rate

Agent/Broker has flexibility to change commission rate/scale at new sale or at renewal; request must be submitted in writing prior to rates being released

Broker of Record changes on existing large group
- -If replacing current broker of record - pays at same commission scale as previous broker of record
- -If group does not have a current broker of record, commission will begin upon renewal

Medicare PPO Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group was Sold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Dental

New or Renewal Groups

2-99 Eligible Employees - 10 percent
100-249 Eligible Employees - 5 percent
250-499 Eligible Employees - 4 percent
500–999 Eligible Employees - 3 percent
1000+ Eligible Employees - negotiable

Commission percentage will be based on each Group's Eligible Employees at the time of sale or 120 days prior to renewal.

Shared Health

The experienced rated scale noted above will be applied to the annualized fully insured premium amount to determine an estimated annualized commission amount. The estimated annual commission is then divided by the fixed annualized premium amount to determine a fixed commission percentage that will be applied to the monthly fixed premium payments.

Bonus Programs:

Quarterly CDPHP UBI New Small Group

Qualifier: Minimum of 50 new small group contracts (EPO, PPO, HDPPO and HDEPO). If BOR is lost within the calendar year of new group sale, contract counts will be removed from broker's qualifier. New BOR will not receive credit for group.

Payment calculated quarterly and pays $50 per subscriber.

Year End CDPHP UBI New Large Group Bonus

Qualifier:

With at least 2 new large groups sold
100 new CDPHP UBI experience-rated subscriber certificates—$4,000
250 new CDPHP UBI experience-rated subscriber certificates—$15,000

With 3 new large groups sold
500 new CDPHP UBI experience-rated subscriber certificates—$35,000

With 4 new large groups sold
1,000 new CDPHP UBI experience-rated subscriber certificates—$90,000

Subscriber certificate counts are determined on 12/31/14

Persistency Bonus

Snapshot of book of business taken 12/31/14 and compare same groups on 12/31/15 to determine persistency percentage. If group changes broker of record during 2013 calendar year, group will be removed from existing broker's 12/31/14 base count and the enrollment as of the current date will be added to the new broker's 12/31/14 base count.

Initial Qualifier: Minimum of 100 subscriber certificates in CDPHP book of business as of 12/31/14:
Base Level
95% persistency—0.25 percent annual collected premium
Premium collected from EPO, PPO, HDPPO and HDEPO products

ASO Bonus (Capital District Physicians' Healthcare Network, Inc.)
A one time bonus on ASO Groups sold on or after 1/1/14. Subscriber counts are based on each individual group's enrollment as of the last day of the month the group becomes effective.

<1,000 subscribers = $5,000
1,000 - 2,499 subscribers = $10,000
2,500 – 4,999 subscribes = $20,000
5,000+ subscribers = $40,000

Shared Health Bonus
For the bonuses described below Subscriber counts are based on each individual Group's enrollment as of the last day of the month the Group becomes effective.

New Business: Any new group Sold on or after 1/1/15, a bonus of $10.00 per subscriber; a minimum of $2,000 to a maximum of $10,000 per Group will be paid.

50-200 subscriber per Group = $2,000
201-999 subscribers per Group = $2,010 - $9,990
1000+ subscriber per Group = $10,000

Existing Groups moving to Shared Health in 2015 with total replacement* or all 3rd year renewals (new to Shared Health in 2013) a bonus of $5.00 per subscriber; a minimum of $1,000 to a maximum of $5,000 per Group will be paid.

50-200 subscriber per Group = $1,000
201-999 subscribers per Group = $1,005 - $4,995
1000+ subscriber per Group = $5,000

*Existing groups where CDPHP was the sole carrier will not be eligible for bonus.

Premier Broker Bonus

Qualifier: The entire book of business as of 12/31/14 must have a minimum of 2,800 subscribers and 1,400 EPO, PPO, HDEPO and HDPPO subscribers. Subscriber counts exclude any ancillary products including but not limited to Dental, any individual Medicare products and individual and non-group Healthy New York products.

Summit Level:
If 97% Persistency Percentage is maintained and the EPO, PPO, HDPPO & HDEPO subscriber counts increase by:

500-999 subscribers a $10,000 bonus will be paid
1,000- 1999 subscribers a $25,000 bonus will be paid
2,000 or more subscribers a $50,000 bonus will be paid

CDPHP UBI Small Group Underwriting Guidelines
Effective date: January 1, 2014

RULE	On-Exchange (SHOP) Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP UBI's service area with eligible employees who live, work or reside in CDPHP UBI's service area. **CDPHP UBI Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington **Region 3 (Mid-Hudson Area)** Delaware, Dutchess, Orange, Ulster **Region 6 (Syracuse Area)** Broome, Tioga **Region 7 (Utica/Watertown Area)** Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego
Eligible Employees	• Eligible workers or employees as determined by the employer
	•
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP UBI service area; 5. CDPHP UBI decides to discontinue the product in which the group is enrolled 6. CDPHP UBI decides to discontinue all coverage in the market

CDPHP, Universal Benefits Inc. **Exhibit L**

Retired Plan Designs, effective December 31, 2014

Small Group Rates On-Exchange - UBI

2014 Plan Code
SUBX4011
SUBX4029
SUBX4047
SUBX4065
SUBX4083
SUBX4101
SUBX4119
SUBX4137

CDPHP Universal Benefits Inc.
Small Group UBI - On Exchange
Essential Health Benefits
2015 Rate Filing

Exhibit A

Essential Health Benefits added to base experience

	Standard plans	Non Standard Plans	
Pediatric Vision Exams/Hardware	$2.09	$2.09	
Hearing Evaluations	$0.01	$0.01	
Skilled Nursing Facility - 200 days	$0.06	$0.06	
Healthy Lifestyle - Gym Membership	$3.31	$3.31	
Residential Treatment Facilities	$2.55	$2.55	
Removal of Orthotics	($0.61)	n/a	
Total	$7.40	$8.01	A
Starting Claims cost	$362.09	$362.09	B
Factor Applied	1.02003	1.02165	C = 1+(A/(A+B))

Pediatric Vision Exams and Hardware 1 exam/hardware per year
Hearing Evaluations
Data based on Child Health Plus utilization and cost for calendar year 2013

	Freq	Cost	PMPM
Vision Exams	0.3877	$38.89	$1.26
Vision Hardware	0.5830	$17.21	$0.84
Hearing Exams	0.0068	$9.89	$0.01

Extend SNF benefit from 45 days to 200

		Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014					
		FREQ	**COST**	**PMPM**	**COPAY**	**COPAY PMPM**	**NET PMPM**
Skilled Nursing Facility (45)- 2013 Benefit	A	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38
Skilled Nursing Facility (200)- 2014 Base Benefit	D	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43
Skilled Nursing Facility (365)- 2015 Base Benefit	F	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44
			45 - 200 days	$0.06			
Member Months							

From Claim Probability Distribution for Skilled Nursing Facility, based claims data from MarketScan 2010-2011

Annual Cost of 45 days based on current benefit	$15,490.80		
Annual Cost of 200 Days	$68,848.00		
Utilization Factor, 200 Days over 45 Days	1.131	C	From previous Milliman pricing, 2014
Projected Utilization with 200 Day Limit	0.0159	D = A *C	
Utilization Factor, 365 Days over 200 Days	1.0026	E	From previous Milliman pricing, 2014
Selection Factor	1.0250	F	From previous Milliman pricing, 2014
Projected Utilization with No Day Limit	0.0163	G = D * E * F	

Healthy Lifestyle Benefits

Total Available Allowance $500

$500 total benefit, extended to include dependents
$100 available for Childrens' sports programs http://statisticbrain.com/youth-sports-statistics/
- 60% of kids participate in sports outside of school; assume 50% of these members will be reimbursed for this acitivity
$400 available for exercise facilities, weight loss programs and alternative programs such as tai chi, yoga, etc.
- Increased compliance rate to 8% since benefit is now open to all dependent

Total Allowance $500	(A) Contracts With Children	(B) Allowance	(C) Compliance Rate	(D) Contracts	(E) Allowance	(F) Compliance Rate	(G)=(A)*(B)*(C)*(D)*(E)*(F) Total Dollars	(H) Total Contracts	(I)=(G)/(H)/12 Spread over all (pmpm)
Small Group HMO	29,320	$100	30%	112,838	$400	8%	$4,490,416	112,838	$3.32
Individual HMO/UBI	13,868	$100	30%	72,437	$400	8%	$2,734,024	72,437	$3.15
Small Group UBI	125,873	$100	30%	470,379	$400	8%	$18,828,318	470,379	$3.34
Small Group/Individual	169,061	$100	30%	655,654	$400	8%	$26,052,758	655,654	**$3.31**

Removal of Orthotics (Standard Plans Only)

Data: Jan 1, 2103 - Dec 31, 2013 as of 02/28/14

Jan 1, 2013 - Dec 31, 2013 as of 02/28/14

FREQ	**COST**	**PMPM**
0.056	$131.29	**$0.61**

Treatment in Residential Facilities

Total Members	243806
# if eating disorder cases	68
	0.03%

	Total January Enrollment Individual	Small	Sole	Serious Conditi Prevalence	members *w/ Serious cond	**Hi Estimate** Assumed % residential care	Total in RC	**Lo Estimate** Assumed % residential care	Total in RC
<12	43	9,140	111						
12-17	34	6,818	97	4.4%	306	0.81%	2	0.10%	0
18-25	191	11,565	146	4.1%	488	0.81%	4	0.10%	0
26-49	641	35,500	402	5.2%	1,900	0.81%	15	0.10%	2
50+	1,961	31,716	768	3.0%	1,033	0.81%	8	0.10%	1
	2,870	94,739	1,524		3,727		30		4
						@200K ea	6,062,210	@200K ea	745,465
						PMPM	5.10	PMPM	0.63
						@100K ea	3,031,105	@100K ea	372,732
						PMPM	**2.55**	PMPM	0.31

http://www.nccp.org/publications/pub_929.html

Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth 1 and begin at a young age. 2

One in five children birth to 18 has a diagnosable mental disorder. 3
One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. 4
The onset of major mental illness may occur as early as 7 to 11 years old. 5
Roughly half of all lifetime mental health disorders start by the midâ€teens. 6 7
Individual and enviromental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system.
These and other factors can be identified and addressed in the early years. 8
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

http://www.nimh.nih.gov/statistics/index.shtml
http://www.nimh.nih.gov/statistics/1EAT_CHILD.shtml

In 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.1 percent of all U.S. adults.

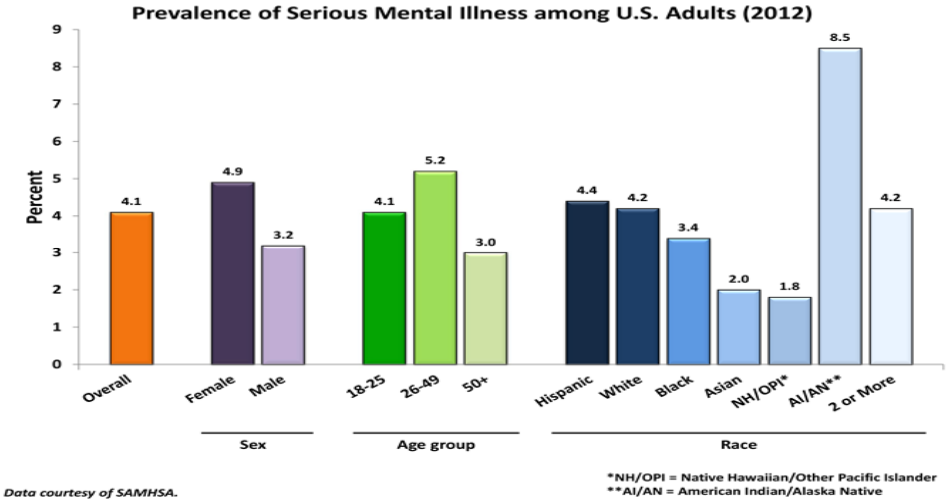

Exhibit B

CDPHP Universal Benefits, Inc.

UBI Product

Projected Utilization and Cost Trends

	2013			2014			2015		
	Util	Cost	Total	Util	Cost	Total	Util	Cost	Total
Inpatient Facility	-2.8%	7.4%	4.4%	-2.2%	6.5%	4.2%	-1.3%	5.7%	4.3%
Outpatient Facility	7.5%	0.8%	8.3%	4.5%	2.5%	7.1%	1.3%	4.2%	5.5%
Professional	-1.2%	5.3%	4.0%	0.9%	2.3%	3.2%	1.6%	1.4%	3.0%
Radiology	-1.4%	-1.2%	-2.6%	0.0%	-4.0%	-4.0%	1.0%	-0.4%	0.6%
Pathology	1.5%	10.5%	12.1%	3.0%	-2.6%	0.3%	1.5%	0.8%	2.4%
Prescription Drugs	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Other	3.8%	10.1%	14.3%	2.6%	1.5%	4.1%	1.5%	1.5%	3.0%
Caps		17.6%	17.6%		21.2%	21.2%		2.8%	2.8%
Medical	0.4%	5.1%	5.5%	1.6%	2.4%	4.1%	1.4%	2.4%	3.9%
Pharmacy	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Total	0.0%	5.4%	5.5%	1.4%	4.3%	5.7%	1.3%	4.4%	5.7%

CDPHP Universal Benefits Inc.
Benefits in Addition to the Essential Health Benefits
2015 Rate Filing

Exhibit C

Mandatory Make Available Benefits	***Factor***
Age 29	1.0018
Domestic Partner	1.0000
Carve out Family Planning	0.9921

Dependents to Age 29			**Per Member Per Year**			
	% of Total	Allowed	Paid+WH	Copay	Deductible	Coins
Members 0 - 26 as of 2013	28.62%	$596.37	$524.41	$32.51	$3.19	$36.27
Members 27 - 29 as of 2013	0.09%	$2.93	$2.51	$0.18	$0.05	$0.19
Members > 30?	0.03%	$3.06	$2.90	$0.09	$0.04	$0.04
Total Dependents	28.75%	$602.37	$529.83	$32.78	$3.28	$36.49
Subscribers & Spouses	67.34%	$2,843.86	$2,540.97	$139.40	$17.30	$146.19
Total All Members	96.10%	$3,446.23	$3,070.80	$172.18	$20.57	$182.68

			Per Member Per Month			
	% of Total	Allowed	Paid+WH	Total to 26	Total to 29	Rate Impact
Members 0 - 26 as of 2013	29.79%	$49.70	$43.70	$43.70	$43.70	
Members 27 - 29 as of 2013	0.10%	$0.24	$0.21		$0.21	
Members > 30?	0.04%	$0.26	$0.24		$0.24	
Total Dependents	29.92%	$50.20	$44.15			
Subscribers & Spouses	70.08%	$236.99	$211.75	$211.75	$211.75	
Total All Members	100.00%	$287.19	$255.90	$255.45	$255.90	**1.0018**

Family Planning
Data based on January - December 2013 paid through 2/28/14

							Trend 07/1/13 - 07/1/15				**Gross**		**Copay**	**Net**
	Util	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**	**Util**	**Cost**	**Util**	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**
Elective Abortion	0.00012	$1,298.02	$0.01	$93.30	$0.00	$0.01	1.011	1.057	0.00013	$1,372.60	$0.01	$97.63	$0.00	$0.01
Sterilization	0.00027	$8,488.91	$0.19	$394.41	$0.01	$0.18	1.011	1.057	0.00027	$8,976.63	$0.20	$412.71	$0.01	$0.19
Vasectomies	0.00187	$609.45	$0.09	$115.53	$0.02	$0.08	1.011	1.057	0.00189	$644.46	$0.10	$120.89	$0.02	$0.08
Contraceptives	0.72296	$39.36	$2.37	$0.00	$0.00	$2.37	1.013	1.084	0.73228	$42.66	$2.60	$0.00	$0.00	$2.60
						$2.64								**$2.89**
													Starting claims cost	$362.09
													Cost to carve out family planning	**0.9921**

Additional Benefits added to base plans (non-standard only)

	Factor
Adult Vision/HW	1.00516
SNF to 365	1.00003
Acupuncture	1.00013
Lasik	1.00336

Adult Vision Exam/Hardware - 1 every 2 years

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Vision Exams	0.37819	$74.61	$2.35	$26.96	$0.85	$1.50	1.1%	5.7%	0.38219	$78.90	$2.51	$26.96	$0.86	$1.65
Vision Hardware	0.12174	$22.92	$0.23	$3.97	$0.04	$0.19	5.3%	8.8%	0.12816	$24.94	$0.27	$3.97	$0.04	$0.22
						$1.69								$1.88
													Starting claims cost	$362.09
													Cost to add Adult Vision and Hardware	**1.00516**

Extend SNF benefit from 200 days to 365 days

Jan 1, 2013 - Dec 31, 2103
as of Feb 28, 2014

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38	6.5%	6.5%	0.015	$366.69	$0.46	$16.37	$0.02	$0.44
Skilled Nursing Facility (200)- 2014 Base Benefit	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43	6.5%	6.5%	0.017	$366.69	$0.52	$16.37	$0.02	$0.50
Skilled Nursing Facility (365)- 2015 Base Benefit	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44	6.5%	6.5%	0.017	$366.69	$0.53	$16.37	$0.02	$0.51
													200 - 365 days	**$0.01**
													Starting claims cost	$362.09
													Cost to extend SNF from 200 to 365 days	**1.00003**

Acupuncture

Jan 2012 - Dec 2013 as of 01/31/14 — Based on actual data from large group currently covering benefit

Membermonths	**Year**	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
156670	2012	0.0044	$171.51	$0.06	$57.84	$0.02	$0.04								
157414	2013	0.0049	$161.23	$0.07	$54.52	$0.02	**$0.04**	1.1%	5.7%	0.0049	$170.49	$0.07	$54.52	$0.02	$0.05
														Starting claim cost	$362.09
														Cost to add Acupuncture Benefit	**1.00013**

Lasik Surgery - $750 Maximum Reimbursement

% Population who would consider Lasik Surgery (18+) — Source: Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html

71%	of population wears glasses or contacts on regular basis
43%	would consider having the surgery
60%	would consider having the surgery if insurance paid for it
11%	consider having it in next year or so

Membership as of December 2013 (18+)

	0-17	18+	25-43	
Large Group HMO	16898	70228	19818	87126
Small Group HMO	2604	13525	4101	16129
Individual HMO	729	8018	1579	8747
Large Group UBI	13479	56757	18574	70236
Small Group UBI	14291	68637	22206	82928
	48001	217165	66278	265166

Lasik Surgery ($750 Max)
Expected Number of Procedures

	# Proc	Util	*$750 Max* Cost	PMPM
Large Group HMO	1548	0.01776	$750	$1.11
Small Group HMO	320	0.01986	$750	$1.24
Individual HMO	123	0.01410	$750	$0.88
Large Group UBI	1451	0.02065	$750	$1.29
Small Group UBI	1734	0.02091	$750	$1.31
Combined	5176	0.01952	$750	$1.22
			Starting claim cost	$362.09
			Cost to add Lasik Benefit	**1.00336**

Exhibit G

CDPHP, Universal Benefits Inc.
Small Group
Conversion Factor Summary - 4-Tier

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Small Group						
Four Tier Premiums						
Single	58.7%	1.00	0.586	1.000	0.587	
Double	14.7%	2.00	0.293	2.000	0.293	
Emp/Child(ren)	2.3%	2.63	0.061	1.700	0.039	
Family	24.3%	3.92	0.954	2.850	0.694	
Total 4T	100.0%		1.894		1.613	1.174
						1.174

Exhbit H

CDPHP Universal Benefits, Inc.
UBI Product
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

2015 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Chenango
	Columbia	Dutchess	Tioga	Essex
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code		Product	Product ID	Plan Id with Variant	AV	OV	SP	INN HOSP
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	Non-Standard	92551	92551NY038	92551NY0380545-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	Non-Standard	92551	92551NY038	92551NY0380546-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	Non-Standard	92551	92551NY038	92551NY0380547-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	Non-Standard	92551	92551NY038	92551NY0380548-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	Non-Standard	92551	92551NY038	92551NY0380549-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	Non-Standard	92551	92551NY038	92551NY0380550-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	Non-Standard	92551	92551NY038	92551NY0380551-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	Non-Standard	92551	92551NY038	92551NY0380552-01	59.9%	0.5	0.5	0.5

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OUT SURG	ER	AMB	DME	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	6600	6450	12900	N/A	N/A
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	6600	6450	12900	N/A	N/A
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	6600	6450	12900	N/A	N/A
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	6600	6450	12900	N/A	N/A

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	N/A	N/A	N/A	Aggregate	HDE

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	Qualified High Deductible	50%/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	Qualified High Deductible	50%/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	Qualified High Deductible	50%/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	Qualified High Deductible	50%/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	Qualified High Deductible	50%/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	Qualified High Deductible	50%/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	Qualified High Deductible	50%/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	Qualified High Deductible	50%/50%/50%	DP + No Family Planning	Adult Vision/HW

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

A plan for life.

2015 Commission Schedule

CDPHP Universal Benefits, Inc.
Capital District Physicians' Healthcare Network, Inc.

Small Group (community-rated) EPO, PPO, HDEPO, or HDPPO

(Applies to new group, renewal and broker of record changes)
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August -January effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

Large Group (experience-rated) EPO, PPO, HDEPO, HDPPO

New group sales in 2015
- 5 percent commission on first $250,000 of combined employer group premium
- 5.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Renewal groups sold 2006-2014
- 4 percent commission on first $250,000 of combined employer group premium
- 4.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Groups Sold prior to 2006 – renews at current rate

Agent/Broker has flexibility to change commission rate/scale at new sale or at renewal; request must be submitted in writing prior to rates being released

Broker of Record changes on existing large group
- -If replacing current broker of record - pays at same commission scale as previous broker of record
- -If group does not have a current broker of record, commission will begin upon renewal

Medicare PPO Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group was Sold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Dental

New or Renewal Groups

2-99 Eligible Employees - 10 percent
100-249 Eligible Employees - 5 percent
250-499 Eligible Employees - 4 percent
500–999 Eligible Employees - 3 percent
1000+ Eligible Employees - negotiable

Commission percentage will be based on each Group's Eligible Employees at the time of sale or 120 days prior to renewal.

Shared Health

The experienced rated scale noted above will be applied to the annualized fully insured premium amount to determine an estimated annualized commission amount. The estimated annual commission is then divided by the fixed annualized premium amount to determine a fixed commission percentage that will be applied to the monthly fixed premium payments.

Bonus Programs:

Quarterly CDPHP UBI New Small Group

Qualifier: Minimum of 50 new small group contracts (EPO, PPO, HDPPO and HDEPO). If BOR is lost within the calendar year of new group sale, contract counts will be removed from broker's qualifier. New BOR will not receive credit for group.

Payment calculated quarterly and pays $50 per subscriber.

Year End CDPHP UBI New Large Group Bonus

Qualifier:

With at least 2 new large groups sold
100 new CDPHP UBI experience-rated subscriber certificates—$4,000
250 new CDPHP UBI experience-rated subscriber certificates—$15,000

With 3 new large groups sold
500 new CDPHP UBI experience-rated subscriber certificates—$35,000

With 4 new large groups sold
1,000 new CDPHP UBI experience-rated subscriber certificates—$90,000

Subscriber certificate counts are determined on 12/31/14

Persistency Bonus

Snapshot of book of business taken 12/31/14 and compare same groups on 12/31/15 to determine persistency percentage. If group changes broker of record during 2013 calendar year, group will be removed from existing broker's 12/31/14 base count and the enrollment as of the current date will be added to the new broker's 12/31/14 base count.

Initial Qualifier: Minimum of 100 subscriber certificates in CDPHP book of business as of 12/31/14:
Base Level
95% persistency—0.25 percent annual collected premium
Premium collected from EPO, PPO, HDPPO and HDEPO products

ASO Bonus (Capital District Physicians' Healthcare Network, Inc.)
A one time bonus on ASO Groups sold on or after 1/1/14. Subscriber counts are based on each individual group's enrollment as of the last day of the month the group becomes effective.

<1,000 subscribers = $5,000
1,000 - 2,499 subscribers = $10,000
2,500 – 4,999 subscribes = $20,000
5,000+ subscribers = $40,000

Shared Health Bonus
For the bonuses described below Subscriber counts are based on each individual Group's enrollment as of the last day of the month the Group becomes effective.

New Business: Any new group Sold on or after 1/1/15, a bonus of $10.00 per subscriber; a minimum of $2,000 to a maximum of $10,000 per Group will be paid.

50-200 subscriber per Group = $2,000
201-999 subscribers per Group = $2,010 - $9,990
1000+ subscriber per Group = $10,000

Existing Groups moving to Shared Health in 2015 with total replacement* or all 3rd year renewals (new to Shared Health in 2013) a bonus of $5.00 per subscriber; a minimum of $1,000 to a maximum of $5,000 per Group will be paid.

50-200 subscriber per Group = $1,000
201-999 subscribers per Group = $1,005 - $4,995
1000+ subscriber per Group = $5,000

*Existing groups where CDPHP was the sole carrier will not be eligible for bonus.

Premier Broker Bonus

Qualifier: The entire book of business as of 12/31/14 must have a minimum of 2,800 subscribers and 1,400 EPO, PPO, HDEPO and HDPPO subscribers. Subscriber counts exclude any ancillary products including but not limited to Dental, any individual Medicare products and individual and non-group Healthy New York products.

Summit Level:
If 97% Persistency Percentage is maintained and the EPO, PPO, HDPPO & HDEPO subscriber counts increase by:

500-999 subscribers a $10,000 bonus will be paid
1,000- 1999 subscribers a $25,000 bonus will be paid
2,000 or more subscribers a $50,000 bonus will be paid

CDPHP UBI Small Group Underwriting Guidelines
Effective date: January 1, 2014

RULE	On-Exchange (SHOP) Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP UBI's service area with eligible employees who live, work or reside in CDPHP UBI's service area. **CDPHP UBI Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington **Region 3 (Mid-Hudson Area)** Delaware, Dutchess, Orange, Ulster **Region 6 (Syracuse Area)** Broome, Tioga **Region 7 (Utica/Watertown Area)** Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego
Eligible Employees	• Eligible workers or employees as determined by the employer
	•
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP UBI service area; 5. CDPHP UBI decides to discontinue the product in which the group is enrolled 6. CDPHP UBI decides to discontinue all coverage in the market

April 25, 2014

[redacted]
Principal and consulting Actuary
Milliman Inc.
650 California Street
San Francisco, CA 94108

RE: Data Reliance Statement for 2015 Rate Filing

Dear [redacted]

I, [redacted], Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2015 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2015.

Sincerely,

[redacted]

Senior Vice President, Finance and CFO
Capital District Physicans' Health Plan Inc.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Exchange Plan Filing

General Information

Company Legal Name: CDPHP Universal Benefits, Inc.
State: New York
HIOS Issuer ID: 92551
QHP Template SERFF #: CAPD-129571281
Market: Small Group
Effective Date: January through December 2015
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]9[redacted]
Primary Contact Email Address: [redacted]m

Overview

This document contains the Actuarial Memorandum for CDPHP Universal Benefits, Inc.'s ("UBI") small group comprehensive medical block of business, effective January 1, 2015. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated February 9, 2011. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of UBI's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for UBI by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

Reliance

In performing this analysis, I relied on data and other information provided by UBI. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Identification

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by UBI to assist in the development of premium rates for the Small Group UBI plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

UBI is filing small group rates with effective dates beginning January 1, 2015 for plans to be marketed on the NYHBE. The plan designs included in this filing are compliant with the EHB in accordance with the ACA. The projected plan claim costs have been derived from the combined base claims experience for UBI's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2015. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Federal Risk Adjustment Program and Federal Transitional Reinsurance Program payments have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group UBI pooled incurred claims and membership for all in-force plans, for the 12 months ending December 2013, paid through February 2014 for UBI's current Capital Area rating region. UBI's Capital Area rating region mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from UBI's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from UBI's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 76% of incurred and allowed claims are processed on UBI's claims system, 17.5% are processed through UBI Pharmacy Benefit Manager Carerark, and approximately 6.5% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to ensure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 2 months of paid run-out and therefore, IBNR is 1.7% of the base period starting claim cost.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

General Overview of Proposed Rate Development

The general methodology used to develop the premium rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended per member per month ('PMPM') claims cost to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

- Base Period Index Rate
- Impact of Essential Health Benefits
- Membership Risk Pool Changes
- Federal Risk Adjustment
- Claim Trend Projection
- Pricing Actuarial Value without induced demand
- Pricing Actuarial Value – Induced Demand
- Benefits in addition to the Essential Health Benefits
- Administrative Expense
- Profit
- Additional Plan Specific Factors

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in-force plans are included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS Actuarial Value Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force Plan Index Rate Development		
Average Incurred Claims PMPM	$305.13	**A**
Average AV Pricing Value	.8544	**B**
Induced Demand	.9862	**C**
Index Rate **(Exhibit 18, line 12)**	$362.09	**A / B / C**

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Membership Projections

The existing book of business for calendar year 2013 was mapped to a metal tier using the following ranges of AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The projected membership for 2015 was redistributed based on the current distribution for the plans which have already renewed in Q1 2014. This projection is indicated on Worksheet 2 of the Unified Rate Review Template (URRT).

Impact of Market Wide Adjustments

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Impact of compliance with Essential Health Benefits

The impact of the additional costs associated with Essential Health Benefits not in the base period experience as noted below is derived on Exhibit A and applied on Exhibit 18, Line 13 consistently for all plans in each metal tier.

- Pediatric Vision – currently a non-covered benefit
- Hearing Aids – currently a non-covered benefit
- Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
- Gym Reimbursement – currently a non-covered benefit
- Treatment in Residential Facilities – currently a non-covered benefit, new for 1/1/2015

Impact of changes in the provider network, fee schedules levels, utilization management, and Quality Improvements that apply to the entire market-wide risk pool not included in the claim trend

There are no changes planned for the composition of the provider network, fee schedules levels, utilization management, or quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

With the aging of the small group population offered under the UBI line of business, an adjustment factor of 1.007 accounts for the change in the age/gender of the membership remaining in the pool.

Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions

There has been no adjustment to the membership in the risk pool by the standard rating regions. As of February 2014, 93% of the small group membership is located in Region 1.

Federal Risk Adjustment Program

UBI relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting.

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP UBI Small Group	762,498	($33.04)

The resulting PMPM was converted to a factor based upon the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange. This factor, 1.0887, was applied consistently across plans in each metal tier.

Credibility Adjustment:

The experience period used in the development of the 2015 premium rates is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.66%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 11.6%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contracted provider reimbursement rates, and input from UBI's medical utilization management team and the following assumptions.

- Service Mix Intensity: No additional adjustment has been made.
- Case Mix: No additional adjustment has been made.
- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated.
- Deductible Leveraging: No explicit additional adjustments have been applied.
- Inpatient: Medical management programs will hold trend below the industry trend. Programs include Care Management, Diabetic Management, and Readmission Avoidance.
- Outpatient: More procedures are moving to ambulatory surgery centers. UBI's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of emergency room ("ER") visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.
- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services. Benefits for physical, occupational and speech therapy services have been expanded with the inclusion of habilitative/rehabilitative services.

- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence-based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high tech radiology program. More aggressive post discharge management may necessitate more DME and prosthetics. An increase in homecare is expected as more palliative care services are provided.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark, as well as input from UBI's Pharmacy Management.

Annual rate trends are shown in the following table:

Projected Trend Factor 2014	5.73%
Projected Trend Factor 2015	5.69%

A quarterly trend of 1.39% was applied to the second, third and fourth quarter rolling rates. This trend was derived by taking one-quarter of the trend factor used in the 2015 projection.

Plan Level Adjustments

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman Health Cost Guidelines™ were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator. An assumed induced demand factor per metal tier was multiplied by the plan AV to determine the pricing actuarial value. The assumption for the induced demand component was set consistently for each plan within a metal tier, per guidance provided by NYS Department of Financial Services.
Average weighted Induced Demand for the experience period assumed for each Metal Tier:

	Induced Demand
Platinum	1.0397
Gold	0.9780
Silver	0.9479
Bronze	0.9261

Impact of changes in characteristics for provider network, delivery systems, utilization management, and claim cost for quality improvements

There are no changes planned for the characteristics of the provider network, delivery system, utilization management, or claim costs for quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Benefit in addition to the Essential Health benefits

Unique plan designs have been created to incorporate the following additional benefits (Exhibit C):

Mandatory Make Available Benefits
Dependent coverage extended from age 26 to 29
Domestic Partner
Family Planning

Additional Benefits Available on all Non-Standard Products
Adult Vision & Hardware available once every two years
Skilled Nursing Facility – extends coverage from 200 days to 365 days
Acupuncture – maximum of 10 visits per year
Lasik Surgery – maximum reimbursement of $750

Administrative Expense Load

The administrative expense load is based on actual 2013 administrative expense, along with the 2014 budgeted expense for the current small group market.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2.10 Per Member Per Year ("PMPY") (Assumes a 5% increase over 2014 fee)
Risk Adjustment User Fee: $0.96 PMPY
NYS Regulatory Authority license and fees: Based on a percent of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	2015 % of Premium Projected	% of Premium based on 2013 Actuals	2014 Filing % of Premium Projected
General Administrative Expense	7.35%	9.64%	5.51%
Broker Commissions	4.22%	5.62%	4.22%
Quality Improvement	0.84%	1.16%	1.03%
Community Benefits	0.00%	0.08%	0.00%
Subtotal – Excluding ACA Taxes and Fees	**12.41%**	**16.50%**	**10.76%**
NYS Regulatory Authority license and fees	0.86%	0.60%	0.73%
ACA Insurers tax	1.88%	n/a	1.40%
PCORI & Risk Adjustment	0.06%	n/a	0.46%
Federal Reinsurance Fee	1.04%	n/a	1.49%
Total Administrative Expense Including ACA	**16.25%**	**17.10%**	**14.84%**
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)	1.75%
Total Retention including Profit	**18.00%**	**17.10%**	**16.59%**

Additional Factors applied to Premium rate build up

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Small Group HMO and UBI products, excluding Sole Proprietors, as of Q1 2014. See Exhibit G.

Regional Factors

The regional factor for Region 3 (Mid-Hudson) has been increased from 1.1305 to 1.1805 to account for the recent bankruptcy of St. Francis Hospital which represents approximately 10% of the hospital spend in this rating area. St. Francis hospital was acquired by Westchester Medical Center, currently a non-participating hospital in CDPHP UBI's commercial network. The impact of this network disruption was estimated assuming that all St Francis services would be redirected to the closest participating hospital, Vassar Hospital. The impact if all services were performed at Vassar Hospital is an increase of 10%. CDPHP UBI anticipates that it will negotiate more favorable reimbursement rates and re-contract directly with St. Francis/Westchester. Therefore, we have included only half of the estimated impact, 5%, in the regional factor adjustment. See Exhibit H.

Dental

UBI has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. UBI will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract.

Projected Loss Ratio

The projected loss ratio based on the New York State definition is 82.0%

Historical Claim Data by Policy Form (Exhibit 17)

For each experience period represented in this exhibit, incurred claims and membership for all in-force plans, for each 12 month period, includes paid claims and revised estimates for remaining reserves as of February 2014. Exhibit 17 includes data for all rating regions. Incurred claims used in the development of the Index rate on Exhibit 18 is for UBI's Capital Area Rating region only.

Miscellaneous Exhibits

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit I.

Broker Commissions

Broker commissions have been updated for 2015; approved under CAPD-129469291. (Exhibit J)

Underwriting Guidelines

There have been no changes made to the Underwriting Guidelines effective January 1, 2014. (Exhibit K)

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Exchange Plan Filing

General Information

Company Legal Name: CDPHP Universal Benefits, Inc.
State: New York
HIOS Issuer ID: 92551
QHP Template SERFF #: CAPD-129571281
Market: Small Group
Effective Date: January through December 2015
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Overview

This document contains the Actuarial Memorandum for CDPHP Universal Benefits, Inc.'s ("UBI") small group comprehensive medical block of business, effective January 1, 2015. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated February 9, 2011. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of UBI's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for UBI by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

Reliance

In performing this analysis, I relied on data and other information provided by UBI. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Identification

I, [redacted], am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by UBI to assist in the development of premium rates for the Small Group UBI plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

UBI is filing small group rates with effective dates beginning January 1, 2015 for plans to be marketed on the NYHBE. The plan designs included in this filing are compliant with the EHB in accordance with the ACA. The projected plan claim costs have been derived from the combined base claims experience for UBI's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2015. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Federal Risk Adjustment Program and Federal Transitional Reinsurance Program payments have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group UBI pooled incurred claims and membership for all in-force plans, for the 12 months ending December 2013, paid through February 2014 for UBI's current Capital Area rating region. UBI's Capital Area rating region mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from UBI's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from UBI's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 76% of incurred and allowed claims are processed on UBI's claims system, 17.5% are processed through UBI Pharmacy Benefit Manager Caremark, and approximately 6.5% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to ensure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 2 months of paid run-out and therefore, IBNR is 1.7% of the base period starting claim cost.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

General Overview of Proposed Rate Development

The general methodology used to develop the premium rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended per member per month ("PMPM") claims cost to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

- Base Period Index Rate
- Impact of Essential Health Benefits
- Membership Risk Pool Changes
- Federal Risk Adjustment
- Claim Trend Projection
- Pricing Actuarial Value without induced demand
- Pricing Actuarial Value – Induced Demand
- Benefits in addition to the Essential Health Benefits
- Administrative Expense
- Profit
- Additional Plan Specific Factors

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in-force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS Actuarial Value Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force Plan Index Rate Development		
Average Incurred Claims PMPM	$305.13	**A**
Average AV Pricing Value	.8544	**B**
Induced Demand	.9862	**C**
Index Rate **(Exhibit 18, line 12)**	$362.09	**A / B / C**

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Membership Projections

The existing book of business for calendar year 2013 was mapped to a metal tier using the following ranges of AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The projected membership for 2015 was redistributed based on the current distribution for the plans which have already renewed in Q1 2014. This projection is indicated on Worksheet 2 of the Unified Rate Review Template (URRT).

Impact of Market Wide Adjustments

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Impact of compliance with Essential Health Benefits

The impact of the additional costs associated with Essential Health Benefits not in the base period experience as noted below is derived on Exhibit A and applied on Exhibit 18, Line 13 consistently for all plans in each metal tier.

- Pediatric Vision – currently a non-covered benefit
- Hearing Aids – currently a non-covered benefit
- Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
- Gym Reimbursement – currently a non-covered benefit
- Treatment in Residential Facilities – currently a non-covered benefit, new for 1/1/2015

Impact of changes in the provider network, fee schedules levels, utilization management, and Quality Improvements that apply to the entire market-wide risk pool not included in the claim trend

There are no changes planned for the composition of the provider network, fee schedules levels, utilization management, or quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

With the aging of the small group population offered under the UBI line of business, an adjustment factor of 1.007 accounts for the change in the age/gender of the membership remaining in the pool.

Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions

There has been no adjustment to the membership in the risk pool by the standard rating regions. As of February 2014, 93% of the small group membership is located in Region 1.

Federal Risk Adjustment Program

UBI relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting.

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP UBI Small Group	762,498	($33.04)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange. This factor, 1.0887, was applied consistently across plans in each metal tier.

Credibility Adjustment:

The experience period used in the development of the 2015 premium rates is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.66%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 11.6%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contracted provider reimbursement rates, and input from UBI's medical utilization management team and the following assumptions.

- Service Mix Intensity: No additional adjustment has been made
- Case Mix: No additional adjustment has been made
- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated.
- Deductible Leveraging: No explicit additional adjustments have been applied
- Inpatient: Medical management programs will hold trend below the industry trend. Programs include Care Management, Diabetic Management, and Readmission Avoidance.
- Outpatient: More procedures are moving to ambulatory surgery centers. UBI's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.
- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services. Benefits for physical, occupational and speech therapy services have been expanded with the inclusion of habilitative/rehabilitative services.
- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence-based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high tech radiology program. More aggressive post discharge management may necessitate more DME and prosthetics. An increase in homecare is expected as more palliative care services are provided.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark, as well as input from UBI's Pharmacy Management.

Annual rate trends are shown in the following table:

Projected Trend Factor 2014	5.73%
Projected Trend Factor 2015	5.69%

A quarterly trend of 1.39% was applied to the second, third and fourth quarter rolling rates. This trend was derived by taking one-quarter of the trend factor used in the 2015 projection.

Plan Level Adjustments

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman Health Cost Guidelines ™ were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator. An assumed induced demand factor per metal tier was multiplied by the plan AV to determine the pricing actuarial value. The assumption for the induced demand component was set consistently for each plan within a metal tier, per guidance provided by NYS Department of Financial Services.

Average weighted Induced Demand for the experience period assumed for each Metal Tier:

	Induced Demand
Platinum	1.0397
Gold	0.9780
Silver	0.9479
Bronze	0.9261

Impact of changes in characteristics for provider network, delivery systems, utilization management, and claim cost for quality improvements

There are no changes planned for the characteristics of the provider network, delivery system, utilization management, or claim costs for quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Benefits in addition to the Essential Health benefits

Unique plan designs have been created to incorporate the following additional benefits (Exhibit C):

Mandatory Make Available Benefits
Dependent coverage extended from age 26 to 29
Domestic Partner
Family Planning

Additional Benefits Available on all Non-Standard Products
Adult Vision & Hardware available once every two years
Skilled Nursing Facility – extends coverage from 200 days to 365 days
Acupuncture – maximum of 10 visits per year
Lasik Surgery – maximum reimbursement of $750

Administrative Expense Load

The administrative expense load is based on actual 2013 administrative expense, along with the 2014 budgeted expense for the current small group market.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2.10 Per Member Per Year ("PMPY") (Assumes a 5% increase over 2014 fee)
Risk Adjustment User Fee: $0.96 PMPY
NYS Regulatory Authority license and fees: Based on a percent of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**2015 % of Premium Projected**	**% of Premium based on 2013 Actuals**	**2014 Filing % of Premium Projected**
General Administrative Expense	7.35%	9.64%	5.51%
Broker Commissions	4.22%	5.62%	4.22%
Quality Improvement	0.84%	1.16%	1.03%
Community Benefits	0.00%	0.08%	0.00%
Subtotal – Excluding ACA Taxes and Fees	**12.41%**	**16.50%**	**10.76%**
NYS Regulatory Authority license and fees	0.86%	0.60%	0.73%
ACA Insurers tax	1.88%	n/a	1.40%
PCORI & Risk Adjustment	0.06%	n/a	0.46%
Federal Reinsurance Fee	1.04%	n/a	1.49%
Total Administrative Expense Including ACA	**16.25%**	**17.10%**	**14.84%**
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)	1.75%
Total Retention including Profit	**18.00%**	**17.10%**	**16.59%**

Additional Factors applied to Premium rate build up

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Small Group HMO and UBI products, excluding Sole Proprietors, as of Q1 2014. See Exhibit G.

Regional Factors

The regional factor for Region 3 (Mid-Hudson) has been increased from 1.1305 to 1.1805 to account for the recent bankruptcy of St. Francis Hospital which represents approximately 10% of the hospital spend in this rating area. St. Francis hospital was acquired by Westchester Medical Center, currently a non-participating hospital in CDPHP UBI's commercial network. The impact of this network disruption was estimated assuming that all St Francis services would be redirected to the closest participating hospital, Vassar Hospital. The impact if all services were performed at Vassar Hospital is an increase of 10%. CDPHP UBI anticipates that it will negotiate more favorable reimbursement rates and re-contract directly with St. Francis/Westchester. Therefore, we have included only half of the estimated impact, 5%, in the regional factor adjustment. See Exhibit H.

Dental

UBI has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. UBI will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract.

Projected Loss Ratio

The projected loss ratio based on the New York State definition is 82.0%.

Historical Claim Data by Policy Form (Exhibit 17)

For each experience period represented in this exhibit, incurred claims and membership for all in-force plans, for each 12 month period, includes paid claims and revised estimates for remaining reserves as of February 2014. Exhibit 17 includes data for all rating regions. Incurred claims used in the development of the Index rate on Exhibit 18 is for UBI's Capital Area Rating region only.

Miscellaneous Exhibits

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit I.

Broker Commissions

Broker commissions have been updated for 2015; approved under CAPD-129469291. (Exhibit J)

Underwriting Guidelines

There have been no changes made to the Underwriting Guidelines effective January 1, 2014. (Exhibit K)

CDPHP, Universal Benefits, Inc.
Premium Rate Filing
FORM # 02-0001-2014

Actuarial Certification
Small Group – On Exchange Plans

I, [redacted] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the qualification standards to perform this review and make this certification.

I certify that to the best of my knowledge and belief:

- The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).
- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
    - ASOP No. 41, Actuarial Communications

- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

- The benefits are reasonable in relation to the premiums charged.

- The rates are not unfairly discriminatory.

- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

- The AV Calculator was used to determine the AV Metal Values.

- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

[redacted] _____ 6/10/2014
Date

Principal & Consulting Actuary
Milliman, San Francisco Health Practice
[redacted]

CDPHP, Universal Benefits, Inc.
Premium Rate Filing
FORM # 02-0001-2014

Actuarial Certification
Small Group – On Exchange Plans

I, [redacted] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries and meet the qualification standards to perform this review and make this certification.

I certify that to the best of my knowledge and belief:

- The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).
- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
    - ASOP No. 41, Actuarial Communications

- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

- The benefits are reasonable in relation to the premiums charged.

- The rates are not unfairly discriminatory.

- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

- The AV Calculator was used to determine the AV Metal Values.

- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

[redacted] _____ 6/10/2014
Date

Principal & Consulting Actuary
Milliman, San Francisco Health Practice
[redacted]

CDPHP Universal Benefits Inc.
Small Group UBI - On Exchange
Essential Health Benefits
2015 Rate Filing

Exhibit A

Essential Health Benefits added to base experience

	Standard plans	Non Standard Plans	
Pediatric Vision Exams/Hardware	$2.09	$2.09	
Hearing Evaluations	$0.01	$0.01	
Skilled Nursing Facility - 200 days	$0.06	$0.06	
Healthy Lifestyle - Gym Membership	$3.31	$3.31	
Residential Treatment Facilities	$2.55	$2.55	
Removal of Orthotics	($0.61)	n/a	
Total	$7.40	$8.01	A
Starting Claims cost	$362.09	$362.09	B
Factor Applied	1.02003	1.02165	C = 1+(A/(A+B))

Pediatric Vision Exams and Hardware 1 exam/hardware per year
Hearing Evaluations
Data based on Child Health Plus utilization and cost for calendar year 2013

	Freq	Cost	PMPM
Vision Exams	0.3877	$38.89	$1.26
Vision Hardware	0.5830	$17.21	$0.84
Hearing Exams	0.0068	$9.89	$0.01

Extend SNF benefit from 45 days to 200

		Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014					
		FREQ	**COST**	**PMPM**	**COPAY**	**COPAY PMPM**	**NET PMPM**
Skilled Nursing Facility (45)- 2013 Benefit	A	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38
Skilled Nursing Facility (200)- 2014 Base Benefit	D	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43
Skilled Nursing Facility (365)- 2015 Base Benefit	F	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44
			45 - 200 days	$0.06			
Member Months							

From Claim Probability Distribution for Skilled Nursing Facility, based claims data from MarketScan 2010-2011

Annual Cost of 45 days based on current benefit	$15,490.80		
Annual Cost of 200 Days	$68,848.00		
Utilization Factor, 200 Days over 45 Days	1.131	C	From previous Milliman pricing, 2014
Projected Utilization with 200 Day Limit	0.0159	D = A *C	
Utilization Factor, 365 Days over 200 Days	1.0026	E	From previous Milliman pricing, 2014
Selection Factor	1.0250	F	From previous Milliman pricing, 2014
Projected Utilization with No Day Limit	0.0163	G = D * E * F	

Healthy Lifestyle Benefits

Total Available Allowance $500

$500 total benefit, extended to include dependents
$100 available for Childrens' sports programs http://statisticbrain.com/youth-sports-statistics/
- 60% of kids participate in sports outside of school; assume 50% of these members will be reimbursed for this acitivity
$400 available for exercise facilities, weight loss programs and alternative programs such as tai chi, yoga, etc.
- Increased compliance rate to 8% since benefit is now open to all dependent

Total Allowance $500	(A) Contracts With Children	(B) Allowance	(C) Compliance Rate	(D) Contracts	(E) Allowance	(F) Compliance Rate	(G)=(A)*(B)*(C)*(D)*(E)*(F) Total Dollars	(H) Total Contracts	(I)=(G)/(H)/12 Spread over all (pmpm)
Small Group HMO	29,320	$100	30%	112,838	$400	8%	$4,490,416	112,838	$3.32
Individual HMO/UBI	13,868	$100	30%	72,437	$400	8%	$2,734,024	72,437	$3.15
Small Group UBI	125,873	$100	30%	470,379	$400	8%	$18,828,318	470,379	$3.34
Small Group/Individual	169,061	$100	30%	655,654	$400	8%	$26,052,758	655,654	**$3.31**

Removal of Orthotics (Standard Plans Only)

Data: Jan 1, 2103 - Dec 31, 2013 as of 02/28/14

Jan 1, 2013 - Dec 31, 2013 as of 02/28/14

FREQ	**COST**	**PMPM**
0.056	$131.29	**$0.61**

Treatment in Residential Facilities

Total Members	243806
# if eating disorder cases	68
	0.03%

	Total January Enrollment Individual	Small	Sole	Serious Conditi Prevalence	members *w/ Serious cond	**Hi Estimate** Assumed % residential care	Total in RC	**Lo Estimate** Assumed % residential care	Total in RC
<12	43	9,140	111						
12-17	34	6,818	97	4.4%	306	0.81%	2	0.10%	0
18-25	191	11,565	146	4.1%	488	0.81%	4	0.10%	0
26-49	641	35,500	402	5.2%	1,900	0.81%	15	0.10%	2
50+	1,961	31,716	768	3.0%	1,033	0.81%	8	0.10%	1
	2,870	94,739	1,524		3,727		30		4
						@200K ea	6,062,210	@200K ea	745,465
						PMPM	5.10	PMPM	0.63
						@100K ea	3,031,105	@100K ea	372,732
						PMPM	**2.55**	PMPM	0.31

http://www.nccp.org/publications/pub_929.html

Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth 1 and begin at a young age. 2

One in five children birth to 18 has a diagnosable mental disorder. 3
One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. 4
The onset of major mental illness may occur as early as 7 to 11 years old. 5
Roughly half of all lifetime mental health disorders start by the midâ€teens. 6 7
Individual and enviromental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system.
These and other factors can be identified and addressed in the early years. 8
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

http://www.nimh.nih.gov/statistics/index.shtml
http://www.nimh.nih.gov/statistics/1EAT_CHILD.shtml

In 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.1 percent of all U.S. adults.

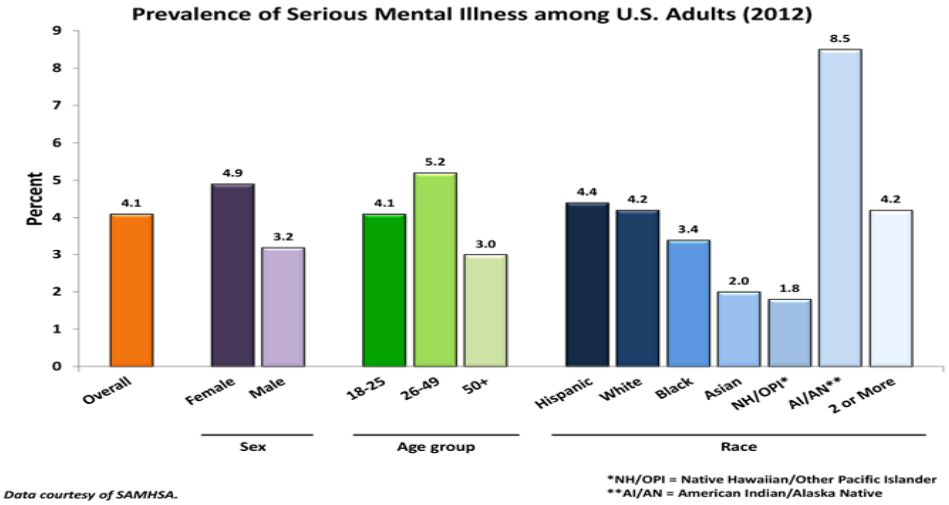

Exhibit B

CDPHP Universal Benefits, Inc.

UBI Product

Projected Utilization and Cost Trends

	2013			2014			2015		
	Util	Cost	Total	Util	Cost	Total	Util	Cost	Total
Inpatient Facility	-2.8%	7.4%	4.4%	-2.2%	6.5%	4.2%	-1.3%	5.7%	4.3%
Outpatient Facility	7.5%	0.8%	8.3%	4.5%	2.5%	7.1%	1.3%	4.2%	5.5%
Professional	-1.2%	5.3%	4.0%	0.9%	2.3%	3.2%	1.6%	1.4%	3.0%
Radiology	-1.4%	-1.2%	-2.6%	0.0%	-4.0%	-4.0%	1.0%	-0.4%	0.6%
Pathology	1.5%	10.5%	12.1%	3.0%	-2.6%	0.3%	1.5%	0.8%	2.4%
Prescription Drugs	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Other	3.8%	10.1%	14.3%	2.6%	1.5%	4.1%	1.5%	1.5%	3.0%
Caps		17.6%	17.6%		21.2%	21.2%		2.8%	2.8%
Medical	0.4%	5.1%	5.5%	1.6%	2.4%	4.1%	1.4%	2.4%	3.9%
Pharmacy	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Total	0.0%	5.4%	5.5%	1.4%	4.3%	5.7%	1.3%	4.4%	5.7%

CDPHP Universal Benefits Inc.
Benefits in Addition to the Essential Health Benefits
2015 Rate Filing

Exhibit C

Mandatory Make Available Benefits	***Factor***
Age 29	1.0018
Domestic Partner	1.0000
Carve out Family Planning	0.9921

Dependents to Age 29			**Per Member Per Year**			
	% of Total	Allowed	Paid+WH	Copay	Deductible	Coins
Members 0 - 26 as of 2013	28.62%	$596.37	$524.41	$32.51	$3.19	$36.27
Members 27 - 29 as of 2013	0.09%	$2.93	$2.51	$0.18	$0.05	$0.19
Members > 30?	0.03%	$3.06	$2.90	$0.09	$0.04	$0.04
Total Dependents	28.75%	$602.37	$529.83	$32.78	$3.28	$36.49
Subscribers & Spouses	67.34%	$2,843.86	$2,540.97	$139.40	$17.30	$146.19
Total All Members	96.10%	$3,446.23	$3,070.80	$172.18	$20.57	$182.68

			Per Member Per Month			
	% of Total	Allowed	Paid+WH	Total to 26	Total to 29	Rate Impact
Members 0 - 26 as of 2013	29.79%	$49.70	$43.70	$43.70	$43.70	
Members 27 - 29 as of 2013	0.10%	$0.24	$0.21		$0.21	
Members > 30?	0.04%	$0.26	$0.24		$0.24	
Total Dependents	29.92%	$50.20	$44.15			
Subscribers & Spouses	70.08%	$236.99	$211.75	$211.75	$211.75	
Total All Members	100.00%	$287.19	$255.90	$255.45	$255.90	**1.0018**

Family Planning
Data based on January - December 2013 paid through 2/28/14

							Trend 07/1/13 - 07/1/15				**Gross**		**Copay**	**Net**
	Util	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**	**Util**	**Cost**	**Util**	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**
Elective Abortion	0.00012	$1,298.02	$0.01	$93.30	$0.00	$0.01	1.011	1.057	0.00013	$1,372.60	$0.01	$97.63	$0.00	$0.01
Sterilization	0.00027	$8,488.91	$0.19	$394.41	$0.01	$0.18	1.011	1.057	0.00027	$8,976.63	$0.20	$412.71	$0.01	$0.19
Vasectomies	0.00187	$609.45	$0.09	$115.53	$0.02	$0.08	1.011	1.057	0.00189	$644.46	$0.10	$120.89	$0.02	$0.08
Contraceptives	0.72296	$39.36	$2.37	$0.00	$0.00	$2.37	1.013	1.084	0.73228	$42.66	$2.60	$0.00	$0.00	$2.60
						$2.64								**$2.89**
													Starting claims cost	$362.09
													Cost to carve out family planning	**0.9921**

Additional Benefits added to base plans (non-standard only)

	Factor
Adult Vision/HW	1.00516
SNF to 365	1.00003
Acupuncture	1.00013
Lasik	1.00336

Adult Vision Exam/Hardware - 1 every 2 years

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Vision Exams	0.37819	$74.61	$2.35	$26.96	$0.85	$1.50	1.1%	5.7%	0.38219	$78.90	$2.51	$26.96	$0.86	$1.65
Vision Hardware	0.12174	$22.92	$0.23	$3.97	$0.04	$0.19	5.3%	8.8%	0.12816	$24.94	$0.27	$3.97	$0.04	$0.22
						$1.69								$1.88
													Starting claims cost	$362.09
													Cost to add Adult Vision and Hardware	**1.00516**

Extend SNF benefit from 200 days to 365 days

Jan 1, 2013 - Dec 31, 2103
as of Feb 28, 2014

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38	6.5%	6.5%	0.015	$366.69	$0.46	$16.37	$0.02	$0.44
Skilled Nursing Facility (200)- 2014 Base Benefit	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43	6.5%	6.5%	0.017	$366.69	$0.52	$16.37	$0.02	$0.50
Skilled Nursing Facility (365)- 2015 Base Benefit	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44	6.5%	6.5%	0.017	$366.69	$0.53	$16.37	$0.02	$0.51
													200 - 365 days	**$0.01**
													Starting claims cost	$362.09
													Cost to extend SNF from 200 to 365 days	**1.00003**

Acupuncture

Jan 2012 - Dec 2013 as of 01/31/14 — Based on actual data from large group currently covering benefit

Membermonths	**Year**	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
156670	2012	0.0044	$171.51	$0.06	$57.84	$0.02	$0.04								
157414	2013	0.0049	$161.23	$0.07	$54.52	$0.02	**$0.04**	1.1%	5.7%	0.0049	$170.49	$0.07	$54.52	$0.02	$0.05
														Starting claim cost	$362.09
														Cost to add Acupuncture Benefit	**1.00013**

Lasik Surgery - $750 Maximum Reimbursement

% Population who would consider Lasik Surgery (18+) Source: Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html

71%	of population wears glasses or contacts on regular basis
43%	would consider having the surgery
60%	would consider having the surgery if insurance paid for it
11%	consider having it in next year or so

Membership as of December 2013 (18+)

	0-17	18+	25-43	
Large Group HMO	16898	70228	19818	87126
Small Group HMO	2604	13525	4101	16129
Individual HMO	729	8018	1579	8747
Large Group UBI	13479	56757	18574	70236
Small Group UBI	14291	68637	22206	82928
	48001	217165	66278	265166

Lasik Surgery ($750 Max)

Expected Number of Procedures

	# Proc	Util	*$750 Max* Cost	PMPM
Large Group HMO	1548	0.01776	$750	$1.11
Small Group HMO	320	0.01986	$750	$1.24
Individual HMO	123	0.01410	$750	$0.88
Large Group UBI	1451	0.02065	$750	$1.29
Small Group UBI	1734	0.02091	$750	$1.31
Combined	5176	0.01952	$750	$1.22
			Starting claim cost	$362.09
			Cost to add Lasik Benefit	**1.00336**

CDPHP Universal Benefits Inc. Exhibit D

Out-of- Network Plan Designs and Factors

2015 Rate Filing

Out of Network Factor (varies by plan)

2014 Plan	2015 Plan	Factor
SUPX1012	SUPX1113	1.0349
SUPX1026	SUPX1116	1.0349
SUPX1040	SUPX1119	1.0349
SUPX1054	SUPX1122	1.0349
SUPX1068	SUPX1125	1.0349
SUPX1082	SUPX1128	1.0349
SUPX1096	SUPX1131	1.0349
SUPX1110	SUPX1134	1.0349
SUSX3015	SUSX3133	1.0254
SUSX3034	SUSX3136	1.0254
SUSX3050	SUSX3139	1.0254
SUSX3066	SUSX3142	1.0254
SUSX3082	SUSX3145	1.0254
SUSX3098	SUSX3148	1.0254
SUSX3114	SUSX3151	1.0254
SUSX3130	SUSX3154	1.0254

Exhibit G

CDPHP, Universal Benefits Inc.
Small Group
Conversion Factor Summary - 4-Tier

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Small Group						
Four Tier Premiums						
Single	58.7%	1.00	0.586	1.000	0.587	
Double	14.7%	2.00	0.293	2.000	0.293	
Emp/Child(ren)	2.3%	2.63	0.061	1.700	0.039	
Family	24.3%	3.92	0.954	2.850	0.694	
Total 4T	100.0%		1.894		1.613	1.174
						1.174

Exhbit H

CDPHP Universal Benefits, Inc.
UBI Product
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

2015 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Chenango
	Columbia	Dutchess	Tioga	Essex
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code		Product	Product ID	Plan Id with Variant	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	Non-Standard	92551	92551NY039	92551NY0390017-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	Non-Standard	92551	92551NY039	92551NY0390018-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	Non-Standard	92551	92551NY039	92551NY0390019-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	Non-Standard	92551	92551NY039	92551NY0390020-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	Non-Standard	92551	92551NY039	92551NY0390021-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	Non-Standard	92551	92551NY039	92551NY0390022-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	Non-Standard	92551	92551NY039	92551NY0390023-01	88.3%	20	20	750	200	75	75
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	Non-Standard	92551	92551NY039	92551NY0390024-01	88.3%	20	20	750	200	75	75
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	Non-Standard	92551	92551NY038	92551NY0380001-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	Non-Standard	92551	92551NY038	92551NY0380002-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	Non-Standard	92551	92551NY038	92551NY0380003-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	Non-Standard	92551	92551NY038	92551NY0380004-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	Non-Standard	92551	92551NY038	92551NY0380005-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	Non-Standard	92551	92551NY038	92551NY0380006-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	Non-Standard	92551	92551NY038	92551NY0380007-01	89.0%	15	15	500	100	100	100
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	Non-Standard	92551	92551NY038	92551NY0380008-01	89.0%	15	15	500	100	100	100
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	Standard	92551	92551NY038	92551NY0380641-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	Standard	92551	92551NY038	92551NY0380649-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	Standard	92551	92551NY038	92551NY0380657-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	Standard	92551	92551NY038	92551NY0380665-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	Standard	92551	92551NY038	92551NY0380673-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	Standard	92551	92551NY038	92551NY0380681-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	Standard	92551	92551NY038	92551NY0380689-01	88.1%	15	35	500	100	100	100
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	Standard	92551	92551NY038	92551NY0380697-01	88.1%	15	35	500	100	100	100
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	Non-Standard	92551	92551NY038	92551NY0380017-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	Non-Standard	92551	92551NY038	92551NY0380018-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	Non-Standard	92551	92551NY038	92551NY0380019-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	Non-Standard	92551	92551NY038	92551NY0380020-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	Non-Standard	92551	92551NY038	92551NY0380021-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	Non-Standard	92551	92551NY038	92551NY0380022-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	Non-Standard	92551	92551NY038	92551NY0380023-01	78.5%	25	45	250	50	75	75
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	Non-Standard	92551	92551NY038	92551NY0380024-01	78.5%	25	45	250	50	75	75
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	Standard	92551	92551NY038	92551NY0380642-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	Standard	92551	92551NY038	92551NY0380651-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	Standard	92551	92551NY038	92551NY0380659-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	Standard	92551	92551NY038	92551NY0380667-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	Standard	92551	92551NY038	92551NY0380675-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	Standard	92551	92551NY038	92551NY0380683-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	Standard	92551	92551NY038	92551NY0380691-01	79.1%	25	40	1000	100	150	150
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	Standard	92551	92551NY038	92551NY0380699-01	79.1%	25	40	1000	100	150	150
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	Non-Standard	92551	92551NY038	92551NY0380193-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	Non-Standard	92551	92551NY038	92551NY0380194-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	Non-Standard	92551	92551NY038	92551NY0380195-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	Non-Standard	92551	92551NY038	92551NY0380196-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	Non-Standard	92551	92551NY038	92551NY0380197-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	Non-Standard	92551	92551NY038	92551NY0380198-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	Non-Standard	92551	92551NY038	92551NY0380199-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	Non-Standard	92551	92551NY038	92551NY0380200-01	82.0%	25	50	0.2	0.2	0.2	0.2
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	Non-Standard	92551	92551NY039	92551NY0390001-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	Non-Standard	92551	92551NY039	92551NY0390002-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	Non-Standard	92551	92551NY039	92551NY0390003-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	Non-Standard	92551	92551NY039	92551NY0390004-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	Non-Standard	92551	92551NY039	92551NY0390005-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	Non-Standard	92551	92551NY039	92551NY0390006-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	Non-Standard	92551	92551NY039	92551NY0390007-01	70.7%	40	60	0.2	0.2	0.2	0.2
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	Non-Standard	92551	92551NY039	92551NY0390008-01	70.7%	40	60	0.2	0.2	0.2	0.2

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code		Product	Product ID	Plan Id with Variant	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	Non-Standard	92551	92551NY038	92551NY0380273-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	Non-Standard	92551	92551NY038	92551NY0380274-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	Non-Standard	92551	92551NY038	92551NY0380275-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	Non-Standard	92551	92551NY038	92551NY0380276-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	Non-Standard	92551	92551NY038	92551NY0380277-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	Non-Standard	92551	92551NY038	92551NY0380278-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	Non-Standard	92551	92551NY038	92551NY0380279-01	71.0%	0	0	0	0	0	0
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	Non-Standard	92551	92551NY038	92551NY0380280-01	71.0%	0	0	0	0	0	0
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	Standard	92551	92551NY038	92551NY0380643-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	Standard	92551	92551NY038	92551NY0380653-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	Standard	92551	92551NY038	92551NY0380661-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	Standard	92551	92551NY038	92551NY0380669-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	Standard	92551	92551NY038	92551NY0380677-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	Standard	92551	92551NY038	92551NY0380685-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	Standard	92551	92551NY038	92551NY0380693-01	70.7%	30	50	1500	100	150	150
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	Standard	92551	92551NY038	92551NY0380701-01	70.7%	30	50	1500	100	150	150
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	Standard	92551	92551NY038	92551NY0380644-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	Standard	92551	92551NY038	92551NY0380655-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	Standard	92551	92551NY038	92551NY0380663-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	Standard	92551	92551NY038	92551NY0380671-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	Standard	92551	92551NY038	92551NY0380679-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	Standard	92551	92551NY038	92551NY0380687-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	Standard	92551	92551NY038	92551NY0380695-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	Standard	92551	92551NY038	92551NY0380703-01	62.0%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	Non-Standard	92551	92551NY038	92551NY0380305-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	Non-Standard	92551	92551NY038	92551NY0380306-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	Non-Standard	92551	92551NY038	92551NY0380307-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	Non-Standard	92551	92551NY038	92551NY0380308-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	Non-Standard	92551	92551NY038	92551NY0380309-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	Non-Standard	92551	92551NY038	92551NY0380310-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	Non-Standard	92551	92551NY038	92551NY0380311-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	Non-Standard	92551	92551NY038	92551NY0380312-01	58.6%	0.5	0.5	0.5	0.5	0.5	0.5

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	DME	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	0.5	30	15	20	0	0	0	3000	6000
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	0.5	40	15	15	0	0	0	6600	13200
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	0.1	55	15	25	0	0	0	2000	4000
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	0.5	35	15	45	0	500	1000	6600	13200
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	0.2	60	25	30	0	600	1200	4000	8000
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	0.5	35	15	50	0.2	500	1000	2000	4000
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	0.5	50	15	60	0.2	2000	4000	5000	10000
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	0.5	50	15	60	0.2	2000	4000	5000	10000

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	DME	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	0	0	0	0	0	3000	6000	3000	6000
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	0.3	70	30	30	0	2000	4000	5500	11000
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	0.5	0.5	0.5	0.5	0.5	3000	6000	6350	12700
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	0.5	0.5	15	0.5	0.5	4500	10000	6450	12900

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	0.2	1000	2500	3000	7500	Embedded	PPO
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	0.5	5000	10000	10000	20000	Embedded	PPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	0.5	5000	10000	10000	20000	Embedded	PPO

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	N/A	N/A	N/A	N/A	N/A	Embedded	EPO
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	N/A	N/A	N/A	N/A	N/A	Aggregate	HDE

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	Copayment	$10/$25/$40	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	Copayment	$10/$25/$40	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	Copayment	$10/$25/$40	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	Copayment	$10/$25/$40	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	Copayment	$10/$25/$40	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	Copayment	$10/$25/$40	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	Copayment	$10/$25/$40	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	Copayment	$10/$25/$40	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	Copayment	$4/$30/$60	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	Copayment	$10/$30/$60	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	Copayment	$10/$30/$60	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	Copayment	$10/$30/$60	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	Copayment	$10/$30/$60	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	Copayment	$10/$30/$60	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	Copayment	$10/$30/$60	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	Copayment	$10/$30/$60	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	Copayment	$10/$30/$60	DP + No Family Planning	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	Copayment	$4/$30/$60	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	Copayment	$4/$30/$60	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	Copayment	$4/$30/$60	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	Copayment	$4/$30/$60	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	Copayment	$4/$30/$60	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	Copayment	$4/$30/$60	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	Copayment	$4/$30/$60	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	Copayment	$4/$30/$60	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	Copayment	$10/$35/$70	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	Copayment	$10/$35/$70	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	Copayment	$10/$35/$70	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	Copayment	$10/$35/$70	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	Copayment	$10/$35/$70	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	Copayment	$10/$35/$70	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	Copayment	$10/$35/$70	DP + No Family Planning	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	Transitional	$4/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	Transitional	$4/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	Transitional	$4/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	Transitional	$4/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	Transitional	$4/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	Transitional	$4/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	Transitional	$4/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	Transitional	$4/50%/50%	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	Transitional	$4/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	Transitional	$4/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	Transitional	$4/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	Transitional	$4/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	Transitional	$4/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	Transitional	$4/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	Transitional	$4/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	Transitional	$4/50%/50%	DP + No Family Planning	Adult Vision/HW

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	Qualified High Deductible	$10/$50/$80	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	Qualified High Deductible	$10/$50/$80	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	Qualified High Deductible	$10/$50/$80	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	Qualified High Deductible	$10/$50/$80	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	Qualified High Deductible	$10/$50/$80	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	Qualified High Deductible	$10/$50/$80	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	Qualified High Deductible	$10/$50/$80	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	Qualified High Deductible	$10/$50/$80	DP + No Family Planning	Adult Vision/HW
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	Copayment	$10/$35/$70	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	Copayment	$10/$35/$70	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	Copayment	$10/$35/$70	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	Copayment	$10/$35/$70	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	Copayment	$10/$35/$70	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	Copayment	$10/$35/$70	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	Copayment	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	Copayment	$10/$35/$70	DP + No Family Planning	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	Qualified High Deductible	$10/$35/$70	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	Qualified High Deductible	$10/$35/$70	Age 29	No Riders
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	Qualified High Deductible	$10/$35/$70	No Family Planning	No Riders
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	Qualified High Deductible	$10/$35/$70	DP	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	Qualified High Deductible	$10/$35/$70	Age 29 + No Family Planning	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	Qualified High Deductible	$10/$35/$70	Age 29 + DP	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	Qualified High Deductible	$10/$35/$70	Age 29 + DP + No Family Planning	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	Qualified High Deductible	$10/$35/$70	DP + No Family Planning	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	Qualified High Deductible	50%/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	Qualified High Deductible	50%/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	Qualified High Deductible	50%/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	Qualified High Deductible	50%/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	Qualified High Deductible	50%/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	Qualified High Deductible	50%/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	Qualified High Deductible	50%/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	Qualified High Deductible	50%/50%/50%	DP + No Family Planning	Adult Vision/HW

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
02-0001-2014;	SG	PPO	Platinum	SUPX1012	SUPX1113	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	PPO	Platinum	SUPX1026	SUPX1116	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	PPO	Platinum	SUPX1040	SUPX1119	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	PPO	Platinum	SUPX1054	SUPX1122	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Platinum	SUPX1068	SUPX1125	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Platinum	SUPX1082	SUPX1128	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Platinum	SUPX1096	SUPX1131	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Platinum	SUPX1110	SUPX1134	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Platinum	SUPX1005	SUPX1112	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1019	SUPX1115	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1033	SUPX1118	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1047	SUPX1121	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1061	SUPX1124	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1075	SUPX1127	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1089	SUPX1130	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1103	SUPX1133	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Platinum	SUPX1001	SUPX1111	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Platinum	SUPX1015	SUPX1114	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Platinum	SUPX1029	SUPX1117	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Platinum	SUPX1043	SUPX1120	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Platinum	SUPX1057	SUPX1123	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Platinum	SUPX1071	SUPX1126	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Platinum	SUPX1085	SUPX1129	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Platinum	SUPX1099	SUPX1132	No Riders	No Riders	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2006	SUGX2104	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2019	SUGX2105	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2032	SUGX2106	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2045	SUGX2107	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2058	SUGX2108	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2071	SUGX2109	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2084	SUGX2110	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2097	SUGX2111	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Gold	SUGX2001	SUGX2112	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2014	SUGX2114	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2027	SUGX2116	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2040	SUGX2118	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2053	SUGX2120	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2066	SUGX2122	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2079	SUGX2124	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2092	SUGX2126	No Riders	No Riders	No Riders
02-0001-2014	SG	EPO	Gold	SUGX2012	SUGX2113	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	EPO	Gold	SUGX2025	SUGX2115	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	EPO	Gold	SUGX2038	SUGX2117	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	EPO	Gold	SUGX2051	SUGX2119	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Gold	SUGX2064	SUGX2121	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Gold	SUGX2077	SUGX2123	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Gold	SUGX2090	SUGX2125	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Gold	SUGX2103	SUGX2127	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	PPO	Silver	SUSX3015	SUSX3133	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	PPO	Silver	SUSX3034	SUSX3136	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	PPO	Silver	SUSX3050	SUSX3139	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	PPO	Silver	SUSX3066	SUSX3142	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	PPO	Silver	SUSX3082	SUSX3145	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	PPO	Silver	SUSX3098	SUSX3148	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	PPO	Silver	SUSX3114	SUSX3151	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	PPO	Silver	SUSX3130	SUSX3154	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Exhibit I

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
02-0001-2014	SG	HDE	Silver	SUSX3009	SUSX3132	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	HDE	Silver	SUSX3025	SUSX3135	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	HDE	Silver	SUSX3044	SUSX3138	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	HDE	Silver	SUSX3060	SUSX3141	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Silver	SUSX3076	SUSX3144	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Silver	SUSX3092	SUSX3147	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Silver	SUSX3108	SUSX3150	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Silver	SUSX3124	SUSX3153	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014	SG	EPO	Silver	SUSX3001	SUSX3131	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	EPO	Silver	SUSX3017	SUSX3134	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	EPO	Silver	SUSX3036	SUSX3137	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	EPO	Silver	SUSX3052	SUSX3140	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	EPO	Silver	SUSX3068	SUSX3143	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	EPO	Silver	SUSX3084	SUSX3146	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	EPO	Silver	SUSX3100	SUSX3149	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	EPO	Silver	SUSX3116	SUSX3152	No Riders	No Riders	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4001	SUBX4157	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4019	SUBX4158	No Riders	No Riders	No Riders
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4037	SUBX4159	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4055	SUBX4160	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4073	SUBX4161	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4091	SUBX4162	No Riders	No Riders	No Riders
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4109	SUBX4163	No Riders	No Riders	No Riders
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4127	SUBX4164	No Riders	No Riders	No Riders
02-0001-2014	SG	HDE	Bronze	SUBX4014	SUBX4142	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	HDE	Bronze	SUBX4032	SUBX4144	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	HDE	Bronze	SUBX4050	SUBX4146	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	HDE	Bronze	SUBX4068	SUBX4148	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	SUBX4086	SUBX4150	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	SUBX4104	SUBX4152	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	SUBX4122	SUBX4154	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	SUBX4140	SUBX4156	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

A plan for life.

2015 Commission Schedule

CDPHP Universal Benefits, Inc.
Capital District Physicians' Healthcare Network, Inc.

Small Group (community-rated) EPO, PPO, HDEPO, or HDPPO

(Applies to new group, renewal and broker of record changes)
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August -January effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

Large Group (experience-rated) EPO, PPO, HDEPO, HDPPO

New group sales in 2015
- 5 percent commission on first $250,000 of combined employer group premium
- 5.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Renewal groups sold 2006-2014
- 4 percent commission on first $250,000 of combined employer group premium
- 4.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Groups Sold prior to 2006 – renews at current rate

Agent/Broker has flexibility to change commission rate/scale at new sale or at renewal; request must be submitted in writing prior to rates being released

Broker of Record changes on existing large group
- -If replacing current broker of record - pays at same commission scale as previous broker of record
- -If group does not have a current broker of record, commission will begin upon renewal

Medicare PPO Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group was Sold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Dental

New or Renewal Groups

2-99 Eligible Employees - 10 percent
100-249 Eligible Employees - 5 percent
250-499 Eligible Employees - 4 percent
500–999 Eligible Employees - 3 percent
1000+ Eligible Employees - negotiable

Commission percentage will be based on each Group's Eligible Employees at the time of sale or 120 days prior to renewal.

Shared Health

The experienced rated scale noted above will be applied to the annualized fully insured premium amount to determine an estimated annualized commission amount. The estimated annual commission is then divided by the fixed annualized premium amount to determine a fixed commission percentage that will be applied to the monthly fixed premium payments.

Bonus Programs:

Quarterly CDPHP UBI New Small Group

Qualifier: Minimum of 50 new small group contracts (EPO, PPO, HDPPO and HDEPO). If BOR is lost within the calendar year of new group sale, contract counts will be removed from broker's qualifier. New BOR will not receive credit for group.

Payment calculated quarterly and pays $50 per subscriber.

Year End CDPHP UBI New Large Group Bonus

Qualifier:

With at least 2 new large groups sold
100 new CDPHP UBI experience-rated subscriber certificates—$4,000
250 new CDPHP UBI experience-rated subscriber certificates—$15,000

With 3 new large groups sold
500 new CDPHP UBI experience-rated subscriber certificates—$35,000

With 4 new large groups sold
1,000 new CDPHP UBI experience-rated subscriber certificates—$90,000

Subscriber certificate counts are determined on 12/31/14

Persistency Bonus

Snapshot of book of business taken 12/31/14 and compare same groups on 12/31/15 to determine persistency percentage. If group changes broker of record during 2013 calendar year, group will be removed from existing broker's 12/31/14 base count and the enrollment as of the current date will be added to the new broker's 12/31/14 base count.

Initial Qualifier: Minimum of 100 subscriber certificates in CDPHP book of business as of 12/31/14:
Base Level
95% persistency—0.25 percent annual collected premium
Premium collected from EPO, PPO, HDPPO and HDEPO products

ASO Bonus (Capital District Physicians' Healthcare Network, Inc.)
A one time bonus on ASO Groups sold on or after 1/1/14. Subscriber counts are based on each individual group's enrollment as of the last day of the month the group becomes effective.

<1,000 subscribers = $5,000
1,000 - 2,499 subscribers = $10,000
2,500 – 4,999 subscribes = $20,000
5,000+ subscribers = $40,000

Shared Health Bonus
For the bonuses described below Subscriber counts are based on each individual Group's enrollment as of the last day of the month the Group becomes effective.

New Business: Any new group Sold on or after 1/1/15, a bonus of $10.00 per subscriber; a minimum of $2,000 to a maximum of $10,000 per Group will be paid.

50-200 subscriber per Group = $2,000
201-999 subscribers per Group = $2,010 - $9,990
1000+ subscriber per Group = $10,000

Existing Groups moving to Shared Health in 2015 with total replacement* or all 3rd year renewals (new to Shared Health in 2013) a bonus of $5.00 per subscriber; a minimum of $1,000 to a maximum of $5,000 per Group will be paid.

50-200 subscriber per Group = $1,000
201-999 subscribers per Group = $1,005 - $4,995
1000+ subscriber per Group = $5,000

*Existing groups where CDPHP was the sole carrier will not be eligible for bonus.

Premier Broker Bonus

Qualifier: The entire book of business as of 12/31/14 must have a minimum of 2,800 subscribers and 1,400 EPO, PPO, HDEPO and HDPPO subscribers. Subscriber counts exclude any ancillary products including but not limited to Dental, any individual Medicare products and individual and non-group Healthy New York products.

Summit Level:
If 97% Persistency Percentage is maintained and the EPO, PPO, HDPPO & HDEPO subscriber counts increase by:

500-999 subscribers a $10,000 bonus will be paid
1,000- 1999 subscribers a $25,000 bonus will be paid
2,000 or more subscribers a $50,000 bonus will be paid

CDPHP UBI Small Group Underwriting Guidelines
Effective date: January 1, 2014

RULE	On-Exchange (SHOP) Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP UBI's service area with eligible employees who live, work or reside in CDPHP UBI's service area. **CDPHP UBI Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington **Region 3 (Mid-Hudson Area)** Delaware, Dutchess, Orange, Ulster **Region 6 (Syracuse Area)** Broome, Tioga **Region 7 (Utica/Watertown Area)** Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego
Eligible Employees	• Eligible workers or employees as determined by the employer
	•
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP UBI service area; 5. CDPHP UBI decides to discontinue the product in which the group is enrolled 6. CDPHP UBI decides to discontinue all coverage in the market

CDPHP, Universal Benefits Inc. **Exhibit L**

Retired Plan Designs, effective December 31, 2014

Small Group Rates On-Exchange - UBI

2014 Plan Code
SUBX4011
SUBX4029
SUBX4047
SUBX4065
SUBX4083
SUBX4101
SUBX4119
SUBX4137

CDPHP Universal Benefits Inc.
Small Group UBI - On Exchange
Essential Health Benefits
2015 Rate Filing

Exhibit A

Essential Health Benefits added to base experience

	Standard plans	Non Standard Plans	
Pediatric Vision Exams/Hardware	$2.09	$2.09	
Hearing Evaluations	$0.01	$0.01	
Skilled Nursing Facility - 200 days	$0.06	$0.06	
Healthy Lifestyle - Gym Membership	$3.31	$3.31	
Residential Treatment Facilities	$2.55	$2.55	
Removal of Orthotics	($0.61)	n/a	
Total	$7.40	$8.01	A
Starting Claims cost	$362.09	$362.09	B
Factor Applied	1.02003	1.02165	C = 1+(A/(A+B))

Pediatric Vision Exams and Hardware 1 exam/hardware per year
Hearing Evaluations
Data based on Child Health Plus utilization and cost for calendar year 2013

	Freq	Cost	PMPM
Vision Exams	0.3877	$38.89	$1.26
Vision Hardware	0.5830	$17.21	$0.84
Hearing Exams	0.0068	$9.89	$0.01

Extend SNF benefit from 45 days to 200

		Jan 1, 2013 - Dec 31, 2103 as of Feb 28, 2014					
		FREQ	**COST**	**PMPM**	**COPAY**	**COPAY PMPM**	**NET PMPM**
Skilled Nursing Facility (45)- 2013 Benefit	A	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38
Skilled Nursing Facility (200)- 2014 Base Benefit	D	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43
Skilled Nursing Facility (365)- 2015 Base Benefit	F	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44
			45 - 200 days	$0.06			
Member Months							

From Claim Probability Distribution for Skilled Nursing Facility, based claims data from MarketScan 2010-2011

Annual Cost of 45 days based on current benefit	$15,490.80		
Annual Cost of 200 Days	$68,848.00		
Utilization Factor, 200 Days over 45 Days	1.131	C	From previous Milliman pricing, 2014
Projected Utilization with 200 Day Limit	0.0159	D = A *C	
Utilization Factor, 365 Days over 200 Days	1.0026	E	From previous Milliman pricing, 2014
Selection Factor	1.0250	F	From previous Milliman pricing, 2014
Projected Utilization with No Day Limit	0.0163	G = D * E * F	

Healthy Lifestyle Benefits

Total Available Allowance $500

$500 total benefit, extended to include dependents
$100 available for Childrens' sports programs http://statisticbrain.com/youth-sports-statistics/
- 60% of kids participate in sports outside of school; assume 50% of these members will be reimbursed for this acitivity
$400 available for exercise facilities, weight loss programs and alternative programs such as tai chi, yoga, etc.
- Increased compliance rate to 8% since benefit is now open to all dependent

Total Allowance $500	(A) Contracts With Children	(B) Allowance	(C) Compliance Rate	(D) Contracts	(E) Allowance	(F) Compliance Rate	(G)=(A)*(B)*(C)*(D)*(E)*(F) Total Dollars	(H) Total Contracts	(I)=(G)/(H)/12 Spread over all (pmpm)
Small Group HMO	29,320	$100	30%	112,838	$400	8%	$4,490,416	112,838	$3.32
Individual HMO/UBI	13,868	$100	30%	72,437	$400	8%	$2,734,024	72,437	$3.15
Small Group UBI	125,873	$100	30%	470,379	$400	8%	$18,828,318	470,379	$3.34
Small Group/Individual	169,061	$100	30%	655,654	$400	8%	$26,052,758	655,654	**$3.31**

Removal of Orthotics (Standard Plans Only)

Data: Jan 1, 2103 - Dec 31, 2013 as of 02/28/14

Jan 1, 2013 - Dec 31, 2013 as of 02/28/14

FREQ	**COST**	**PMPM**
0.056	$131.29	**$0.61**

Treatment in Residential Facilities

Total Members	243806
# if eating disorder cases	68
	0.03%

	Total January Enrollment Individual	Small	Sole	Serious Conditi Prevalence	members *w/ Serious cond	**Hi Estimate** Assumed % residential care	Total in RC	**Lo Estimate** Assumed % residential care	Total in RC
<12	43	9,140	111						
12-17	34	6,818	97	4.4%	306	0.81%	2	0.10%	0
18-25	191	11,565	146	4.1%	488	0.81%	4	0.10%	0
26-49	641	35,500	402	5.2%	1,900	0.81%	15	0.10%	2
50+	1,961	31,716	768	3.0%	1,033	0.81%	8	0.10%	1
	2,870	94,739	1,524		3,727		30		4
						@200K ea	6,062,210	@200K ea	745,465
						PMPM	5.10	PMPM	0.63
						@100K ea	3,031,105	@100K ea	372,732
						PMPM	**2.55**	PMPM	0.31

http://www.nccp.org/publications/pub_929.html

Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth 1 and begin at a young age. 2

One in five children birth to 18 has a diagnosable mental disorder. 3
One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. 4
The onset of major mental illness may occur as early as 7 to 11 years old. 5
Roughly half of all lifetime mental health disorders start by the midâ€teens. 6 7
Individual and enviromental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system.
These and other factors can be identified and addressed in the early years. 8
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9
Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008. 9

http://www.nimh.nih.gov/statistics/index.shtml
http://www.nimh.nih.gov/statistics/1EAT_CHILD.shtml

In 2012, there were an estimated 9.6 million adults aged 18 or older in the U.S. with SMI in the past year. This represented 4.1 percent of all U.S. adults.

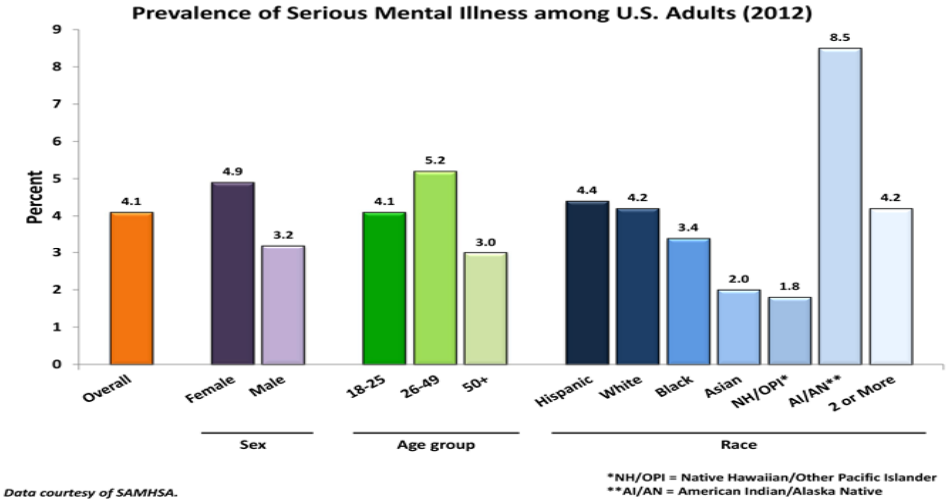

Exhibit B

CDPHP Universal Benefits, Inc.

UBI Product

Projected Utilization and Cost Trends

	2013			2014			2015		
	Util	Cost	Total	Util	Cost	Total	Util	Cost	Total
Inpatient Facility	-2.8%	7.4%	4.4%	-2.2%	6.5%	4.2%	-1.3%	5.7%	4.3%
Outpatient Facility	7.5%	0.8%	8.3%	4.5%	2.5%	7.1%	1.3%	4.2%	5.5%
Professional	-1.2%	5.3%	4.0%	0.9%	2.3%	3.2%	1.6%	1.4%	3.0%
Radiology	-1.4%	-1.2%	-2.6%	0.0%	-4.0%	-4.0%	1.0%	-0.4%	0.6%
Pathology	1.5%	10.5%	12.1%	3.0%	-2.6%	0.3%	1.5%	0.8%	2.4%
Prescription Drugs	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Other	3.8%	10.1%	14.3%	2.6%	1.5%	4.1%	1.5%	1.5%	3.0%
Caps		17.6%	17.6%		21.2%	21.2%		2.8%	2.8%
Medical	0.4%	5.1%	5.5%	1.6%	2.4%	4.1%	1.4%	2.4%	3.9%
Pharmacy	-0.4%	-0.8%	-1.2%	1.0%	5.5%	6.5%	1.0%	6.4%	7.5%
Total	0.0%	5.4%	5.5%	1.4%	4.3%	5.7%	1.3%	4.4%	5.7%

CDPHP Universal Benefits Inc.
Benefits in Addition to the Essential Health Benefits
2015 Rate Filing

Exhibit C

Mandatory Make Available Benefits	***Factor***
Age 29	1.0018
Domestic Partner	1.0000
Carve out Family Planning	0.9921

Dependents to Age 29			**Per Member Per Year**			
	% of Total	Allowed	Paid+WH	Copay	Deductible	Coins
Members 0 - 26 as of 2013	28.62%	$596.37	$524.41	$32.51	$3.19	$36.27
Members 27 - 29 as of 2013	0.09%	$2.93	$2.51	$0.18	$0.05	$0.19
Members > 30?	0.03%	$3.06	$2.90	$0.09	$0.04	$0.04
Total Dependents	28.75%	$602.37	$529.83	$32.78	$3.28	$36.49
Subscribers & Spouses	67.34%	$2,843.86	$2,540.97	$139.40	$17.30	$146.19
Total All Members	96.10%	$3,446.23	$3,070.80	$172.18	$20.57	$182.68

			Per Member Per Month			
	% of Total	Allowed	Paid+WH	Total to 26	Total to 29	Rate Impact
Members 0 - 26 as of 2013	29.79%	$49.70	$43.70	$43.70	$43.70	
Members 27 - 29 as of 2013	0.10%	$0.24	$0.21		$0.21	
Members > 30?	0.04%	$0.26	$0.24		$0.24	
Total Dependents	29.92%	$50.20	$44.15			
Subscribers & Spouses	70.08%	$236.99	$211.75	$211.75	$211.75	
Total All Members	100.00%	$287.19	$255.90	$255.45	$255.90	**1.0018**

Family Planning
Data based on January - December 2013 paid through 2/28/14

							Trend 07/1/13 - 07/1/15				**Gross**		**Copay**	**Net**
	Util	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**	**Util**	**Cost**	**Util**	**Cost**	**PMPM**	**Copay**	**PMPM**	**PMPM**
Elective Abortion	0.00012	$1,298.02	$0.01	$93.30	$0.00	$0.01	1.011	1.057	0.00013	$1,372.60	$0.01	$97.63	$0.00	$0.01
Sterilization	0.00027	$8,488.91	$0.19	$394.41	$0.01	$0.18	1.011	1.057	0.00027	$8,976.63	$0.20	$412.71	$0.01	$0.19
Vasectomies	0.00187	$609.45	$0.09	$115.53	$0.02	$0.08	1.011	1.057	0.00189	$644.46	$0.10	$120.89	$0.02	$0.08
Contraceptives	0.72296	$39.36	$2.37	$0.00	$0.00	$2.37	1.013	1.084	0.73228	$42.66	$2.60	$0.00	$0.00	$2.60
						$2.64								**$2.89**
													Starting claims cost	$362.09
													Cost to carve out family planning	**0.9921**

Additional Benefits added to base plans (non-standard only)

	Factor
Adult Vision/HW	1.00516
SNF to 365	1.00003
Acupuncture	1.00013
Lasik	1.00336

Adult Vision Exam/Hardware - 1 every 2 years

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Vision Exams	0.37819	$74.61	$2.35	$26.96	$0.85	$1.50	1.1%	5.7%	0.38219	$78.90	$2.51	$26.96	$0.86	$1.65
Vision Hardware	0.12174	$22.92	$0.23	$3.97	$0.04	$0.19	5.3%	8.8%	0.12816	$24.94	$0.27	$3.97	$0.04	$0.22
						$1.69								$1.88
													Starting claims cost	$362.09
													Cost to add Adult Vision and Hardware	**1.00516**

Extend SNF benefit from 200 days to 365 days

Jan 1, 2013 - Dec 31, 2103
as of Feb 28, 2014

	Freq	Cost	PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
Skilled Nursing Facility (45)- 2013 Benefit	0.0140	$344.24	$0.40	$16.37	$0.02	$0.38	6.5%	6.5%	0.015	$366.69	$0.46	$16.37	$0.02	$0.44
Skilled Nursing Facility (200)- 2014 Base Benefit	0.0159	$344.24	$0.46	$16.37	$0.02	$0.43	6.5%	6.5%	0.017	$366.69	$0.52	$16.37	$0.02	$0.50
Skilled Nursing Facility (365)- 2015 Base Benefit	0.0163	$344.24	$0.47	$16.37	$0.02	$0.44	6.5%	6.5%	0.017	$366.69	$0.53	$16.37	$0.02	$0.51
													200 - 365 days	**$0.01**
													Starting claims cost	$362.09
													Cost to extend SNF from 200 to 365 days	**1.00003**

Acupuncture

Jan 2012 - Dec 2013 as of 01/31/14 — Based on actual data from large group currently covering benefit

Membermonths	**Year**	Util	Cost	Gross PMPM	Copay	Copay PMPM	Net PMPM	*24 months trend* 2013/2015 Trend Util	Cost	FREQ	COST	PMPM	COPAY	COPAY PMPM	NET PMPM
156670	2012	0.0044	$171.51	$0.06	$57.84	$0.02	$0.04								
157414	2013	0.0049	$161.23	$0.07	$54.52	$0.02	**$0.04**	1.1%	5.7%	0.0049	$170.49	$0.07	$54.52	$0.02	$0.05
														Starting claim cost	$362.09
														Cost to add Acupuncture Benefit	**1.00013**

Lasik Surgery - $750 Maximum Reimbursement

% Population who would consider Lasik Surgery (18+) — Source: Forty Percent of Americans Who Use Glasses Would Consider Laser Eye Surgery.html

71%	of population wears glasses or contacts on regular basis
43%	would consider having the surgery
60%	would consider having the surgery if insurance paid for it
11%	consider having it in next year or so

Membership as of December 2013 (18+)

	0-17	18+	25-43	
Large Group HMO	16898	70228	19818	87126
Small Group HMO	2604	13525	4101	16129
Individual HMO	729	8018	1579	8747
Large Group UBI	13479	56757	18574	70236
Small Group UBI	14291	68637	22206	82928
	48001	217165	66278	265166

Lasik Surgery ($750 Max)
Expected Number of Procedures

	# Proc	Util	*$750 Max* Cost	PMPM
Large Group HMO	1548	0.01776	$750	$1.11
Small Group HMO	320	0.01986	$750	$1.24
Individual HMO	123	0.01410	$750	$0.88
Large Group UBI	1451	0.02065	$750	$1.29
Small Group UBI	1734	0.02091	$750	$1.31
Combined	5176	0.01952	$750	$1.22
			Starting claim cost	$362.09
			Cost to add Lasik Benefit	**1.00336**

Exhibit G

CDPHP, Universal Benefits Inc.
Small Group
Conversion Factor Summary - 4-Tier

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Small Group						
Four Tier Premiums						
Single	58.7%	1.00	0.586	1.000	0.587	
Double	14.7%	2.00	0.293	2.000	0.293	
Emp/Child(ren)	2.3%	2.63	0.061	1.700	0.039	
Family	24.3%	3.92	0.954	2.850	0.694	
Total 4T	100.0%		1.894		1.613	1.174
						1.174

Exhbit H

CDPHP Universal Benefits, Inc.
UBI Product
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

2015 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1805**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Chenango
	Columbia	Dutchess	Tioga	Essex
	Fulton	Orange		Hamilton
	Greene	Ulster	Herkimer	
	Montgomery			Madison
	Rensselaer			Oneida
	Saratoga			Otsego
	Schenectady			
	Schoharie			
	Warren			
	Washington			

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code		Product	Product ID	Plan Id with Variant	AV	OV	SP	INN HOSP
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	Non-Standard	92551	92551NY038	92551NY0380545-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	Non-Standard	92551	92551NY038	92551NY0380546-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	Non-Standard	92551	92551NY038	92551NY0380547-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	Non-Standard	92551	92551NY038	92551NY0380548-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	Non-Standard	92551	92551NY038	92551NY0380549-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	Non-Standard	92551	92551NY038	92551NY0380550-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	Non-Standard	92551	92551NY038	92551NY0380551-01	59.9%	0.5	0.5	0.5
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	Non-Standard	92551	92551NY038	92551NY0380552-01	59.9%	0.5	0.5	0.5

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OUT SURG	ER	AMB	DME	Urgent Care	Diabetic	PT/OT/ST	COIN	INN Ded Single
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	0.5	0.5	0.5	0.5	0.5	15	0.5	0.5	3300

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	6600	6450	12900	N/A	N/A
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	6600	6450	12900	N/A	N/A
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	6600	6450	12900	N/A	N/A
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	6600	6450	12900	N/A	N/A
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	6600	6450	12900	N/A	N/A

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	OON Ded Family	OON Max Single	OON Max Family	Aggregate/Embedded	Product Line
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	N/A	N/A	N/A	Aggregate	HDE
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	N/A	N/A	N/A	Aggregate	HDE

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Benefit Type	Rx Benefit	Riders	Additional non EHB Benefits
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	Qualified High Deductible	50%/50%/50%	No Riders	Adult Vision/HW
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	Qualified High Deductible	50%/50%/50%	Age 29	Adult Vision/HW
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	Qualified High Deductible	50%/50%/50%	No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	Qualified High Deductible	50%/50%/50%	DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	Qualified High Deductible	50%/50%/50%	Age 29 + No Family Planning	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	Qualified High Deductible	50%/50%/50%	Age 29 + DP	Adult Vision/HW
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	Qualified High Deductible	50%/50%/50%	Age 29 + DP + No Family Planning	Adult Vision/HW
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	Qualified High Deductible	50%/50%/50%	DP + No Family Planning	Adult Vision/HW

CDPHP, Universal Benefits Inc.
Benefit Summary
Small Group Rates On-Exchange - UBI
Plan Designs for 2015

Form Number	Size	Product	Metal Tier	2014 Plan Code	2015 Plan Code	Additional non EHB Benefits	Additional non EHB Benefits	Additional non EHB Benefits
02-0001-2014	SG	HDE	Bronze	New for 2015	SUBX4165	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014	SG	HDE	Bronze	New for 2015	SUBX4166	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4167	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4168	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4169	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014	SG	HDE	Bronze	New for 2015	SUBX4170	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4171	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)
02-0001-2014;02-0004-2014;02-0005-2014	SG	HDE	Bronze	New for 2015	SUBX4172	SNF - 200 to 365 days	Acupuncture	Lasik Surgery ($750 Max)

A plan for life.

2015 Commission Schedule

CDPHP Universal Benefits, Inc.
Capital District Physicians' Healthcare Network, Inc.

Small Group (community-rated) EPO, PPO, HDEPO, or HDPPO

(Applies to new group, renewal and broker of record changes)
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August -January effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

Large Group (experience-rated) EPO, PPO, HDEPO, HDPPO

New group sales in 2015
- 5 percent commission on first $250,000 of combined employer group premium
- 5.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Renewal groups sold 2006-2014
- 4 percent commission on first $250,000 of combined employer group premium
- 4.5 percent commission for $250,001 to $750,000
- 2.5 percent commission for $750,001+

Groups Sold prior to 2006 – renews at current rate

Agent/Broker has flexibility to change commission rate/scale at new sale or at renewal; request must be submitted in writing prior to rates being released

Broker of Record changes on existing large group
- -If replacing current broker of record - pays at same commission scale as previous broker of record
- -If group does not have a current broker of record, commission will begin upon renewal

Medicare PPO Product

New group sales in 2015:	$35 Preferred or $26 Non-Preferred per subscriber per month
Existing group renewals in 2015:	Dependent upon the renewal rate in effect at the time group was Sold.

Preferred status is based on a minimum of 475 small group subscribers in Agent/Broker book of business as of December 31st for February - July effective dates or as of June 30th for August – January effective dates.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Dental

New or Renewal Groups

2-99 Eligible Employees - 10 percent
100-249 Eligible Employees - 5 percent
250-499 Eligible Employees - 4 percent
500–999 Eligible Employees - 3 percent
1000+ Eligible Employees - negotiable

Commission percentage will be based on each Group's Eligible Employees at the time of sale or 120 days prior to renewal.

Shared Health

The experienced rated scale noted above will be applied to the annualized fully insured premium amount to determine an estimated annualized commission amount. The estimated annual commission is then divided by the fixed annualized premium amount to determine a fixed commission percentage that will be applied to the monthly fixed premium payments.

Bonus Programs:

Quarterly CDPHP UBI New Small Group

Qualifier: Minimum of 50 new small group contracts (EPO, PPO, HDPPO and HDEPO). If BOR is lost within the calendar year of new group sale, contract counts will be removed from broker's qualifier. New BOR will not receive credit for group.

Payment calculated quarterly and pays $50 per subscriber.

Year End CDPHP UBI New Large Group Bonus

Qualifier:

With at least 2 new large groups sold
100 new CDPHP UBI experience-rated subscriber certificates—$4,000
250 new CDPHP UBI experience-rated subscriber certificates—$15,000

With 3 new large groups sold
500 new CDPHP UBI experience-rated subscriber certificates—$35,000

With 4 new large groups sold
1,000 new CDPHP UBI experience-rated subscriber certificates—$90,000

Subscriber certificate counts are determined on 12/31/14

Persistency Bonus

Snapshot of book of business taken 12/31/14 and compare same groups on 12/31/15 to determine persistency percentage. If group changes broker of record during 2013 calendar year, group will be removed from existing broker's 12/31/14 base count and the enrollment as of the current date will be added to the new broker's 12/31/14 base count.

Initial Qualifier: Minimum of 100 subscriber certificates in CDPHP book of business as of 12/31/14:
Base Level
95% persistency—0.25 percent annual collected premium
Premium collected from EPO, PPO, HDPPO and HDEPO products

ASO Bonus (Capital District Physicians' Healthcare Network, Inc.)
A one time bonus on ASO Groups sold on or after 1/1/14. Subscriber counts are based on each individual group's enrollment as of the last day of the month the group becomes effective.

<1,000 subscribers = $5,000
1,000 - 2,499 subscribers = $10,000
2,500 – 4,999 subscribes = $20,000
5,000+ subscribers = $40,000

Shared Health Bonus
For the bonuses described below Subscriber counts are based on each individual Group's enrollment as of the last day of the month the Group becomes effective.

New Business: Any new group Sold on or after 1/1/15, a bonus of $10.00 per subscriber; a minimum of $2,000 to a maximum of $10,000 per Group will be paid.

50-200 subscriber per Group = $2,000
201-999 subscribers per Group = $2,010 - $9,990
1000+ subscriber per Group = $10,000

Existing Groups moving to Shared Health in 2015 with total replacement* or all 3rd year renewals (new to Shared Health in 2013) a bonus of $5.00 per subscriber; a minimum of $1,000 to a maximum of $5,000 per Group will be paid.

50-200 subscriber per Group = $1,000
201-999 subscribers per Group = $1,005 - $4,995
1000+ subscriber per Group = $5,000

*Existing groups where CDPHP was the sole carrier will not be eligible for bonus.

Premier Broker Bonus

Qualifier: The entire book of business as of 12/31/14 must have a minimum of 2,800 subscribers and 1,400 EPO, PPO, HDEPO and HDPPO subscribers. Subscriber counts exclude any ancillary products including but not limited to Dental, any individual Medicare products and individual and non-group Healthy New York products.

Summit Level:
If 97% Persistency Percentage is maintained and the EPO, PPO, HDPPO & HDEPO subscriber counts increase by:

500-999 subscribers a $10,000 bonus will be paid
1,000- 1999 subscribers a $25,000 bonus will be paid
2,000 or more subscribers a $50,000 bonus will be paid

CDPHP UBI Small Group Underwriting Guidelines
Effective date: January 1, 2014

RULE	On-Exchange (SHOP) Off-Exchange
Open Enrollment Period	Continuous
MINIMUM PARTICIPATION	None
MINIMUM CONTRIBUTION	None
Eligible Employers	• Groups with less than 51 eligible employees. Owners with a least one non-spouse employee are considered an eligible group. • COBRA eligible enrollees are not included in the determination of group size • Retired enrollees are included in the determination of group size if the employer offers non Medicare Advantage group coverage to retirees • Sole proprietors are not eligible for a group product. Sole Proprietors are eligible for one of CDPHP's Individual products • Retiree only or COBRA only groups are not eligible • Employer must have a physical location within CDPHP UBI's service area with eligible employees who live, work or reside in CDPHP UBI's service area. **CDPHP UBI Service Area is defined as follows:** **Region 1 (Albany Area)** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington **Region 3 (Mid-Hudson Area)** Delaware, Dutchess, Orange, Ulster **Region 6 (Syracuse Area)** Broome, Tioga **Region 7 (Utica/Watertown Area)** Chenango, Essex, Hamilton, Herkimer, Madison, Oneida, Otsego
Eligible Employees	• Eligible workers or employees as determined by the employer
	•
Guaranteed Renewability	Coverage will renew or continue in force at the option of the group policyholder except under the following conditions: 1. Nonpayment of premium; 2. Fraud or intentional misrepresentation of a material fact; 3. Violation of minimum participation rules 4. There is no longer any enrollee under the plan who lives, resides, or works in the CDPHP UBI service area; 5. CDPHP UBI decides to discontinue the product in which the group is enrolled 6. CDPHP UBI decides to discontinue all coverage in the market

April 25, 2014

[redacted]
Principal and Consulting Actuary
Milliman Inc.
650 California Street
San Francisco, CA 94108

RE: Data Reliance Statement for 2015 Rate Filing

Dear [redacted]

I, Bethany Smith, Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2015 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2015.

Sincerely,

[redacted]

Senior Vice President, Finance and CFO
Capital District Physicans' Health Plan Inc.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Exchange Plan Filing

General Information

Company Legal Name: CDPHP Universal Benefits, Inc.
State: New York
HIOS Issuer ID: 92551
QHP Template SERFF #: CAPD-129571281
Market: Small Group
Effective Date: January through December 2015
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Overview

This document contains the Actuarial Memorandum for CDPHP Universal Benefits, Inc.'s ("UBI") small group comprehensive medical block of business, effective January 1, 2015. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated February 9, 2011. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of UBI's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for UBI by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

Reliance

In performing this analysis, I relied on data and other information provided by UBI. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Identification

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by UBI to assist in the development of premium rates for the Small Group UBI plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

UBI is filing small group rates with effective dates beginning January 1, 2015 for plans to be marketed on the NYHBE. The plan designs included in this filing are compliant with the EHB in accordance with the ACA. The projected plan claim costs have been derived from the combined base claims experience for UBI's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2015. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Federal Risk Adjustment Program and Federal Transitional Reinsurance Program payments have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group UBI pooled incurred claims and membership for all in-force plans, for the 12 months ending December 2013, paid through February 2014 for UBI's current Capital Area rating region. UBI's Capital Area rating region mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from UBI's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from UBI's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 76% of incurred and allowed claims are processed on UBI's claims system, 17.5% are processed through UBI Pharmacy Benefit Manager Carerark, and approximately 6.5% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to ensure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 2 months of paid run-out and therefore, IBNR is 1.7% of the base period starting claim cost.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

General Overview of Proposed Rate Development

The general methodology used to develop the premium rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended per member per month ('PMPM') claims cost to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

- Base Period Index Rate
- Impact of Essential Health Benefits
- Membership Risk Pool Changes
- Federal Risk Adjustment
- Claim Trend Projection
- Pricing Actuarial Value without induced demand
- Pricing Actuarial Value – Induced Demand
- Benefits in addition to the Essential Health Benefits
- Administrative Expense
- Profit
- Additional Plan Specific Factors

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in-force plans are included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS Actuarial Value Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force Plan Index Rate Development		
Average Incurred Claims PMPM	$305.13	**A**
Average AV Pricing Value	.8544	**B**
Induced Demand	.9862	**C**
Index Rate **(Exhibit 18, line 12)**	$362.09	**A / B / C**

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Membership Projections

The existing book of business for calendar year 2013 was mapped to a metal tier using the following ranges of AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The projected membership for 2015 was redistributed based on the current distribution for the plans which have already renewed in Q1 2014. This projection is indicated on Worksheet 2 of the Unified Rate Review Template (URRT).

Impact of Market Wide Adjustments

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Impact of compliance with Essential Health Benefits

The impact of the additional costs associated with Essential Health Benefits not in the base period experience as noted below is derived on Exhibit A and applied on Exhibit 18, Line 13 consistently for all plans in each metal tier.

- Pediatric Vision – currently a non-covered benefit
- Hearing Aids – currently a non-covered benefit
- Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
- Gym Reimbursement – currently a non-covered benefit
- Treatment in Residential Facilities – currently a non-covered benefit, new for 1/1/2015

Impact of changes in the provider network, fee schedules levels, utilization management, and Quality Improvements that apply to the entire market-wide risk pool not included in the claim trend

There are no changes planned for the composition of the provider network, fee schedules levels, utilization management, or quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

With the aging of the small group population offered under the UBI line of business, an adjustment factor of 1.007 accounts for the change in the age/gender of the membership remaining in the pool.

Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions

There has been no adjustment to the membership in the risk pool by the standard rating regions. As of February 2014, 93% of the small group membership is located in Region 1.

Federal Risk Adjustment Program

UBI relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting.

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP UBI Small Group	762,498	($33.04)

The resulting PMPM was converted to a factor based upon the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange. This factor, 1.0887, was applied consistently across plans in each metal tier.

Credibility Adjustment:

The experience period used in the development of the 2015 premium rates is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.66%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 11.6%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contracted provider reimbursement rates, and input from UBI's medical utilization management team and the following assumptions.

- Service Mix Intensity: No additional adjustment has been made.
- Case Mix: No additional adjustment has been made.
- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated.
- Deductible Leveraging: No explicit additional adjustments have been applied.
- Inpatient: Medical management programs will hold trend below the industry trend. Programs include Care Management, Diabetic Management, and Readmission Avoidance.
- Outpatient: More procedures are moving to ambulatory surgery centers. UBI's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of emergency room ("ER") visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.
- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services. Benefits for physical, occupational and speech therapy services have been expanded with the inclusion of habilitative/rehabilitative services.

- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence-based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high tech radiology program. More aggressive post discharge management may necessitate more DME and prosthetics. An increase in homecare is expected as more palliative care services are provided.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark, as well as input from UBI's Pharmacy Management.

Annual rate trends are shown in the following table:

Projected Trend Factor 2014	5.73%
Projected Trend Factor 2015	5.69%

A quarterly trend of 1.39% was applied to the second, third and fourth quarter rolling rates. This trend was derived by taking one-quarter of the trend factor used in the 2015 projection.

Plan Level Adjustments

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman Health Cost Guidelines™ were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator. An assumed induced demand factor per metal tier was multiplied by the plan AV to determine the pricing actuarial value. The assumption for the induced demand component was set consistently for each plan within a metal tier, per guidance provided by NYS Department of Financial Services.
Average weighted Induced Demand for the experience period assumed for each Metal Tier:

	Induced Demand
Platinum	1.0397
Gold	0.9780
Silver	0.9479
Bronze	0.9261

Impact of changes in characteristics for provider network, delivery systems, utilization management, and claim cost for quality improvements

There are no changes planned for the characteristics of the provider network, delivery system, utilization management, or claim costs for quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Benefit in addition to the Essential Health benefits

Unique plan designs have been created to incorporate the following additional benefits (Exhibit C):

Mandatory Make Available Benefits
Dependent coverage extended from age 26 to 29
Domestic Partner
Family Planning

Additional Benefits Available on all Non-Standard Products
Adult Vision & Hardware available once every two years
Skilled Nursing Facility – extends coverage from 200 days to 365 days
Acupuncture – maximum of 10 visits per year
Lasik Surgery – maximum reimbursement of $750

Administrative Expense Load

The administrative expense load is based on actual 2013 administrative expense, along with the 2014 budgeted expense for the current small group market.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2.10 Per Member Per Year ("PMPY") (Assumes a 5% increase over 2014 fee)
Risk Adjustment User Fee: $0.96 PMPY
NYS Regulatory Authority license and fees: Based on a percent of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	2015 % of Premium Projected	% of Premium based on 2013 Actuals	2014 Filing % of Premium Projected
General Administrative Expense	7.35%	9.64%	5.51%
Broker Commissions	4.22%	5.62%	4.22%
Quality Improvement	0.84%	1.16%	1.03%
Community Benefits	0.00%	0.08%	0.00%
Subtotal – Excluding ACA Taxes and Fees	**12.41%**	**16.50%**	**10.76%**
NYS Regulatory Authority license and fees	0.86%	0.60%	0.73%
ACA Insurers tax	1.88%	n/a	1.40%
PCORI & Risk Adjustment	0.06%	n/a	0.46%
Federal Reinsurance Fee	1.04%	n/a	1.49%
Total Administrative Expense Including ACA	**16.25%**	**17.10%**	**14.84%**
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)	1.75%
Total Retention including Profit	**18.00%**	**17.10%**	**16.59%**

Additional Factors applied to Premium rate build up

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Small Group HMO and UBI products, excluding Sole Proprietors, as of Q1 2014. See Exhibit G.

Regional Factors

The regional factor for Region 3 (Mid-Hudson) has been increased from 1.1305 to 1.1805 to account for the recent bankruptcy of St. Francis Hospital which represents approximately 10% of the hospital spend in this rating area. St. Francis hospital was acquired by Westchester Medical Center, currently a non-participating hospital in CDPHP UBI's commercial network. The impact of this network disruption was estimated assuming that all St Francis services would be redirected to the closest participating hospital, Vassar Hospital. The impact if all services were performed at Vassar Hospital is an increase of 10%. CDPHP UBI anticipates that it will negotiate more favorable reimbursement rates and re-contract directly with St. Francis/Westchester. Therefore, we have included only half of the estimated impact, 5%, in the regional factor adjustment. See Exhibit H.

Dental

UBI has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. UBI will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract.

Projected Loss Ratio

The projected loss ratio based on the New York State definition is 82.0%

Historical Claim Data by Policy Form (Exhibit 17)

For each experience period represented in this exhibit, incurred claims and membership for all in-force plans, for each 12 month period, includes paid claims and revised estimates for remaining reserves as of February 2014. Exhibit 17 includes data for all rating regions. Incurred claims used in the development of the Index rate on Exhibit 18 is for UBI's Capital Area Rating region only.

Miscellaneous Exhibits

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit I.

Broker Commissions

Broker commissions have been updated for 2015; approved under CAPD-129469291. (Exhibit J)

Underwriting Guidelines

There have been no changes made to the Underwriting Guidelines effective January 1, 2014. (Exhibit K)

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Exchange Plan Filing

General Information

Company Legal Name: CDPHP Universal Benefits, Inc.
State: New York
HIOS Issuer ID: 92551
QHP Template SERFF #: CAPD-129571281
Market: Small Group
Effective Date: January through December 2015
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Overview

This document contains the Actuarial Memorandum for CDPHP Universal Benefits, Inc.'s ("UBI") small group comprehensive medical block of business, effective January 1, 2015. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated February 9, 2011. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of UBI's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for UBI by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

Reliance

In performing this analysis, I relied on data and other information provided by UBI. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Identification

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by UBI to assist in the development of premium rates for the Small Group UBI plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

UBI is filing small group rates with effective dates beginning January 1, 2015 for plans to be marketed on the NYHBE. The plan designs included in this filing are compliant with the EHB in accordance with the ACA. The projected plan claim costs have been derived from the combined base claims experience for UBI's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2015. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Federal Risk Adjustment Program and Federal Transitional Reinsurance Program payments have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group UBI pooled incurred claims and membership for all in-force plans, for the 12 months ending December 2013, paid through February 2014 for UBI's current Capital Area rating region. UBI's Capital Area rating region mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from UBI's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from UBI's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 76% of incurred and allowed claims are processed on UBI's claims system, 17.5% are processed through UBI Pharmacy Benefit Manager Caremark, and approximately 6.5% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to ensure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 2 months of paid run-out and therefore, IBNR is 1.7% of the base period starting claim cost.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

General Overview of Proposed Rate Development

The general methodology used to develop the premium rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended per member per month ("PMPM") claims cost to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:

- Base Period Index Rate
- Impact of Essential Health Benefits
- Membership Risk Pool Changes
- Federal Risk Adjustment
- Claim Trend Projection
- Pricing Actuarial Value without induced demand
- Pricing Actuarial Value – Induced Demand
- Benefits in addition to the Essential Health Benefits
- Administrative Expense
- Profit
- Additional Plan Specific Factors

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in-force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS Actuarial Value Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force Plan Index Rate Development		
Average Incurred Claims PMPM	$305.13	**A**
Average AV Pricing Value	.8544	**B**
Induced Demand	.9862	**C**
Index Rate **(Exhibit 18, line 12)**	$362.09	**A / B / C**

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Membership Projections

The existing book of business for calendar year 2013 was mapped to a metal tier using the following ranges of AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The projected membership for 2015 was redistributed based on the current distribution for the plans which have already renewed in Q1 2014. This projection is indicated on Worksheet 2 of the Unified Rate Review Template (URRT).

Impact of Market Wide Adjustments

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Impact of compliance with Essential Health Benefits

The impact of the additional costs associated with Essential Health Benefits not in the base period experience as noted below is derived on Exhibit A and applied on Exhibit 18, Line 13 consistently for all plans in each metal tier.

- Pediatric Vision – currently a non-covered benefit
- Hearing Aids – currently a non-covered benefit
- Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
- Gym Reimbursement – currently a non-covered benefit
- Treatment in Residential Facilities – currently a non-covered benefit, new for 1/1/2015

Impact of changes in the provider network, fee schedules levels, utilization management, and Quality Improvements that apply to the entire market-wide risk pool not included in the claim trend

There are no changes planned for the composition of the provider network, fee schedules levels, utilization management, or quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

Impact on risk pool in expected covered membership risk characteristics

With the aging of the small group population offered under the UBI line of business, an adjustment factor of 1.007 accounts for the change in the age/gender of the membership remaining in the pool.

Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions

There has been no adjustment to the membership in the risk pool by the standard rating regions. As of February 2014, 93% of the small group membership is located in Region 1.

Federal Risk Adjustment Program

UBI relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting.

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP UBI Small Group	762,498	($33.04)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange. This factor, 1.0887, was applied consistently across plans in each metal tier.

Credibility Adjustment:

The experience period used in the development of the 2015 premium rates is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Claim Trend Projection: Cost and Utilization Trend Factors

The average annual trend factor applied is 5.66%. The effective trend based on 24 months from the midpoint of the base period to the midpoint of the rate period is 11.6%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contracted provider reimbursement rates, and input from UBI's medical utilization management team and the following assumptions.

- Service Mix Intensity: No additional adjustment has been made
- Case Mix: No additional adjustment has been made
- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated.
- Deductible Leveraging: No explicit additional adjustments have been applied
- Inpatient: Medical management programs will hold trend below the industry trend. Programs include Care Management, Diabetic Management, and Readmission Avoidance.
- Outpatient: More procedures are moving to ambulatory surgery centers. UBI's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.
- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services. Benefits for physical, occupational and speech therapy services have been expanded with the inclusion of habilitative/rehabilitative services.
- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence-based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high tech radiology program. More aggressive post discharge management may necessitate more DME and prosthetics. An increase in homecare is expected as more palliative care services are provided.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark, as well as input from UBI's Pharmacy Management.

Annual rate trends are shown in the following table:

Projected Trend Factor 2014	5.73%
Projected Trend Factor 2015	5.69%

A quarterly trend of 1.39% was applied to the second, third and fourth quarter rolling rates. This trend was derived by taking one-quarter of the trend factor used in the 2015 projection.

Plan Level Adjustments

AV Metal Values

The HHS AV Calculator was used to determine the Actuarial Value for all plans designs submitted in this rate filing.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman Health Cost Guidelines ™ were used to determine the weighted average cost share, AV, and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator. An assumed induced demand factor per metal tier was multiplied by the plan AV to determine the pricing actuarial value. The assumption for the induced demand component was set consistently for each plan within a metal tier, per guidance provided by NYS Department of Financial Services.

Average weighted Induced Demand for the experience period assumed for each Metal Tier:

	Induced Demand
Platinum	1.0397
Gold	0.9780
Silver	0.9479
Bronze	0.9261

Impact of changes in characteristics for provider network, delivery systems, utilization management, and claim cost for quality improvements

There are no changes planned for the characteristics of the provider network, delivery system, utilization management, or claim costs for quality improvements in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORMS # 02-0001-2014

Benefits in addition to the Essential Health benefits

Unique plan designs have been created to incorporate the following additional benefits (Exhibit C):

Mandatory Make Available Benefits
Dependent coverage extended from age 26 to 29
Domestic Partner
Family Planning

Additional Benefits Available on all Non-Standard Products
Adult Vision & Hardware available once every two years
Skilled Nursing Facility – extends coverage from 200 days to 365 days
Acupuncture – maximum of 10 visits per year
Lasik Surgery – maximum reimbursement of $750

Administrative Expense Load

The administrative expense load is based on actual 2013 administrative expense, along with the 2014 budgeted expense for the current small group market.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2.10 Per Member Per Year ("PMPY") (Assumes a 5% increase over 2014 fee)
Risk Adjustment User Fee: $0.96 PMPY
NYS Regulatory Authority license and fees: Based on a percent of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**2015 % of Premium Projected**	**% of Premium based on 2013 Actuals**	**2014 Filing % of Premium Projected**
General Administrative Expense	7.35%	9.64%	5.51%
Broker Commissions	4.22%	5.62%	4.22%
Quality Improvement	0.84%	1.16%	1.03%
Community Benefits	0.00%	0.08%	0.00%
Subtotal – Excluding ACA Taxes and Fees	**12.41%**	**16.50%**	**10.76%**
NYS Regulatory Authority license and fees	0.86%	0.60%	0.73%
ACA Insurers tax	1.88%	n/a	1.40%
PCORI & Risk Adjustment	0.06%	n/a	0.46%
Federal Reinsurance Fee	1.04%	n/a	1.49%
Total Administrative Expense Including ACA	**16.25%**	**17.10%**	**14.84%**
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)	1.75%
Total Retention including Profit	**18.00%**	**17.10%**	**16.59%**

Additional Factors applied to Premium rate build up

Conversion Factor

The single conversion factor was calculated using subscribers and members enrolled in Small Group HMO and UBI products, excluding Sole Proprietors, as of Q1 2014. See Exhibit G.

Regional Factors

The regional factor for Region 3 (Mid-Hudson) has been increased from 1.1305 to 1.1805 to account for the recent bankruptcy of St. Francis Hospital which represents approximately 10% of the hospital spend in this rating area. St. Francis hospital was acquired by Westchester Medical Center, currently a non-participating hospital in CDPHP UBI's commercial network. The impact of this network disruption was estimated assuming that all St Francis services would be redirected to the closest participating hospital, Vassar Hospital. The impact if all services were performed at Vassar Hospital is an increase of 10%. CDPHP UBI anticipates that it will negotiate more favorable reimbursement rates and re-contract directly with St. Francis/Westchester. Therefore, we have included only half of the estimated impact, 5%, in the regional factor adjustment. See Exhibit H.

Dental

UBI has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. UBI will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract.

Projected Loss Ratio

The projected loss ratio based on the New York State definition is 82.0%.

Historical Claim Data by Policy Form (Exhibit 17)

For each experience period represented in this exhibit, incurred claims and membership for all in-force plans, for each 12 month period, includes paid claims and revised estimates for remaining reserves as of February 2014. Exhibit 17 includes data for all rating regions. Incurred claims used in the development of the Index rate on Exhibit 18 is for UBI's Capital Area Rating region only.

Miscellaneous Exhibits

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit I.

Broker Commissions

Broker commissions have been updated for 2015; approved under CAPD-129469291. (Exhibit J)

Underwriting Guidelines

There have been no changes made to the Underwriting Guidelines effective January 1, 2014. (Exhibit K)

Plan Name 2014:	Plan Name 2015:
SUBX4001	SUBX4157
SUBX4019	SUBX4158
SUBX4037	SUBX4159
SUBX4055	SUBX4160
SUBX4073	SUBX4161
SUBX4091	SUBX4162
SUBX4109	SUBX4163
SUBX4127	SUBX4164

62.0%

Bronze Std

Small Group
UBI
On

User Inputs for Plan Parameters

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

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

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

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

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

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

Output

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

Plan Name 2014:	Plan Name 2015:
SUPX1001	SUPX1111
SUPX1015	SUPX1114
SUPX1029	SUPX1117
SUPX1043	SUPX1120
SUPX1057	SUPX1123
SUPX1071	SUPX1126
SUPX1085	SUPX1129
SUPX1099	SUPX1132

88.1%

Platinum Std

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

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

Narrow Network Options	
Blended Network/POS Plan?	☐
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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☐	☐		$100.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑		
Specialist Visit	☐	☐		$35.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$35.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$25.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$35.00	☑	☑		
Skilled Nursing Facility	☐	☐		$500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.280%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.750%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$30.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$60.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☑	☑		

Options for Additional Benefit Design Limits:

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

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

Output

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

Plan Name 2014:	Plan Name 2015:
SUGX2001	SUGX2112
SUGX2014	SUGX2114
SUGX2027	SUGX2116
SUGX2040	SUGX2118
SUGX2053	SUGX2120
SUGX2066	SUGX2122
SUGX2079	SUGX2124
SUGX2092	SUGX2126

79.0%

Gold Std

Small Group
UBI
On

User Inputs for Plan Parameters

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

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

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)	$4,000.00		
OOP Maximum if Separate ($)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.120%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.220%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

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

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

Output

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

Plan Name 2014:	Plan Name 2015:
SUSX3001	SUSX3131
SUSX3017	SUSX3134
SUSX3036	SUSX3137
SUSX3052	SUSX3140
SUSX3068	SUSX3143
SUSX3084	SUSX3146
SUSX3100	SUSX3149
SUSX3116	SUSX3152

70.7%

Silver Std

Small Group
UBI
On

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,500.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$30.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95.570%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.340%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

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

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.7%
Metal Tier:	Silver

Plan Name 2014:	Plan Name 2015:
SUSX3015	SUSX3133
SUSX3034	SUSX3136
SUSX3050	SUSX3139
SUSX3066	SUSX3142
SUSX3082	SUSX3145
SUSX3098	SUSX3148
SUSX3114	SUSX3151
SUSX3130	SUSX3154

70.7%

Silver

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$2,000.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%	
OOP Maximum ($)	$5,000.00		
OOP Maximum if Separate ($)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☐	☐		
Specialist Visit	☐	☐		$60.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$40.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$60.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$60.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$60.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$60.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$60.00	☐	☐		
Skilled Nursing Facility	☑	☑			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	73%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☑	50%		☐	☐		
Non-Preferred Brand Drugs	☐	☑	50%		☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑	50%		☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.7%
Metal Tier:	Silver

Plan Name 2014:	Plan Name 2015:
SUPX1005	SUPX1112
SUPX1019	SUPX1115
SUPX1033	SUPX1118
SUPX1047	SUPX1121
SUPX1061	SUPX1124
SUPX1075	SUPX1127
SUPX1089	SUPX1130
SUPX1103	SUPX1133

89.0%

Platinum

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$6,600.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☐	☐		$15.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$15.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$15.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$15.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$15.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$15.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	93%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.0%
Metal Tier:	Platinum

Plan Name 2014:	Plan Name 2015:
SUGX2012	SUGX2113
SUGX2025	SUGX2115
SUGX2038	SUGX2117
SUGX2051	SUGX2119
SUGX2064	SUGX2121
SUGX2077	SUGX2123
SUGX2090	SUGX2125
SUGX2103	SUGX2127

82.0%

Gold

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☑			☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		
Specialist Visit	☐	☐		$50.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$50.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$50.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$50.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$50.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$50.00	☐	☐		
Skilled Nursing Facility	☑	☑			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	78%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☑	50%		☐	☐		
Non-Preferred Brand Drugs	☐	☑	50%		☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑	50%		☐	☐		

Options for Additional Benefit Design Limits:

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

Output

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

Plan Name 2014:	Plan Name 2015:
SUGX2006	SUGX2104
SUGX2019	SUGX2105
SUGX2032	SUGX2106
SUGX2045	SUGX2107
SUGX2058	SUGX2108
SUGX2071	SUGX2109
SUGX2084	SUGX2110
SUGX2097	SUGX2111

78.5%

Gold

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$6,600.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☐		$75.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$250.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐		
Specialist Visit	☑	☐		$45.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☑	☐		$45.00	☐	☐		
Rehabilitative Speech Therapy	☑	☐		$45.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$45.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$45.00	☐	☐		
X-rays and Diagnostic Imaging	☑	☐		$45.00	☐	☐		
Skilled Nursing Facility	☑	☐		$250.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	98%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	80%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.5%
Metal Tier:	Gold

Plan Name 2014:	Plan Name 2015:
SUPX1012	SUPX1113
SUPX1026	SUPX1116
SUPX1040	SUPX1119
SUPX1054	SUPX1122
SUPX1068	SUPX1125
SUPX1082	SUPX1128
SUPX1096	SUPX1131
SUPX1110	SUPX1134

88.3%

Platinum

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$3,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$75.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$750.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☐	☐		$20.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$20.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$20.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$20.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$20.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$20.00	☐	☐		
Skilled Nursing Facility	☐	☐		$750.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	93%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	91%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$25.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$40.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$40.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.3%
Metal Tier:	Platinum

Plan Name 2014:	Plan Name 2015:
SUBX4014	SUBX4142
SUBX4032	SUBX4144
SUBX4050	SUBX4146
SUBX4068	SUBX4148
SUBX4086	SUBX4150
SUBX4104	SUBX4152
SUBX4122	SUBX4154
SUBX4140	SUBX4156

58.6%

Bronze

Small Group
UBI
On

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	58.6%
Metal Tier:	Bronze

Plan Name 2014:	Plan Name 2015:
SUSX3009	SUSX3132
SUSX3025	SUSX3135
SUSX3044	SUSX3138
SUSX3060	SUSX3141
SUSX3076	SUSX3144
SUSX3092	SUSX3147
SUSX3108	SUSX3150
SUSX3124	SUSX3153

71.0%

Silver

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$3,000.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☐ All	☐ All		
Emergency Room Services	☑	☐			☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☐			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐			☐	☐		
Specialist Visit	☑	☐			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐			☐	☐		
Imaging (CT/PET Scans, MRIs)	☑	☐			☐	☐		
Rehabilitative Speech Therapy	☑	☐			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐			☐	☐		
X-rays and Diagnostic Imaging	☑	☐			☐	☐		
Skilled Nursing Facility	☑	☐			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☐			☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☐			☐	☐		
Drugs	☑ All	☐ All			☐ All	☐ All		
Generics	☑	☐		$10.00	☐	☐		
Preferred Brand Drugs	☑	☐		$50.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$80.00	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.0%
Metal Tier:	Silver

Plan Name 2014:	Plan Name 2015:
SUBX4165	SUBX4165
SUBX4166	SUBX4166
SUBX4167	SUBX4167
SUBX4168	SUBX4168
SUBX4169	SUBX4169
SUBX4170	SUBX4170
SUBX4171	SUBX4171
SUBX4172	SUBX4172

59.9%

Bronze

Small Group

UBI

On

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,300.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	59.9%
Metal Tier:	Bronze

EXHIBIT 13
NARRATIVE SUMMARY
Small Group UBI On Exchange

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Tracking #: CAPD-129571281

CDPHP Universal Benefits, Inc. (CDPHP UBI) offers EPO, PPO, and High Deductible products on a community rated basis to Small Groups on the NY State of Health Benefits Exchange.

CDPHP UBI has filed a request for approval by the New York State Department of Financial Services of changes to premium rates. Policyholders will receive rate adjustments upon their renewal in 2015.

The increase requested is due to:

- Expected changes in medical and pharmacy trend (expected increases in claim costs): +5.7%
- Corrections for past pricing: -2.0%
- Demographic and aging changes: +4.0%
- Federal Risk Adjustment: +1.8%
- Changes in benefits: +3.7% (varies by benefit plan)
- Changes in administrative expenses: +1.4%

Medical and pharmacy trends are typically broken into two components, utilization and cost. CDPHP UBI expects to see increases in utilization due to advances in medical technology, increased frequency of genetic testing, and increased use of specialty pharmaceuticals used to manage rare and complex medical conditions. These increases will be held lower than industry-wide trends due to CDPHP UBI medical management programs which include care management, disease management, medical therapy management, and hospital readmission avoidance.

The changes in utilization of medical and pharmacy services have been impacted by:

- Growth in Enhanced Primary Care (EPC) provider practices and quality incentive programs which will have a favorable impact on inpatient and ER services. (The Enhanced Primary Care program is an innovative CDPHP UBI program designed to improve coordination of care and promote delivery of cost-effective services though greater use of technology and efficiency in the physician's office.)
- Movement of services to more cost-effective outpatient settings such as freestanding surgical centers.
- Expected increase in mental health services due to new behavioral health mandates and mental health parity requirements in the Affordable Care Act (ACA).

CDPHP UBI negotiates reimbursement rates with hospitals on an annual or semiannual basis. CDPHP UBI contracts with CVS Caremark for pharmacy benefit management. The unit cost increases projected for medical and pharmacy are:

- Facility: 6% to 7% (this is an average negotiated increase)
- Professional: 1.5% (effective July 1, 2015)
- Pharmacy costs: 6.45%. This is due to the increased use and associated high cost of specialty drugs; for example the cost of Hep C pharmaceuticals.

A pricing correction of -2.0% was applied to the 2015 rates. Pricing corrections are made to correct for an over/underestimating of medical trend in prior year's pricing.

Revised demographic assumptions resulted in a +4.0% impact on premiums. This adjustment is due to a change in single/family mix and the expected age of the underlying population.

The impact of the Federal Risk adjustment program as estimated by the New York State Department of Financial Services resulted in 1.8% increase in rates.

Changes to 2015 benefits impact the rates. The 2014 behavioral health residential care mandate will impact premium rates in 2015 by 1.0%. Federal changes to out of pocket maximums and deductibles will increase premiums, on average by 2.3%.

Enhanced benefits were added to all non-standard products will increase premiums by 0.4%.

- Lasik surgery allowance
- Acupuncture
- Skilled nursing days increased from 200 to 365.

Changes to administrative expenses, profit, and Federal ACA fees will impact the 2015 rates by +1.4%.

- General administrative cost increased approximately 1.7%.
- ACA insurer tax will increase in 2015 with an impact of 0.5%.
- Federal Reinsurance fee: -0.5%.
- Other Federal ACA fees: -0.4 %.
- NYS Regulatory Licenses fees: +0.1 %.
- Profit load: unchanged

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Trac CAPD-129571281
Market Segment: Small Groups On Exchange

1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
6) The company should submit the these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
9) Links should be provided on key pages of the company's website so that the information may be easily located.
10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
11) This exhibit must be submitted as an Excel file and as a PDF file.

A. Average 2014 and 2015 Premium Rates:

1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	$ 547.75	$ 467.54	$ 397.66	NA	NA
2015 Premium Rates	$ 606.02	$ 509.69	$ 441.64	$ 363.63	NA

B. Weighted Average Annual Percentage Requested Adjustments [Per Exhibit 14A for Individual Plans and Exhibit 14B for Small Group Plans]*:

	2014 to 2015
Requested Rate Adjustment	9.0%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	4.26%	8.56%	NA

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

2011		2012	2013
	MLR	86.60%	89.96%	95.97%

E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]*:

	2013	2014	2015
Annual Claim Trend Rates	6.5	5.73%	5.69%
Expense Ratios	12.48%	14.84%	16.25%
Pre Tax Profit Ratios	2.00%	1.75%	1.75%

* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Small Group Medical Plans

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47207
SERFF Tracking #: CAPD-129571281
Market Segment: Small Groups On Exchange

1) Use this Exhibit for Small Group Medical Plans.
2) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
3) Market segment refers to the Small Group Plans.
4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of rating period, metal level, rating region and product name.
5) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with the DFS). A separate row is to be used for each combination of rating period, metal level, rating region and product name.
6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
7) If the percentage change (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
8) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
9) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
10) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
11) The weighted average percentage should be developed based on annualized premium volume or membership for that rating period, metal level and rating region, including any applicable riders.
12) This exhibit must be submitted as an Excel file and as a PDF file.

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	1 - Albany Area	EPO	EPO	5.16%	12.54%	10.27%
Small Group	1/1/2015	Gold	1 - Albany Area	EPO	EPO	2.33%	14.61%	10.44%
Small Group	1/1/2015	Silver	1 - Albany Area	EPO	EPO	7.58%	9.97%	9.88%
Small Group	1/1/2015	Bronze	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	EPO	EPO	9.69%	17.52%	16.87%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	EPO	EPO	9.23%	19.68%	15.08%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	EPO	EPO	14.83%	14.83%	14.83%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	EPO	EPO	12.04%	12.42%	12.12%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	EPO	EPO	14.61%	14.61%	14.61%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	1 - Albany Area	HDE	HDE	8.79%	11.20%	11.12%

EXHIBIT 14B

Small Group	1/1/2015	Bronze	1 - Albany Area	HDE	HDE	11.42%	11.89%	11.54%
Small Group	1/1/2015	Catastrophic	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	HDE	HDE	16.12%	16.12%	16.12%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	HDE	HDE	16.47%	16.47%	16.47%
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	1 - Albany Area	PPO	PPO	7.45%	7.56%	7.54%
Small Group	1/1/2015	Gold	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	1 - Albany Area	PPO	PPO	12.47%	12.47%	12.47%
Small Group	1/1/2015	Bronze	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	PPO	PPO	12.32%	12.32%	12.32%
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	PPO	PPO	17.32%	17.45%	17.44%
Small Group	1/1/2015	Bronze	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Platinum	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Gold	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Silver	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Bronze	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	1/1/2015	Catastrophic	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%

Small Group	4/1/2015	Silver	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%

EXHIBIT 14B

Small Group	4/1/2015	Gold	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Platinum	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Gold	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Silver	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Bronze	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	4/1/2015	Catastrophic	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%

Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Platinum	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Gold	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Silver	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Bronze	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	7/1/2015	Catastrophic	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	1 - Albany Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	3 - Mid Hudson Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	6 - Syracuse Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	7 - Utica/Watertown Area	EPO	EPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	1 - Albany Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	3 - Mid Hudson Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	6 - Syracuse Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%

EXHIBIT 14B

Small Group	10/1/2015	Catastrophic	7 - Utica/Watertown Area	HDE	HDE	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	1 - Albany Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	3 - Mid Hudson Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	6 - Syracuse Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	7 - Utica/Watertown Area	HDP	HDP	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	1 - Albany Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	3 - Mid Hudson Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	6 - Syracuse Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Platinum	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Gold	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Silver	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Bronze	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%
Small Group	10/1/2015	Catastrophic	7 - Utica/Watertown Area	PPO	PPO	0.00%	0.00%	0.00%

EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47207
SERFF Tracking #: CAPD-129571281
Market Segment: Small Groups On Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
3) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
5) Market segment refers to Small Group market segment.
6) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Requested Percentage Rate Change at Renewal										
					3/31/2014			Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Small Group	1/1/2015	Platinum	1 - Albany Area	9.8%	$640,617.84	118	71	0	0	0	51	67	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	3 - Mid Hudson Area	15.8%	$256,844.28	45	23	0	0	0	1	11	33	0	0	0	0	0
Small Group	1/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Platinum	Utica/Watertown Ar	12.1%	$33,385.08	5	5	0	0	0	0	5	0	0	0	0	0	0
Small Group	1/1/2015	Gold	1 - Albany Area	10.4%	$521,090.04	123	72	0	0	43	10	70	0	0	0	0	0	0
Small Group	1/1/2015	Gold	3 - Mid Hudson Area	15.1%	$133,288.44	22	17	0	0	0	7	4	11	0	0	0	0	0
Small Group	1/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Gold	Utica/Watertown Ar	14.6%	$5,800.56	1	1	0	0	0	0	1	0	0	0	0	0	0
Small Group	1/1/2015	Silver	1 - Albany Area	10.8%	$315,048.12	74	52	0	0	0	27	47	0	0	0	0	0	0
Small Group	1/1/2015	Silver	3 - Mid Hudson Area	16.7%	$215,045.04	44	37	0	0	0	0	1	43	0	0	0	0	0
Small Group	1/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	1 - Albany Area	11.5%	$88,095.36	25	20	0	0	0	0	25	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	3 - Mid Hudson A	16.5%	$4,220.88	1	2	0	0	0	0	0	1	0	0	0	0	0
Small Group	1/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	1/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0

Small Group	7/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Catastrophic	1 - Albany Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Catastrophic	3 - Mid Hudson Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Catastrophic	6 - Syracuse Area	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Catastrophic	Utica/Watertown Ar	0.0%	$0.00	0	0	0	0	0	0	0	0	0	0	0	0	0
Market Segment Total:				11.8%	$2,213,435.64	458	300	0	0	43	96	231	88	0	0	0	0	0

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: CDPHP Universal Benefits, Inc.

NAIC Code: 47027

SERFF Number: CAPD-129571281

Market Segment: Small Groups On Exchange

Instructions:

1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
2) 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 DFS).
3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
5) This form must be submitted as an Excel file and as a PDF file.

List of rate filings that have been approved since the §3231(d) or §4308(b) initial rate filing in calendar year 2013, or are currently pending with DFS.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
Approved	CAPD-128989175	2013040220	4/30/2013			New Plans	7/30/2013
Approved	CAPD-NY14-125001388	201305B028	5/21/2013				
Pending	CAPD-129568010		6/3/2014	02-0001-2014;02-0003-2014;02-0004-2014,02-0005-2014		Retire	

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment: Small Groups On Exchange

1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only and for all rating regions combined.
- Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
- Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups and Small Group HNY Business.
- Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).

2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.

3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.

4) 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).

5) Note that many cells include a drop down list. Use the drop down list for entries.

6) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

7) This exhibit 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. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identification	3. Effective date of rate change (mm/dd/yy)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (mm/dd/y)	14.2 Ending Date of the experience period (mm/dd/yy)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
UBI SG	EPO, PPO	EPO, PPO	EPO, PPO,	01/01/15	SG-All Others	EPO, PPO,	Yes	Open	9,948	82,812	XX	01/01/13	12/31/13	908,290	299,906,043	317,112,468	278,245,357	285,314,708	0	4,126,728	49,948,439	XX
UBI SP	EPO, PPO	EPO, PPO	EPO, PPO,	01/01/15	SG-Sole P	EPO, PPO,	Yes	Open	2,243	3,976	XX	01/01/13	12/31/13	47,287	14,298,321	14,990,513	13,988, 278	14,059,472	0	214,844	1,677,055	XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

	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)										
	15.1 Beginning date of the experience period (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	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 state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
XX	01/01/12	12/31/12	619,387	204,486,457	234,021,403	177,555,344	183,964,405	0	6,259,741	33,041,861	XX	01/01/11	12/31/11	364,222	124,815,995	154,622,124	97,742,317	104,353,269	0	3,742,128	16,826,075	XX
XX	01/01/12	12/31/12	28,750	8,392,508	9,545,293	7,384,816	8,604,497	0	290,680	1,534,345	XX	01/01/11	12/31/11	18,076	6,304,948	7,810,573	6,407,881	6,405,172	0	185,718	835,063	XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX
XX											XX											XX

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

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

Line #	General								
1	Product*	92551	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	59.93%	59.93%	59.93%	59.93%	59.93%	59.93%	59.93%	59.93%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	HDE	HDE	HDE	HDE	HDE	HDE	HDE	HDE
7	Plan Name*	SUBX4165	SUBX4166	SUBX4167	SUBX4168	SUBX4169	SUBX4170	SUBX4171	SUBX4172
8	HIOS Plan ID*	92551NY0380545	92551NY0380546	92551NY0380547	92551NY0380548	92551NY0380549	92551NY0380550	92551NY0380551	92551NY0380552
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	203699335.52							
10B	Member-Months for Latest Experience Period	667585							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	305.13							
11	Average Pricing Actuarial Value reflected in experience period	0.843							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate								
13	Impact of adjusting experience period data to EHB benefit level	1. 0217							
14	Market wide adjustment for changes in provider network **	1. 0000							
15	Market wide adjustment for fee schedule changes **	1. 0000							
16	Market wide adjustment for utilization management changes **	1. 0000							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **	1. 0000							
18	Impact on risk pool of changes in expected covered membership risk characteristics **	1. 0070							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1. 0000							
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1. 0000							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery.	1. 0887							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.0000							
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1. 0000							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period))	1. 1163							
25	Other - Pent Up Demand Factor	1. 0000							
26	Other 2 (specify)	1. 0000							
27	Other - Adjustment for HD claim costs	1. 0000							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0. 5993	0. 5993	0. 5993	0. 5993	0. 5993	0. 5993	0. 5993	0. 5993
30	Pricing actuarial value (only the induced demand factor) #	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0087	1. 0105	1.0006	1. 0087	1. 0024	1. 0105	1. 0024	1. 0006
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1 .1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1.0178
38	Impact of eligibility categories (catastrophic plans only)	1.0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1.0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.683**	**0.684**	**0.677**	**0.683**	**0.678**	**0.684**	**0.678**	**0.677**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**309.08**	**309.63**	**306.59**	**309.08**	**307.14**	**309.63**	**307.14**	**306.59**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

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

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY039	92551NY039	92551NY039	92551NY039	92551NY039	92551NY039	92551NY039
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	88.34%	88.34%	88.34%	88.34%	88.34%	88.34%	88.34%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	PPO	PPO	PPO	PPO	PPO	PPO	PPO
7	Plan Name*	SUPX1113	SUPX1116	SUPX1119	SUPX1122	SUPX1125	SUPX1128	SUPX1131
8	HIOS Plan ID*	92551NY0390017	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	203699335.52						
10B	Member-Months for Latest Experience Period	667585						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	305.13						
11	Average Pricing Actuarial Value reflected in experience period	0.843						
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level	1. 0217						
14	Market wide adjustment for changes in provider network **	1. 0000						
15	Market wide adjustment for fee schedule changes **	1. 0000						
16	Market wide adjustment for utilization management changes **	1. 0000						
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **	1. 0000						
18	Impact on risk pool of changes in expected covered membership risk characteristics **	1. 0070						
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1. 0000						
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1. 0000						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1. 0887						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1. 0000						
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1. 0000						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1. 1163						
25	Other - Pent Up Demand Factor	1. 0000						
26	Other 2 (specify)	1. 0000						
27	Other - Adjustment for HD claim costs	1. 0000						
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 8834	0. 8834	0. 8834	0. 8834	0. 8834	0. 8834	0.8834
30	Pricing actuarial value (only the induced demand factor) #	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370	1.0370
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0087	1. 0105	1.0006	1. 0087	1. 0024	1. 0105	1. 0024
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0349	1. 0349	1. 0349	1. 0349	1. 0349	1. 0349	1. 0349
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1.0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.166**	**1.168**	**1.157**	**1.166**	**1.159**	**1.168**	**1.159**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**527.98**	**528.91**	**523.73**	**527.98**	**524.65**	**528.91**	**524.65**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY039	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	88.34%	89.04%	89.04%	89.04%	89.04%	89.04%	89.04%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	PPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	SUPX1134	SUPX1112	SUPX1115	SUPX1118	SUPX1121	SUPX1124	SUPX1127
8	HIOS Plan ID*	92551NY0390024	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 8834	0. 8904	0. 8904	0. 8904	0. 8904	0. 8904	0. 8904
30	Pricing actuarial value (only the induced demand factor) #	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0006	1. 0087	1. 0105	1. 0006	1. 0087	1. 0024	1. 0105
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0349	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.157**	**1.136**	**1.138**	**1.127**	**1.136**	**1.129**	**1.138**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**523.73**	**514.18**	**515.09**	**510.05**	**514.18**	**510.95**	**515.09**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	89.04%	89.04%	78.52%	78.52%	78.52%	78.52%	78.52%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	SUPX1130	SUPX1133	SUGX2104	SUGX2105	SUGX2106	SUGX2107	SUGX2108
8	HIOS Plan ID*	92551NY0380007	92551NY0380008	92551NY0380017	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 8904	0. 8904	0. 7852	0. 7852	0. 7852	0. 7852	0. 7852
30	Pricing actuarial value (only the induced demand factor) #	1. 0370	1. 0370	0. 9780	0. 9780	0. 9780	0. 9780	0. 9780
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0024	1. 0006	1. 0087	1. 0105	1. 0006	1. 0087	1. 0024
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.129**	**1.127**	**0.945**	**0.946**	**0.937**	**0.945**	**0.939**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**510.95**	**510.05**	**427.61**	**428.37**	**424.17**	**427.61**	**424.92**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	78.52%	78.52%	78.52%	81.97%	81.97%	81.97%	81.97%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	SUGX2109	SUGX2110	SUGX2111	SUGX2113	SUGX2115	SUGX2117	SUGX2119
8	HIOS Plan ID*	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380193	92551NY0380194	92551NY0380195	92551NY0380196
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 7852	0. 7852	0. 7852	0. 8197	0. 8197	0. 8197	0. 8197
30	Pricing actuarial value (only the induced demand factor) #	0. 9780	0. 9780	0. 9780	0. 9780	0. 9780	0. 9780	0. 9780
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0105	1. 0024	1. 0006	1. 0087	1. 0105	1. 0006	1. 0087
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.946**	**0.939**	**0.937**	**0.986**	**0.988**	**0.978**	**0.986**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**428.37**	**424.92**	**424.17**	**446.41**	**447.20**	**442.82**	**446.41**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY039	92551NY039	92551NY039
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	81.97%	81.97%	81.97%	81.97%	70.68%	70.68%	70.68%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	EPO	PPO	PPO	PPO
7	Plan Name*	SUGX2121	SUGX2123	SUGX2125	SUGX2127	SUSX3133	SUSX3136	SUSX3139
8	HIOS Plan ID*	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0390001	92551NY0390002	92551NY0390003
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 8197	0. 8197	0. 8197	0. 8197	0. 7068	0. 7068	0. 7068
30	Pricing actuarial value (only the induced demand factor) #	0. 9780	0. 9780	0. 9780	0. 9780	0. 9479	0. 9479	0. 9479
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0024	1. 0105	1. 0024	1. 0006	1. 0087	1. 0105	1. 0006
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0254	1. 0254	1. 0254
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.980**	**0.988**	**0.980**	**0.978**	**0.845**	**0.847**	**0.838**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**443.60**	**447.20**	**443.60**	**442.82**	**382.54**	**383.22**	**379.46**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY039	92551NY039	92551NY039	92551NY039	92551NY039	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	70.68%	70.68%	70.68%	70.68%	70.68%	70.98%	70.98%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	PPO	PPO	PPO	PPO	PPO	HDE	HDE
7	Plan Name*	SUSX3142	SUSX3145	SUSX3148	SUSX3151	SUSX3154	SUSX3132	SUSX3135
8	HIOS Plan ID*	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0380273	92551NY0380274
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 7068	0. 7068	0. 7068	0. 7068	0. 7068	0. 7098	0. 7098
30	Pricing actuarial value (only the induced demand factor) #	0. 9479	0. 9479	0. 9479	0. 9479	0. 9479	0. 9479	0. 9479
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0087	1. 0024	1. 0105	1. 0024	1. 0006	1. 0087	1. 0105
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0254	1. 0254	1. 0254	1. 0254	1. 0254	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.845**	**0.840**	**0.847**	**0.840**	**0.838**	**0.828**	**0.829**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**382.54**	**380.13**	**383.22**	**380.13**	**379.46**	**374.69**	**375.35**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Bronze
4	AV Metal Value (HHS Calculator)*	70.98%	70.98%	70.98%	70.98%	70.98%	70.98%	58.17%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	HDE	HDE	HDE	HDE	HDE	HDE	HDE
7	Plan Name*	SUSX3138	SUSX3141	SUSX3144	SUSX3147	SUSX3150	SUSX3153	SUBX4142
8	HIOS Plan ID*	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 7098	0. 7098	0. 7098	0. 7098	0. 7098	0. 7098	0. 5817
30	Pricing actuarial value (only the induced demand factor) #	0. 9479	0. 9479	0. 9479	0. 9479	0. 9479	0. 9479	0. 9261
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0006	1. 0087	1. 0024	1. 0105	1. 0024	1. 0006	1. 0087
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.821**	**0.828**	**0.822**	**0.829**	**0.822**	**0.821**	**0.663**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**371.67**	**374.69**	**372.33**	**375.35**	**372.33**	**371.67**	**300.03**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	58.17%	58.17%	58.17%	58.17%	58.17%	58.17%	58.17%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	HDE	HDE	HDE	HDE	HDE	HDE	HDE
7	Plan Name*	SUBX4144	SUBX4146	SUBX4148	SUBX4150	SUBX4152	SUBX4154	SUBX4156
8	HIOS Plan ID*	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**	**1.250**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 5817	0. 5817	0. 5817	0. 5817	0. 5817	0. 5817	0. 5817
30	Pricing actuarial value (only the induced demand factor) #	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261	0. 9261
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0105	1. 0006	1. 0087	1. 0024	1. 0105	1. 0024	1. 0006
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.664**	**0.657**	**0.663**	**0.659**	**0.664**	**0.659**	**0.657**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**300.56**	**297.62**	**300.03**	**298.14**	**300.56**	**298.14**	**297.62**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

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

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	88.10%	88.10%	88.10%	88.10%	88.10%	88.10%	88.10%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	SUPX1111	SUPX1114	SUPX1117	SUPX1120	SUPX1123	SUPX1126	SUPX1129
8	HIOS Plan ID*	92551NY0380641	92551NY0380649	92551NY0380657	92551NY0380665	92551NY0380673	92551NY0380681	92551NY0380689
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	203699335.52						
10B	Member-Months for Latest Experience Period	667585						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	305.13						
11	Average Pricing Actuarial Value reflected in experience period	0.843						
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level	1. 0201						
14	Market wide adjustment for changes in provider network **	1. 0000						
15	Market wide adjustment for fee schedule changes **	1. 0000						
16	Market wide adjustment for utilization management changes **	1. 0000						
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **	1. 0000						
18	Impact on risk pool of changes in expected covered membership risk characteristics **	1. 0070						
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1. 0000						
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1. 0000						
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1. 0887						
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1. 0000						
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1. 0000						
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1. 1163						
25	Other - Pent Up Demand Factor	1. 0000						
26	Other 2 (specify)	1. 0000						
27	Other - Adjustment for HD claim costs	1. 0000						
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 8810	0. 8810	0. 8810	0. 8810	0. 8810	0. 8810	0.8810
30	Pricing actuarial value (only the induced demand factor) #	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370	1. 0370	1.0370
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0000	1. 0018	0.9920	1. 0000	0. 9937	1. 0018	0. 9937
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1.0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1.0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.114**	**1.116**	**1.105**	**1.114**	**1.107**	**1.116**	**1.107**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**503.58**	**504.47**	**499.53**	**503.58**	**500.41**	**504.47**	**500.41**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Platinum	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	88.10%	79.00%	79.00%	79.00%	79.00%	79.00%	79.00%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	SUPX1132	SUGX2112	SUGX2114	SUGX2116	SUGX2118	SUGX2120	SUGX2122
8	HIOS Plan ID*	92551NY0380697	92551NY0380642	92551NY0380651	92551NY0380659	92551NY0380667	92551NY0380675	92551NY0380683
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 8810	0. 7900	0. 7900	0. 7900	0. 7900	0. 7900	0. 7900
30	Pricing actuarial value (only the induced demand factor) #	1. 0370	0. 9780	0. 9780	0. 9780	0. 9780	0. 9780	0. 9780
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	0. 9920	1. 0000	1. 0018	0. 9920	1. 0000	0. 9937	1. 0018
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.105**	**0.942**	**0.944**	**0.935**	**0.942**	**0.936**	**0.944**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**499.53**	**425.86**	**426.61**	**422.43**	**425.86**	**423.18**	**426.61**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Gold	Gold	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	79.00%	79.00%	70.70%	70.70%	70.70%	70.70%	70.70%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	SUGX2124	SUGX2126	SUSX3131	SUSX3134	SUSX3137	SUSX3140	SUSX3143
8	HIOS Plan ID*	92551NY0380691	92551NY0380699	92551NY0380643	92551NY0380653	92551NY0380661	92551NY0380669	92551NY0380677
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 7900	0. 7900	0. 7070	0. 7070	0. 7070	0. 7070	0. 7070
30	Pricing actuarial value (only the induced demand factor) #	0. 9780	0. 9780	0. 9479	0. 9479	0. 9479	0. 9479	0. 9479
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	0. 9937	0. 9920	1. 0000	1. 0018	0. 9920	1. 0000	0. 9937
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.936**	**0.935**	**0.817**	**0.819**	**0.811**	**0.817**	**0.812**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**423.18**	**422.43**	**369.39**	**370.04**	**366.41**	**369.39**	**367.06**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General							
1	Product*	92551	92551	92551	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	70.70%	70.70%	70.70%	62.00%	62.00%	62.00%	62.00%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	EPO	EPO	EPO	HDE	HDE	HDE	HDE
7	Plan Name*	SUSX3146	SUSX3149	SUSX3152	SUBX4157	SUBX4158	SUBX4159	SUBX4160
8	HIOS Plan ID*	92551NY0380685	92551NY0380693	92551NY0380701	92551NY0380644	92551NY0380655	92551NY0380663	92551NY0380671
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **							
18	Impact on risk pool of changes in expected covered membership risk characteristics **							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
23	Impact of adjustments due to experience period claim data not being sufficiently credible							
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
25	Other - Pent Up Demand Factor							
26	Other 2 (specify)							
27	Other - Adjustment for HD claim costs							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**	**1.248**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
29	Pricing actuarial value (without induced demand factor) #	0. 7070	0. 7070	0. 7070	0. 6200	0. 6200	0. 6200	0. 6200
30	Pricing actuarial value (only the induced demand factor) #	0. 9479	0. 9479	0. 9479	0. 9261	0. 9261	0. 9261	0. 9261
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	1. 0018	0. 9937	0. 9920	1. 0000	1. 0018	0. 9920	1. 0000
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.819**	**0.812**	**0.811**	**0.700**	**0.701**	**0.695**	**0.700**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**370.04**	**367.06**	**366.41**	**316.50**	**317.06**	**313.96**	**316.50**

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: CDPHP, Universal Benefits Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment : Small Groups On Exchange

Line #	General				
1	Product*	92551	92551	92551	92551
2	Product ID*	92551NY038	92551NY038	92551NY038	92551NY038
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	62.00%	62.00%	62.00%	62.00%
5	AV Pricing Value (total, risk pool experience based)*	84.27%	84.27%	84.27%	84.27%
6	Plan Type*	HDE	HDE	HDE	HDE
7	Plan Name*	SUBX4161	SUBX4162	SUBX4163	SUBX4164
8	HIOS Plan ID*	92551NY0380679	92551NY0380687	92551NY0380695	92551NY0380703
9	Exchange Plan?*	Yes	Yes	Yes	Yes

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

	Experience Period Index Rate				
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period				
10B	Member-Months for Latest Experience Period				
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)				
11	Average Pricing Actuarial Value reflected in experience period				
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	**362.09**	**362.09**	**362.09**	**362.09**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate				
13	Impact of adjusting experience period data to EHB benefit level				
14	Market wide adjustment for changes in provider network **				
15	Market wide adjustment for fee schedule changes **				
16	Market wide adjustment for utilization management changes **				
17	Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives **				
18	Impact on risk pool of changes in expected covered membership risk characteristics **				
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**				
20	Adjustment for changes in distribution of risk pool membership by rating regions **				
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,				
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)				
23	Impact of adjustments due to experience period claim data not being sufficiently credible				
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)				
25	Other - Pent Up Demand Factor				
26	Other 2 (specify)				
27	Other - Adjustment for HD claim costs				
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.248**	**1.248**	**1.248**	**1.248**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments				
29	Pricing actuarial value (without induced demand factor) #	0. 6200	0. 6200	0. 6200	0. 6200
30	Pricing actuarial value (only the induced demand factor) #	0. 9261	0. 9261	0. 9261	0. 9261
31	Impact of provider network characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000
32	Impact of delivery system characteristics ##	1. 0000	1. 0000	1. 0000	1. 0000
33	Impact of utilization management practices ##	1. 0000	1. 0000	1. 0000	1. 0000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1. 0000	1. 0000	1. 0000	1. 0000
35	Benefits in additional to EHB (greater than 1.00)	0. 9937	1. 0018	0. 9937	0. 9920
36	Administrative costs (excluding Exchange user fees and profits)	1. 1982	1. 1982	1. 1982	1. 1982
37	Profit/Contribution to surplus margins	1. 0178	1. 0178	1. 0178	1. 0178
38	Impact of eligibility categories (catastrophic plans only)	1. 0000	1. 0000	1. 0000	1. 0000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1. 0000	1. 0000	1. 0000	1. 0000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1. 0000	1. 0000	1. 0000	1. 0000
41	Other 1 (specify)	1. 0000	1. 0000	1. 0000	1. 0000
42	Other 2 (specify)	1. 0000	1. 0000	1. 0000	1. 0000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.696**	**0.701**	**0.696**	**0.695**

\# 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

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**314.51**	**317.06**	**314.51**	**313.96**

EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment: Small Groups On Exchange

1) Complete a separate ROW for Metal Level/Product
- Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
- Enter in column 1 the Metal Tier level. Use the drop down menu.
- Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
- Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyy; enter the date in column heading.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.

4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.

5) **ACA Fees** are to be entered in columns 6.5 and 16.5.

6) This exhibit must be submitted as an Excel file and as a PDF file.

				For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing						
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of mm/dd/yyyy		4.1 Period assumed - beginning date (mm/dd/yy)	4.2 Period assumed - ending date (mm/dd/yy)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions 6 and broker fees - as a % of gross premium	.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax 8.1 component - as a % of gross premium	State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	
Platinum	On Std	105	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Platinum	Off Non Std	63	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Silver	On Std	27	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Silver	Off Non Std	91	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Gold	On Std	14	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Gold	Off Non Std	132	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Bronze	On Std	1	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Bronze	Off Non Std	30	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Catastrophic	On Std	0	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX
Catastrophic	Off Non Std	0	XX	01/01/15	12/31/15	5.69%	0.86%	0.84%	4.22%	0.00%	2.98%	7.35%	16.25%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	18.00%	XX

EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES

				For the rate period included in the prior rate and form filing											For the rate period included in the prior rate and form filing					
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of mm/dd/yyyy		14.1 Period assumed - beginning date (mm/dd/yy)	14.2 Period assumed - ending date (mm/dd/yy)	15. Average annual claim trend assumed	16.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement 16.3 Supplement Health Care Exhibit - as a % of gross premium	Commissions and broker fees - as a % of gross premium	16.4 Premium Taxes - as a % of gross premium	16.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	16.6 Other administrative expenses - as a % of gross premium	16.7 Subtotal columns 20.1 through 20.6	17 After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	18 State income tax component - as a % of gross premium	18.1 State income tax rate assumed (eg 3%)	19 Federal income tax component - as a % of gross premium	19.1 Federal income tax rate assumed (eg 30%)	20 Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	21 Subtotal columns 16.7 + 17 + 18 + 19 +20
Platinum	On Std	105	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Platinum	Off Non Std	63	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Silver	On Std	27	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Silver	Off Non Std	91	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Gold	On Std	14	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Gold	Off Non Std	132	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Bronze	On Std	1	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Bronze	Off Non Std	30	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Catastrophic	On Std	0	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%
Catastrophic	Off Non Std	0	XX	01/01/14	12/31/14	5.73%	0.73%	1.03%	4.22%	0.00%	3.35%	5.51%	14.84%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.59%

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment: Small Groups On Exchange

1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
2) The HIOS IDs should be without the variants after the hyphen.
3) Column 3: Enter Metal Level. Use drop down menu.
4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu.
11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
92551NY0390017	SUPX1113	Platinum	Both	No	26	NO	EXCLUDED	NO	YES	Yes
92551NY0390018	SUPX1116	Platinum	Both	No	30	NO	EXCLUDED	NO	YES	Yes
92551NY0390019	SUPX1119	Platinum	Both	No	26	NO	INCLUDED	NO	YES	Yes
92551NY0390020	SUPX1122	Platinum	Both	No	26	YES	EXCLUDED	NO	YES	Yes
92551NY0390021	SUPX1125	Platinum	Both	No	30	NO	INCLUDED	NO	YES	Yes
92551NY0390022	SUPX1128	Platinum	Both	No	30	YES	EXCLUDED	NO	YES	Yes
92551NY0390023	SUPX1131	Platinum	Both	No	30	YES	INCLUDED	NO	YES	Yes
92551NY0390024	SUPX1134	Platinum	Both	No	26	YES	INCLUDED	NO	YES	Yes
92551NY0380001	SUPX1112	Platinum	Both	No	26	NO	EXCLUDED	NO	NO	Yes
92551NY0380002	SUPX1115	Platinum	Both	No	30	NO	EXCLUDED	NO	NO	Yes
92551NY0380003	SUPX1118	Platinum	Both	No	26	NO	INCLUDED	NO	NO	Yes
92551NY0380004	SUPX1121	Platinum	Both	No	26	YES	EXCLUDED	NO	NO	Yes
92551NY0380005	SUPX1124	Platinum	Both	No	30	NO	INCLUDED	NO	NO	Yes
92551NY0380006	SUPX1127	Platinum	Both	No	30	YES	EXCLUDED	NO	NO	Yes
92551NY0380007	SUPX1130	Platinum	Both	No	30	YES	INCLUDED	NO	NO	Yes
92551NY0380008	SUPX1133	Platinum	Both	No	26	YES	INCLUDED	NO	NO	Yes
92551NY0380641	SUPX1111	Platinum	Both	Yes	26	NO	EXCLUDED	NO	NO	No
92551NY0380649	SUPX1114	Platinum	Both	Yes	30	NO	EXCLUDED	NO	NO	No
92551NY0380657	SUPX1117	Platinum	Both	Yes	26	NO	INCLUDED	NO	NO	No
92551NY0380665	SUPX1120	Platinum	Both	Yes	26	YES	EXCLUDED	NO	NO	No
92551NY0380673	SUPX1123	Platinum	Both	Yes	30	NO	INCLUDED	NO	NO	No
92551NY0380681	SUPX1126	Platinum	Both	Yes	30	YES	EXCLUDED	NO	NO	No
92551NY0380689	SUPX1129	Platinum	Both	Yes	30	YES	INCLUDED	NO	NO	No
92551NY0380697	SUPX1132	Platinum	Both	Yes	26	YES	INCLUDED	NO	NO	No
92551NY0380017	SUGX2104	Gold	Both	No	26	NO	EXCLUDED	NO	NO	Yes
92551NY0380018	SUGX2105	Gold	Both	No	30	NO	EXCLUDED	NO	NO	Yes
92551NY0380019	SUGX2106	Gold	Both	No	26	NO	INCLUDED	NO	NO	Yes
92551NY0380020	SUGX2107	Gold	Both	No	26	YES	EXCLUDED	NO	NO	Yes
92551NY0380021	SUGX2108	Gold	Both	No	30	NO	INCLUDED	NO	NO	Yes
92551NY0380022	SUGX2109	Gold	Both	No	30	YES	EXCLUDED	NO	NO	Yes
92551NY0380023	SUGX2110	Gold	Both	No	30	YES	INCLUDED	NO	NO	Yes
92551NY0380024	SUGX2111	Gold	Both	No	26	YES	INCLUDED	NO	NO	Yes
92551NY0380642	SUGX2112	Gold	Both	Yes	26	NO	EXCLUDED	NO	NO	No
92551NY0380651	SUGX2114	Gold	Both	Yes	30	NO	EXCLUDED	NO	NO	No
92551NY0380659	SUGX2116	Gold	Both	Yes	26	NO	INCLUDED	NO	NO	No
92551NY0380667	SUGX2118	Gold	Both	Yes	26	YES	EXCLUDED	NO	NO	No
92551NY0380675	SUGX2120	Gold	Both	Yes	30	NO	INCLUDED	NO	NO	No
92551NY0380683	SUGX2122	Gold	Both	Yes	30	YES	EXCLUDED	NO	NO	No
92551NY0380691	SUGX2124	Gold	Both	Yes	30	YES	INCLUDED	NO	NO	No
92551NY0380699	SUGX2126	Gold	Both	Yes	26	YES	INCLUDED	NO	NO	No
92551NY0380193	SUGX2113	Gold	Both	No	26	NO	EXCLUDED	NO	NO	Yes
92551NY0380194	SUGX2115	Gold	Both	No	30	NO	EXCLUDED	NO	NO	Yes
92551NY0380195	SUGX2117	Gold	Both	No	26	NO	INCLUDED	NO	NO	Yes
92551NY0380196	SUGX2119	Gold	Both	No	26	YES	EXCLUDED	NO	NO	Yes
92551NY0380197	SUGX2121	Gold	Both	No	30	NO	INCLUDED	NO	NO	Yes
92551NY0380198	SUGX2123	Gold	Both	No	30	YES	EXCLUDED	NO	NO	Yes
92551NY0380199	SUGX2125	Gold	Both	No	30	YES	INCLUDED	NO	NO	Yes
92551NY0380200	SUGX2127	Gold	Both	No	26	YES	INCLUDED	NO	NO	Yes
92551NY0390001	SUSX3133	Silver	Both	No	26	NO	EXCLUDED	NO	YES	Yes
92551NY0390002	SUSX3136	Silver	Both	No	30	NO	EXCLUDED	NO	YES	Yes
92551NY0390003	SUSX3139	Silver	Both	No	26	NO	INCLUDED	NO	YES	Yes
92551NY0390004	SUSX3142	Silver	Both	No	26	YES	EXCLUDED	NO	YES	Yes

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
92551NY0390005	SUSX3145	Silver	Both	No	30	NO	INCLUDED	NO	YES	Yes
92551NY0390006	SUSX3148	Silver	Both	No	30	YES	EXCLUDED	NO	YES	Yes
92551NY0390007	SUSX3151	Silver	Both	No	30	YES	INCLUDED	NO	YES	Yes
92551NY0390008	SUSX3154	Silver	Both	No	26	YES	INCLUDED	NO	YES	Yes
92551NY0380273	SUSX3132	Silver	Both	No	26	NO	EXCLUDED	NO	NO	Yes
92551NY0380274	SUSX3135	Silver	Both	No	30	NO	EXCLUDED	NO	NO	Yes
92551NY0380275	SUSX3138	Silver	Both	No	26	NO	INCLUDED	NO	NO	Yes
92551NY0380276	SUSX3141	Silver	Both	No	26	YES	EXCLUDED	NO	NO	Yes
92551NY0380277	SUSX3144	Silver	Both	No	30	NO	INCLUDED	NO	NO	Yes
92551NY0380278	SUSX3147	Silver	Both	No	30	YES	EXCLUDED	NO	NO	Yes
92551NY0380279	SUSX3150	Silver	Both	No	30	YES	INCLUDED	NO	NO	Yes
92551NY0380280	SUSX3153	Silver	Both	No	26	YES	INCLUDED	NO	NO	Yes
92551NY0380643	SUSX3131	Silver	Both	Yes	26	NO	EXCLUDED	NO	NO	No
92551NY0380653	SUSX3134	Silver	Both	Yes	30	NO	EXCLUDED	NO	NO	No
92551NY0380661	SUSX3137	Silver	Both	Yes	26	NO	INCLUDED	NO	NO	No
92551NY0380669	SUSX3140	Silver	Both	Yes	26	YES	EXCLUDED	NO	NO	No
92551NY0380677	SUSX3143	Silver	Both	Yes	30	NO	INCLUDED	NO	NO	No
92551NY0380685	SUSX3146	Silver	Both	Yes	30	YES	EXCLUDED	NO	NO	No
92551NY0380693	SUSX3149	Silver	Both	Yes	30	YES	INCLUDED	NO	NO	No
92551NY0380701	SUSX3152	Silver	Both	Yes	26	YES	INCLUDED	NO	NO	No
92551NY0380644	SUBX4157	Bronze	Both	Yes	26	NO	EXCLUDED	NO	NO	No
92551NY0380655	SUBX4158	Bronze	Both	Yes	30	NO	EXCLUDED	NO	NO	No
92551NY0380663	SUBX4159	Bronze	Both	Yes	26	NO	INCLUDED	NO	NO	No
92551NY0380671	SUBX4160	Bronze	Both	Yes	26	YES	EXCLUDED	NO	NO	No
92551NY0380679	SUBX4161	Bronze	Both	Yes	30	NO	INCLUDED	NO	NO	No
92551NY0380687	SUBX4162	Bronze	Both	Yes	30	YES	EXCLUDED	NO	NO	No
92551NY0380695	SUBX4163	Bronze	Both	Yes	30	YES	INCLUDED	NO	NO	No
92551NY0380703	SUBX4164	Bronze	Both	Yes	26	YES	INCLUDED	NO	NO	No

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment: Groups On Exchange

1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans. (Small Group Sole Proprietor pland to be excluded)
2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Inpatient Hospital	3,677	58,862,746	75,684	16,008	0.049	777.74	2,503	35,712,993	51,613	14,268	0.048	691.94	1,477	20,867,391	30,351	14,128	0.049	687.54
Inpatient Mental Health	232	1,808,967	75,684	7,797	0.003	23.90	186	1,675,391	51,613	9,007	0.004	32.46	98	675,383	30,351	6,892	0.003	22.25
Inpatient Alcohol and Sub. Abuse	120	317,181	75,684	2,643	0.002	4.19	62	159,672	51,613	2,575	0.001	3.09	42	130,938	30,351	3,118	0.001	4.31
Newborn Birth Services	401	1,056,523	75,684	2,635	0.005	13.96	304	817,077	51,613	2,688	0.006	15.83	164	375,790	30,351	2,291	0.005	12.38
Primary Care	214,543	30,600,992	75,684	143	2.835	404.33	144,532	19,248,543	51,613	133	2.800	372.94	81,374	10,577,573	30,351	130	2.681	348.51
Physician Specialty Services	200,973	53,930,700	75,684	268	2.655	712.58	130,903	33,844,666	51,613	259	2.536	655.74	77,444	19,095,715	30,351	247	2.552	629.16
Ambulatory Surgery	10,216	35,166,279	75,684	3,442	0.135	464.65	6,925	22,147,542	51,613	3,198	0.134	429.11	4,152	12,168,804	30,351	2,931	0.137	400.94
Other Professional Services	1,062	866,028	75,684	815	0.014	11.44	0	0	51,613	0	0.000	0.00	0	0	30,351	0	0.000	0.00
Special Therapies	114,624	13,042,514	75,684	114	1.515	172.33	68,284	7,744,223	51,613	113	1.323	150.04	36,053	4,665,873	30,351	129	1.188	153.73
Out-of-Area Other	0	0	75,684	0	0.000	0.00	0	0	51,613	0	0.000	0.00	0	0	30,351	0	0.000	0.00
Emergency Room	10,937	12,079,699	75,684	1,104	0.145	159.61	8,062	7,855,740	51,613	974	0.156	152.20	4,763	4,416,460	30,351	927	0.157	145.51
Outpatient Mental Health	48,078	4,385,831	75,684	91	0.635	57.95	30,152	2,808,401	51,613	93	0.584	54.41	17,373	1,589,080	30,351	91	0.572	52.36
Outpatient Drug & Alcohol Treatment	6,371	353,036	75,684	55	0.084	4.66	3,876	205,267	51,613	53	0.075	3.98	1,966	111,009	30,351	56	0.065	3.66
Dental (excluding Orthodontia)	0	0	75,684	0	0.000	0.00	0	0	51,613	0	0.000	0.00	0	0	30,351	0	0.000	0.00
Pharmacy	716,672	49,469,031	72,037	69	9.949	686.72	479,855	33,415,632	48,900	70	9.813	683.35	280,903	19,198,893	28,187	68	9.966	681.13
Durable Medical Equipment	9,054	2,039,330	75,684	225	0.120	26.95	5,998	1,277,934	51,613	213	0.116	24.76	3,330	673,630	30,351	202	0.110	22.19
Home Health Care	2,834	697,132	75,684	246	0.037	9.21	1,739	245,979	51,613	141	0.034	4.77	1,055	133,167	30,351	126	0.035	4.39
Transportation -Emergent	4,173	2,776,225	75,684	665	0.055	36.68	2,777	1,828,589	51,613	658	0.054	35.43	1,790	897,212	30,351	501	0.059	29.56
Diagnostic Testing, Lab & X-Ray	501,958	35,176,264	75,684	70	6.632	464.78	309,656	22,785,631	51,613	74	6.000	441.47	160,765	12,522,994	30,351	78	5.297	412.61
Family Planning	52,297	2,210,368	75,684	42	0.691	29.21	37,418	1,592,284	51,613	43	0.725	30.85	22,189	952,415	30,351	43	0.731	31.38
Vision Care (incl. eyeglasses)	3,461	201,302	75,684	58	0.046	2.66	2,927	155,044	51,613	53	0.057	3.00	1,999	111,036	30,351	56	0.066	3.66
Pharmacy((Non Prescription Drugs)	47,482	18,748,969	75,684	395	0.627	247.73	19,824	4,059,635	51,613	205	0.384	78.66	11,241	2,493,459	30,351	222	0.370	82.15
Speech & Hearing	6,698	302,574	75,684	45	0.088	4.00	4,652	187,093	51,613	40	0.090	3.62	2,708	108,760	30,351	40	0.089	3.58
Other Medical	9,727	17,897,286	75,684	1,840	0.129	236.47	22,275	17,912,803	51,613	804	0.432	347.06	12,538	9,017,258	30,351	719	0.413	297.10
Total Medical & Hospital	1,965,590	341,988,977	75,684	174	25.971	4,518.64	1,282,910	215,680,139	51,613	168	24.856	4,178.79	723,424	120,782,838	30,351	167	23.835	3,979.53

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47207
SERFF Number: CAPD-129571281
Market Segment: Small Groups On Exchange

1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
3) Premium rates are only for plans with the following benefit provisions:
(a) Through Age 29; **and**
(b) With Domestic Partner; **and**
(c) With Family Planning.
4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
						Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
92551NY0390022	Platinum	SG	On N	on-Standard	No	620.94		733.02			696.38	668.81	
92551NY0380006	Platinum	SG	On N	on-Standard	No	604.72		713.87			678.19	651.34	
92551NY0380681	Platinum	SG	On S	tandard	No	592.39		699.31			664.36	638.06	
92551NY0380022	Gold	SG	On N	on-Standard	No	502.91		593.68			564.01	541.68	
92551NY0380683	Gold	SG	On S	tandard	No	501.15		591.61			562.05	539.79	
92551NY0380198	Gold	SG	On N	on-Standard	No	525.01		619.77			588.80	565.49	
92551NY0390006	Silver	SG	On N	on-Standard	No	449.90		531.10			504.56	484.59	
92551NY0380278	Silver	SG	On	Non-Standard	No	440.66		520.20			494.20	474.63	
92551NY0380685	Silver	SG	On S	tandard	No	434.36		512.77			487.14	467.85	
92551NY0380687	Bronze	SG	On S	tandard	No	372.20		439.38			417.42	400.89	
92551NY0380310	Bronze	SG	On N	on-Standard	No	355.19		419.31			398.35	382.58	
92551NY0380550	Bronze	SG	On N	on-Standard	No	363.50		429.11			407.67	391.53	

CDPHP®
500 Patroon Creek Blvd.
Albany, NY 12206-1057

[Date]

[Contact Name]
[Group Name]
[Address]
[City State Zip]

Re: Notice of Proposed Premium Rate Change
[Plan Name and HIOS Plan ID number]

Dear [Name]:

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.] is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify, or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is ___%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

The increase requested is due to: increases in medical and pharmacy trend (expected increases in claim costs); corrections for past pricing; demographic and aging changes; Federal Risk Adjustment program changes as well as Federal taxes due to the Affordable Care Act; changes in benefits; and changes in administrative expenses.

CDPHP expects to see increases in utilization due to advances in medical technology, increased frequency of genetic testing, and increased use of new specialty pharmaceuticals used to manage rare and complex medical conditions, such as the drug Sovaldi for treatment of Hepatitis C.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact [CDPHP; CDPHP UBI] for additional information at:

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.]
500 Patroon Creek Blvd
Albany, NY 12206
[1-800-777-2273; 1-877-269-2134]
www.cdphp.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is [Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.]
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have small group coverage
4. Your HIOS identification number, which is **[Insert the HIOS ID #]**

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

[Capital District Physicians Health Plan, Inc.; CDPHP Universal Benefits, Inc.] website: www.cdphp.com

DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Enclosed is a copy of a notice that employees enrolled in your CDPHP group plan are required to receive. If you are unable or unwilling to deliver these notices to your employees, please let us know within three business days by contacting us at employerinfo@cdphp.com. If you would prefer a PDF of the document, or need additional copies, please indicate the correct contact person, address, and quantity desired.

Sincerely,

[redacted] Sales
Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits, Inc.

Enclosure

CDPHP®
500 Patroon Creek Blvd.
Albany, NY 12206-1057

Subscriber Notice of Proposed Premium Rate Change
[Plan Name and HIOS Plan ID number]

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.] is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify, or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your group's premium is ___%.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

The increase requested is due to: increases in medical and pharmacy trend (expected increases in claim costs); corrections for past pricing; demographic and aging changes; Federal Risk Adjustment program changes as well as Federal taxes due to the Affordable Care Act; changes in benefits; and changes in administrative expenses.

CDPHP expects to see increases in utilization due to advances in medical technology, increased frequency of genetic testing, and increased use of new specialty pharmaceuticals used to manage rare and complex medical conditions, such as the drug Sovaldi for treatment of Hepatitis C.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact [CDPHP; CDPHP UBI] for additional information at:

[Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.]
500 Patroon Creek Blvd
Albany, NY 12206
[1-800-777-2273; 1-877-269-2134]
www.cdphp.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is [Capital District Physicians' Health Plan, Inc.; CDPHP Universal Benefits, Inc.]
2. The name of your plan, which is [Insert Plan Name]
3. Indicate you have small group coverage
4. Your HIOS identification number, which is **[Insert the HIOS ID #]**

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

[Capital District Physicians Health Plan, Inc.; CDPHP Universal Benefits, Inc.] website: www.cdphp.com

DFS website: www.dfs.ny.gov/healthinsurancepremiums

Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

[Date]

[Contact Name]
[Group name]
[Address]
[City, State ZIP]

Dear Health Benefits Administrator:

As you may know, as a result of federal health care reform legislation, or the Affordable Care Act (ACA), changes to your health insurance are beginning to take effect. While your current policy is ending upon your renewal, CDPHP® is committed to making it simple to select your new policy.

On the reverse, we have prepared two replacement policy recommendations with coverage levels and price points similar to those in your current plan. You may also choose from our entire CDPHP small group plan portfolio. CDPHP has plans to fit all types of businesses and budgets, so your broker or CDPHP account representative can assist you in finding a plan to meet your needs.

In 2014, small businesses (50 or fewer employees) can buy coverage directly from their insurer, or from New York's new health benefit exchange, NY State of Health's Small Business Marketplace, at www.nystateofhealth.ny.gov. The Marketplace can help you calculate costs, compare insurance options and prices, and enroll in coverage online, in person, over the phone, or by mail. You can begin purchasing insurance through NY State of Health in October 2013 for coverage starting January 1, 2014.

~~On the reverse side of this letter~~Enclosed is a copy of a notice that employees enrolled in your CDPHP plan are required to receive. If, for any reason, you are unable or unwilling to deliver these notices to your employees, please let us know within three business days by contacting us at employerinfo@cdphp.com.

If you have questions or wish to request a PDF or extra copies of the member notice, please contact us as shown below, and indicate the correct contact person, address, and quantity desired. Thank you.

CDPHP
Att: Sales Information Analyst
500 Patroon Creek Blvd.
Albany, NY 12206

employerinfo@cdphp.com

If you have any questions, please contact your broker or CDPHP account representative at (518) «Phone». As always, thank you for your business. We look forward to continuing to meet your health care coverage needs.

Sincerely,

Capital District Physicians' Health Plan, Inc.

Plan Names:	**«Product_Type»**	**«Product_Type»**
Office Visit:	$«Office_Visit»	$«Office_Visit»
Specialist Visit:	$«Specialist_Visit»	$«Specialist_Visit»
In-Network Deductible:	«INN_Single__Family_Deductible»	«INN_Single__Family_Deductible»
In-Network Coinsurance:	«Coinsurance»	«Coinsurance»
Rx:	«Description2»	«Description2»
Other Options:	«Description3»	«Description3»
	«Description4»	«Description4»
	«Description5»	«Description5»
Tier	**Monthly Premium**	**Monthly Premium**
Individual Premium:	**$«rate1»**	**$«rate1»**
Employee +1 Premium:	**$«rate2»**	**$«rate2»**
Employee/Child Premium:	**$«rate3»**	**$«rate3»**
Family Premium:	**$«rate4»**	**$«rate4»**

[Date]

Dear Subscriber:

As you may know, as a result of federal health care reform legislation, or the Affordable Care Act (ACA), changes to your health insurance are beginning to take effect. While your current policy is ending upon your renewal, CDPHP® is committed to make the transition to a new plan as easy as possible.

On the reverse, we have prepared two replacement policy recommendations for your employer with coverage levels and price points similar to those in your current plan. Your employer may also choose from our entire CDPHP small group plan portfolio. Speak with your employer to find out more about the plan they will offer upon renewal.

In 2014, your employer has the option to buy coverage directly from their insurer, or from New York's new health benefit exchange, NY State of Health's Small Business Marketplace, at www.nystateofhealth.ny.gov. The Marketplace can help your employer calculate costs, compare insurance options and prices, and enroll in coverage online, in person, over the phone, or by mail. Your employer can begin purchasing insurance through NY State of Health in October 2013 for coverage starting January 1, 2014.

New York ~~Health Benefit Exchange~~State of Health. If your employer does not replace your policy with a similar policy, you may purchase a new contract as an individual direct pay member. Information on individual health insurance coverage is available from New York~~'s Health Benefit Exchange~~State of Health (http://nystateofhealth.ny.gov/). The ~~Exchange~~ Marketplace will help you shop for and enroll in health insurance. You will be able to use the ~~Exchange~~ Marketplace to compare insurance options and prices offered through the ~~Exchange~~Marketplace. You will also be able to calculate costs and enroll in coverage online, in person, over the phone or by mail. You can purchase insurance through the ~~Exchange~~ Marketplace beginning in October 2013 for coverage starting January 1, 2014. Individuals may qualify to receive federal tax credits to help pay for insurance offered through the NY State of Health ~~marketplace~~ Marketplace only. Tax credits are not available when coverage is purchased directly from CDPHP.

If you have any questions, please contact CDPHP at the number on your ID card.

As always, thank you for your business. We look forward to continuing to meet your health care coverage needs.

Sincerely,

~~Laura Kordas~~Patricia Lushkevich
~~Director, Member Services~~Vice President, Internal Operations
Capital District Physicians' Health Plan, Inc.

Plan Names:	«Product_Type»	«Product_Type»
Office Visit:	$«Office_Visit»	$«Office_Visit»
Specialist Visit:	$«Specialist_Visit»	$«Specialist_Visit»
In-Network Deductible:	«INN_Single__Family_Deductible»	«INN_Single__Family_Deductible»
In-Network Coinsurance:	«Coinsurance»	«Coinsurance»
Rx:	«Description2»	«Description2»
Other Options:	«Description3»	«Description3»
	«Description4»	«Description4»
	«Description5»	«Description5»
Tier	**Monthly Premium**	**Monthly Premium**
Individual Premium:	**$«rate1»**	**$«rate1»**
Employee +1 Premium:	**$«rate2»**	**$«rate2»**
Employee/Child Premium:	**$«rate3»**	**$«rate3»**
Family Premium:	**$«rate4»**	**$«rate4»**

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: **47027**
SERFF Tracking #: **CAPD-129571281**
Market Segment: **Small Groups On Exchange**

A. Insurer Information:

CDPHP Universal Benefits, Inc.	Not-For-Profit - 43	Not-for-Profit	47027
Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code

500 Patroon Creek Boulevard, Albany NY 12206
Company mailing address

B. Contact Person:

Rate filing contact person name, title	Contact phone number	Contact Email address

C. Actuarial Contact (If different from above)

Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information:

		CAPD-129571281
New rate applicability period	New rate effective date	SERFF Tracking Number

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing):

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 (1). If yes, provide a brief description of the contract language changes included in this filing.	Yes
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 16.	Yes Retire filing
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 (2).	Yes June 13, 2013
4. Have all the required exhibits been submitted with this rate filing? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary and numerical summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide	Yes- CAPD-129569048

Notes:

(1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate rate and form filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).

(2) §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 filing is submitted to the Department of Financial Services.

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Number: CAPD-129571281
Market Segment: Small Groups On Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the hospital name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
110005719	141338307	Albany Medical Center Hospital				
110005852	141348692	St. Peter's Hospital of Albany				
110005801	141338428	Ellis Hospital				
110019452	141338586	Vassar Brothers Medical Center				
110005819	141338413	Glens Falls Hospital				
110005822	141338547	Saratoga Hospital				
110020443	133964321	Westchester Medical Center				
110017288	141338467	Northern Dutchess Hospital				
110028474	141364536	Orange Regional Medical Center				
110018859	141338503	St. Francis Hospital				
110016551	135596796	Mary Imogene Bassett Hospital				
110016085	141349558	The Kingston Hospital				
110005758	141338457	Albany Memorial Hospital				
110005818	141338544	Samaritan Hospital				
110026241	131624149	The Presbyterian Hospital				
110005863	133290293	Four Winds Saratoga, Inc				
110042708	133971298	NYU Hospitals Center				
110005783	141338373	Columbia Memorial Hospital				
110019105	131624190	NY Presbyterian / Weill Cornell Medical Center				
110019282	161165049	Binghamton General Hospital (UHS)				
110005761	131624082	Memorial Hospital For Cancer and Allied Diseases				
110005850	141347719	St. Mary's Healthcare- Amsterdam Memorial Hospital				
110035162	113410766	Montefiore Medical Center				
110005854	141338386	Sunnyview Hospital & Rehab				
110014302	141340054	The St Lukes Cornwall Hospital (St. Luke's Campus)				
TOTAL			$ 0	#DIV/0!	#DIV/0!	#DIV/0!

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: **47027**
SERFF Number: **CAPD-129571281**
Market Segment: **Small Groups On Exchange**

1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the hospital name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) The allowed charges for the Small Group market should only be for hospital outpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceeding the rate period (2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceeding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges in the period used to develop the weights.
10) A redacted version of this exhbit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file.

1. Provider Number	2. Provider Tax ID	3. Provider Name	4. 2013 Small Groups Allowed Charges	5. % Change for Rate Year	6. % Change for Prior Year	7. % Change for Second Prior Year
110005819	141338413	Glens Falls Hospital				
110005852	141348692	St. Peter's Hospital of Albany				
110016551	135596796	Mary Imogene Bassett Hospital				
110019452	141338586	Vassar Brothers Medical Center				
110005801	141338428	Ellis Hospital				
110005719	141338307	Albany Medical Center Hospital				
110005822	141338547	Saratoga Hospital				
110005775	141338465	Nathan Littauer Hospital				
110042708	133971298	NYU Hospitals Center				
110017288	141338467	Northern Dutchess Hospital				
110005850	141347719	St. Mary's Healthcare- Amsterdam Memorial Hospital				
110005758	141338457	Albany Memorial Hospital				
110005783	141338373	Columbia Memorial Hospital				
110005761	131624082	Memorial Hospital For Cancer				
110005818	141338544	Samaritan Hospital				
110030311	141338307	Albany Medical Center Hospital				
110028474	141364536	Orange Regional Medical Center				
110045926	141819902	Capital Region Ambulatory Surg Ctr				
110005823	141776186	Seton Health Systems				
110016085	141349558	The Kingston Hospital				
110005742	141338470	Benedictine Hospital				
110025756	043267217	FMS - Amsterdam Dialysis Center				
110005740	141772971	Cobleskill Regional Hospital				
110018859	141338503	St. Francis Hospital				
110061617	460463892	St. Peter's Surgery & Endoscopy Center				
110014302	141340054	The St Lukes Cornwall Hospital (St. Luke's Campus)				
110019282	161165049	United Health Services				
110086360	550867698	Saratoga Schenectady Endoscopy Center LLC				
110016390	150532221	Our Lady of Lourdes Memorial Hospital				
110016759	141347717	Bon Secours Community Hospital				
110020443	133964321	Westchester Medical Center				
110013008	150539039	A.O. Fox Memorial Hospital				
110043997	141819770	Executive Woods Ambulatory Surg Ctr				
110018841	141340100	St Anthony Community Hospital				
110014027	150532180	Chenango Memorial Hospital				
110055729	223620184	Albany Regional Eye Surgery Ctr, LLC				
110026092	161540394	O'Connor Hospital				
TOTAL			$ 0	#DIV/0!	#DIV/0!	#DIV/0!

Unified Rate Review v2.0.2

Company Legal Name: **CDPHP, Universal Benefits Inc.** State: **NY**
HIOS Issuer ID: **92551** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2013 to 12/31/2013

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$220,384,091	$330.12	100.00%
Incurred Claims in Experience Period	$203,699,336	305.13	92.43%
Allowed Claims:	$241,725,012	362.09	109.68%
Index Rate of Experience Period		$362.00	
Experience Period Member Months	667,585		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2015 to 12/31/2015 Mid-point to Mid-point, Experience to Projection: 24 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	399.50	$2,927.16	$97.45	1.000	1.000	1.065	0.978	381.81	$3,320.84	$105.66	0.00	$0.00	$0.00
Outpatient Hospital	Visits	2,626.00	199.74	43.71	1.000	1.000	1.025	1.044	2,862.18	209.83	50.05	0.00	0.00	0.00
Professional	Visits	8,990.20	137.36	102.91	1.000	1.000	1.039	1.005	9,073.13	148.21	112.06	0.00	0.00	0.00
Other Medical	Services	5,043.73	75.21	31.61	1.000	1.000	1.039	1.039	5,450.05	81.24	36.90	0.00	0.00	0.00
Capitation	Other	12,000.00	23.06	23.06	1.000	1.000	1.000	1.000	12,000.00	23.06	23.06	0.00	0.00	0.00
Prescription Drug	Prescriptions	10,931.00	69.55	63.35	1.000	1.000	1.041	1.017	11,313.18	75.39	71.07	0.00	0.00	0.00
Total				$362.09							$398.79			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$398.79	$266,225,507
Paid to Allowed Average Factor in Projection Period			0.917	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$365.85	$244,234,327
Projected Risk Adjustments PMPM			-33.04	(22,057,008)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$398.89	$266,291,335
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$398.89	$266,291,335
Administrative Expense Load		12.41%	60.36	40,298,670
Profit & Risk Load		1.75%	8.51	5,682,730
Taxes & Fees		3.84%	18.66	12,454,666
Single Risk Pool Gross Premium Avg. Rate, PMPM			$486.42	$324,727,401
Index Rate for Projection Period			$413.15	
% increase over Experience Period			47.35%	
% Increase, annualized:			21.39%	
Projected Member Months				667,585

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically 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.

Product-Plan Data Collection

Company Legal Name:	**CDPHP, Universal Benefits Inc.**	State:	**NY**
HIOS Issuer ID:	**92551**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																									
Product ID:																									
Metal:		Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
AV Pricing Value		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Plan Type:		EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name		EB4S13	EC4S13	EF2S13	EMBRACES113	EMBRACES213	EMBRACES413	EPOS2213	EPOS2313	EPOS3113	EPOS3213	EPOVBS01B13	EPOVBS01E13	QEPOS0113	QEPOS0213	QEPOS0313	QEPOS1313	EA2S13	EA3S13	EA4S13	EC5S13	ED5S13	ED9S13	EF1S13
Plan ID (Standard Component ID):		92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320001	92551NY0320002	92551NY0320003	92551NY0320004	92551NY0320005	92551NY0320006	92551NY0320007
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																									
Historical Rate Increase - Calendar Year - 1																									
Historical Rate Increase - Calendar Year 0																									
Effective Date of Proposed Rates		1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Threshold Rate Increase %																									

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320001	92551NY0320002	92551NY0320003	92551NY0320004	92551NY0320005	92551NY0320006	92551NY0320007
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$439.30																								
Projected Member Months	667,559																								

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320001	92551NY0320002	92551NY0320003	92551NY0320004	92551NY0320005	92551NY0320006	92551NY0320007
Premium Information	Average Rate PMPM	$335.47	$329.00	$223.72	$330.92	$385.72	$263.07	$299.02	$292.34	$311.67	$433.90	$398.45	$413.72	$363.36	$292.29	$297.28	$335.11	$317.31	$426.68	$413.74	$412.37	$372.44	$424.38	$391.30	$385.17
	Member Months	666,944	457	12	174	55	84	49	266	137	146	658	425	113	251	803	1,009	57,993	20,287	25,763	11,979	666	21,404	35,551	1,524
	Total Premium (TP)	$223,740,200	$150,353	$2,685	$57,580	$21,215	$22,098	$14,652	$77,763	$42,699	$63,350	$262,177	$175,833	$41,060	$73,364	$238,717	$338,128	$18,401,696	$8,656,085	$10,659,272	$4,939,734	$248,048	$9,083,501	$13,910,988	$586,997
	EHB Percent of TP, [see instructions]	0.00%																							
	state mandated benefits portion of TP that are other than EHB	0.00%																							
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	$241,492,913	$165,475	$4,345	$63,003	$19,915	$30,415	$17,742	$96,316	$49,606	$52,865	$238,254	$153,888	$40,916	$90,884	$290,757	$365,348	$20,998,612	$7,345,694	$9,328,492	$4,337,461	$241,151	$7,750,147	$12,872,617	$551,823
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	$37,989,165	$26,031	$684	$9,911	$3,133	$4,785	$2,791	$15,151	$7,804	$8,316	$37,480	$24,208	$6,436	$14,297	$45,739	$57,473	$3,303,284	$1,155,549	$1,467,462	$682,324	$37,935	$1,219,173	$2,024,987	$86,807
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0																							
	Portion of above payable by HHS on behalf of insured person, as %	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$203,503,749	$139,444	$3,662	$53,092	$16,782	$25,631	$14,951	$81,164	$41,803	$44,549	$200,775	$129,680	$34,480	$76,587	$245,018	$307,875	$17,695,328	$6,190,146	$7,861,030	$3,655,137	$203,216	$6,530,974	$10,847,630	$465,016
	Net Amt of Rein	$0.00																							
	Net Amt of Risk Adj	$0.00																							

Incurred Claims PMPM	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13
Allowed Claims PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09
EHB portion of Allowed Claims, PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320000	92551NY0320001	92551NY0320002	92551NY0320003	92551NY0320004	92551NY0320005	92551NY0320006	92551NY0320007
Premium Information	Plan Adjusted Index Rate	$486.36																								
	Member Months	667,559	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Premium (TP)	$324,673,975	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]	74.75%																								
	state mandated benefits portion of TP that are other than EHB	0.00%																								
	Other benefits portion of TP	25.25%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	$266,215,091																								
	EHB Percent of TAC, [see instructions]	97.90%																								
	state mandated benefits portion of TAC that are other than EHB	0.00%																								
	Other benefits portion of TAC	2.10%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation	-$65,826																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0																								
	Portion of above payable by HHS on behalf of insured person, as %	0.00%		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$266,280,918	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein	$0																								
	Net Amt of Risk Adj	$22,056,145																								

Incurred Claims PMPM	$398.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$398.79	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$390.40	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	92551																							
Product ID:	92551NY032																							
Metal:	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
AV Pricing Value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	EH1S13	EH2S13	EH3S13	EP1S13	EP2S13	EPH1S13	EPH2S13	EPOS0113	EPOS0313	EPOS0513	EPOS0713	EPOS0813	EPOS0913	EPOS1013	EPOS1213	EPOS1313	EPOS1413	EPOS1513	EPOS1713	EPOS1813	EPOS1913	EPOS2013	EPOS2413	EPOS2513
Plan ID (Standard Component ID):	92551NY0320008	92551NY0320009	92551NY0320010	92551NY0320011	92551NY0320012	92551NY0320013	92551NY0320014	92551NY0320015	92551NY0320016	92551NY0320017	92551NY0320018	92551NY0320019	92551NY0320020	92551NY0320021	92551NY0320022	92551NY0320023	92551NY0320024	92551NY0320025	92551NY0320026	92551NY0320027	92551NY0320028	92551NY0320029	92551NY0320030	92551NY0320031
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	9.02%																							
Historical Rate Increase - Calendar Year - 1	5.43%																							
Historical Rate Increase - Calendar Year 0	0.00%																							
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Threshold Rate Increase %	#DIV/0!																							

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0320008	92551NY0320009	92551NY0320010	92551NY0320011	92551NY0320012	92551NY0320013	92551NY0320014	92551NY0320015	92551NY0320016	92551NY0320017	92551NY0320018	92551NY0320019	92551NY0320020	92551NY0320021	92551NY0320022	92551NY0320023	92551NY0320024	92551NY0320025	92551NY0320026	92551NY0320027	92551NY0320028	92551NY0320029	92551NY0320030	92551NY0320031
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM																								
Projected Member Months																								

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0320008	92551NY0320009	92551NY0320010	92551NY0320011	92551NY0320012	92551NY0320013	92551NY0320014	92551NY0320015	92551NY0320016	92551NY0320017	92551NY0320018	92551NY0320019	92551NY0320020	92551NY0320021	92551NY0320022	92551NY0320023	92551NY0320024	92551NY0320025	92551NY0320026	92551NY0320027	92551NY0320028	92551NY0320029	92551NY0320030	92551NY0320031
Premium Information	Average Rate PMPM	$356.25	$346.88	$353.04	$420.03	$424.84	$367.03	$375.32	$374.73	$323.28	$390.01	$378.03	$436.77	$407.09	$423.55	$390.30	$340.38	$305.00	$404.93	$345.29	$308.98	$310.76	$250.35	$362.53	$349.54
	Member Months	2,452	13,991	11,615	26,737	4,245	29,380	4,574	1,387	891	3,284	1,492	22,214	59,433	8,955	18,965	5,837	3,288	13,523	377	6,174	4,435	1,350	7,505	3,107
	Total Premium (TP)	$873,533	$4,853,212	$4,100,553	$11,230,368	$1,803,466	$10,783,268	$1,716,698	$519,748	$288,038	$1,280,805	$564,028	$9,702,492	$24,194,703	$3,792,910	$7,402,083	$1,986,809	$1,002,827	$5,475,855	$130,173	$1,907,657	$1,378,236	$337,966	$2,720,788	$1,086,035
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	$887,842	$5,065,984	$4,205,661	$9,681,167	$1,537,067	$10,638,167	$1,656,194	$502,217	$322,621	$1,189,099	$540,236	$8,043,439	$21,520,020	$3,242,505	$6,867,013	$2,113,512	$1,190,548	$4,896,526	$136,507	$2,235,536	$1,605,864	$488,820	$2,717,476	$1,125,010
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	$139,666	$796,928	$661,591	$1,522,941	$241,795	$1,673,486	$260,535	$79,004	$50,751	$187,057	$84,984	$1,265,311	$3,385,307	$510,077	$1,080,247	$332,476	$187,285	$770,271	$21,474	$351,671	$252,618	$76,896	$427,485	$176,975
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$748,176	$4,269,055	$3,544,070	$8,158,226	$1,295,271	$8,964,681	$1,395,659	$423,213	$271,870	$1,002,043	$455,252	$6,778,129	$18,134,713	$2,732,427	$5,786,766	$1,781,036	$1,003,263	$4,126,255	$115,034	$1,883,865	$1,353,246	$411,924	$2,289,991	$948,035
	Net Amt of Rein																								
	Net Amt of Risk Adj																								

Incurred Claims PMPM	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13
Allowed Claims PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09
EHB portion of Allowed Claims, PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0320008	92551NY0320009	92551NY0320010	92551NY0320011	92551NY0320012	92551NY0320013	92551NY0320014	92551NY0320015	92551NY0320016	92551NY0320017	92551NY0320018	92551NY0320019	92551NY0320020	92551NY0320021	92551NY0320022	92551NY0320023	92551NY0320024	92551NY0320025	92551NY0320026	92551NY0320027	92551NY0320028	92551NY0320029	92551NY0320030	92551NY0320031
Premium Information	Plan Adjusted Index Rate																								
	Member Months	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
AV Pricing Value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO
Plan Name	EPOS2613	EPOS2713	EPOS2813	EPOS2913	EPOS3013	EPOS3313	QEPOS0413	QEPOS0613	QEPOS0713	QEPOS1513	QEPOS1613	QEPOS1713	QEPOS1813	QEPOS1913	QEPOS2013	QEPOS2113	QEPOS2213	QEPOS2313	HDPPOASC10	PA1S13	PA2S13	PA3S13	PA4S13	PB4S13
Plan ID (Standard Component ID):	92551NY0320032	92551NY0320033	92551NY0320034	92551NY0320035	92551NY0320036	92551NY0320037	92551NY0320038	92551NY0320039	92551NY0320040	92551NY0320042	92551NY0320043	92551NY0320044	92551NY0320045	92551NY0320046	92551NY0320047	92551NY0320048	92551NY0320049	92551NY0320050	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0320032	92551NY0320033	92551NY0320034	92551NY0320035	92551NY0320036	92551NY0320037	92551NY0320038	92551NY0320039	92551NY0320040	92551NY0320042	92551NY0320043	92551NY0320044	92551NY0320045	92551NY0320046	92551NY0320047	92551NY0320048	92551NY0320049	92551NY0320050	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM																								
Projected Member Months																								

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0320032	92551NY0320033	92551NY0320034	92551NY0320035	92551NY0320036	92551NY0320037	92551NY0320038	92551NY0320039	92551NY0320040	92551NY0320042	92551NY0320043	92551NY0320044	92551NY0320045	92551NY0320046	92551NY0320047	92551NY0320048	92551NY0320049	92551NY0320050	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000
Premium Information	Average Rate PMPM	$334.44	$346.36	$313.55	$399.12	$431.38	$384.13	$260.55	$274.76	$165.82	$319.55	$277.09	$238.84	$196.50	$135.14	$250.87	$216.17	$129.37	$247.64	$239.68	$429.08	$436.26	$424.78	$416.64	$359.18
	Member Months	2,632	1,282	3,717	212	174	431	2,027	3,042	1,220	5,322	23,905	13,601	9,708	5,989	34,782	2,657	46,703	28,440	7	7,478	9,439	2,723	3,151	91
	Total Premium (TP)	$880,242	$444,029	$1,165,464	$84,613	$75,060	$165,562	$528,129	$835,819	$202,301	$1,700,666	$6,623,853	$3,248,496	$1,907,621	$809,373	$8,725,888	$574,374	$6,042,074	$7,042,879	$1,678	$3,208,662	$4,117,869	$1,156,679	$1,312,817	$32,685
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	$953,018	$464,198	$1,345,884	$76,763	$63,003	$156,060	$733,954	$1,101,474	$441,748	$1,927,036	$8,655,731	$4,924,769	$3,515,157	$2,168,549	$12,594,171	$962,070	$16,910,630	$10,297,804	$2,535	$2,707,700	$3,417,756	$985,968	$1,140,942	$32,950
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation:	$149,919	$73,023	$211,721	$12,076	$9,911	$24,550	$115,458	$173,272	$69,491	$303,141	$1,361,630	$774,714	$552,968	$341,134	$1,981,185	$151,343	$2,660,205	$1,619,944	$399	$425,947	$537,646	$155,102	$179,481	$5,183
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$803,099	$391,175	$1,134,163	$64,687	$53,092	$131,510	$618,496	$928,201	$372,257	$1,623,895	$7,294,101	$4,150,055	$2,962,189	$1,827,416	$10,612,986	$810,727	$14,250,425	$8,677,860	$2,136	$2,281,752	$2,880,110	$830,865	$961,460	$27,767
	Net Amt of Rein																								
	Net Amt of Risk Adj																								

Incurred Claims PMPM	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13
Allowed Claims PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09
EHB portion of Allowed Claims, PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0320032	92551NY0320033	92551NY0320034	92551NY0320035	92551NY0320036	92551NY0320037	92551NY0320038	92551NY0320039	92551NY0320040	92551NY0320042	92551NY0320043	92551NY0320044	92551NY0320045	92551NY0320046	92551NY0320047	92551NY0320048	92551NY0320049	92551NY0320050	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000
Premium Information	Plan Adjusted Index Rate																								
	Member Months	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	92551																							
Product ID:	92551NY033																							
Metal:	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold
AV Metal Value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.785
AV Pricing Value	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	PH2S13	PH3S13	PI1S13	PJ1S13	PK1S13	PL1S13	PPH1S13	PPOS0213	PPOS0413	PSSS0413	QPPOS0113	QPPOS0213	QPPOS0413	QPPOS0913	QPPOS1113	SUPX1112	SUPX1115	SUPX1118	SUPX1121	SUPX1124	SUPX1127	SUPX1130	SUPX1133	SUGX2104
Plan ID (Standard Component ID):	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	9.02%																							
Historical Rate Increase - Calendar Year - 1	5.43%																							
Historical Rate Increase - Calendar Year 0	0.00%																							
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.76%	12.27%	14.64%	14.76%	12.15%	12.27%	12.15%	14.64%	7.14%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.76%	12.27%	14.64%	14.76%	12.15%	12.27%	12.15%	14.64%	7.14%
Proj'd Per Rate Change % (over Exper. Period)	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %	#DIV/0!																							

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.24	$6.16	$7.12	$7.24	$6.06	$6.16	$6.06	$7.12	$3.12
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.90	$10.13	$11.72	$11.90	$9.96	$10.13	$9.96	$11.72	$5.13
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.53	$6.41	$7.41	$7.53	$6.30	$6.41	$6.30	$7.41	$3.25
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.05	$8.55	$9.90	$10.05	$8.41	$8.55	$8.41	$9.90	$4.33
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$13.66	$11.63	$13.45	$13.66	$11.43	$11.63	$11.43	$13.45	$5.89
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$24.89	$21.18	$24.50	$24.89	$20.83	$21.18	$20.83	$24.50	$10.73
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.80	$2.39	$2.76	$2.80	$2.35	$2.39	$2.35	$2.76	$1.21
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.42	-$0.35	-$0.41	-$0.42	-$0.35	-$0.35	-$0.35	-$0.41	-$0.18
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$77.65	$66.09	$76.45	$77.65	$64.98	$66.09	$64.98	$76.45	$33.47
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$30.35	$30.40	$30.11	$30.35	$30.16	$30.40	$30.16	$30.11	$1.75

Average Current Rate PMPM																$450.19	$461.00	$447.05	$450.19	$457.78	$461.00	$457.78	$447.05	$401.02
Projected Member Months																10,803	10,205	6,677	5,739	2,300	3,728	1,233	2,213	5

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017
Premium Information	Average Rate PMPM	$339.58	$370.61	$294.42	$197.81	$167.55	$122.97	$375.58	$331.78	$190.46	$407.79	$221.93	$308.65	$278.54	$311.33	$218.57									
	Member Months	1,187	238	1,384	4,070	2,438	4,144	423	315	71	3,131	3,433	1,916	345	70	29									
	Total Premium (TP)	$403,087	$88,206	$407,473	$805,093	$408,489	$509,606	$158,871	$104,512	$13,523	$1,276,785	$761,884	$591,368	$96,096	$21,793	$6,339	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)	$429,799	$86,177	$501,131	$1,473,701	$882,772	$1,500,496	$153,164	$114,058	$25,708	$1,133,700	$1,243,051	$693,762	$124,921	$25,346	$10,501									
	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%									
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%									
	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:	$67,612	$13,556	$78,833	$231,827	$138,869	$236,042	$24,094	$17,942	$4,044	$178,342	$195,544	$109,135	$19,651	$3,987	$1,652									
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$362,188	$72,621	$422,298	$1,241,874	$743,904	$1,264,453	$129,069	$96,116	$21,664	$955,358	$1,047,507	$584,627	$105,269	$21,359	$8,849	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								

Incurred Claims PMPM	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	$305.13	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	$362.09	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0330000	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017
Premium Information	Plan Adjusted Index Rate																$514.18	$515.09	$510.05	$514.18	$510.95	$515.09	$510.95	$510.05	$427.61
	Member Months	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,803	10,205	6,677	5,739	2,300	3,728	1,233	2,213	1
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$5,554,718	$5,256,505	$3,405,577	$2,950,896	$1,175,178	$1,920,260	$629,998	$1,128,732	$428
	EHB Percent of TP, [see instructions]																74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB																0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
Claims Information	Total Allowed Claims (TAC)																$4,308,116.79	$4,069,641.01	$2,662,713.67	$2,288,649.66	$917,214.53	$1,486,685.12	$491,706.75	$882,519.90	$398.79
	EHB Percent of TAC, [see instructions]																97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB																0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation																-$1,065	-$1,006	-$658	-$566	-$227	-$368	-$122	-$218	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$4,309,182	$4,070,647	$2,663,372	$2,289,216	$917,441	$1,487,053	$491,828	$882,738	$399
	Net Amt of Rein																$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj																$356,931	$337,173	$220,608	$189,617	$75,992	$123,173	$40,738	$73,118	$33

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze
AV Metal Value	0.785	0.785	0.785	0.785	0.785	0.785	0.785	0.820	0.820	0.820	0.820	0.820	0.820	0.820	0.820	0.710	0.710	0.710	0.710	0.710	0.710	0.710	0.710	0.586
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUGX2105	SUGX2106	SUGX2107	SUGX2108	SUGX2109	SUGX2110	SUGX2111	SUGX2113	SUGX2115	SUGX2117	SUGX2119	SUGX2121	SUGX2123	SUGX2125	SUGX2127	SUSX3132	SUSX3135	SUSX3138	SUSX3141	SUSX3144	SUSX3147	SUSX3150	SUSX3153	SUBX4142
Plan ID (Standard Component ID):	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380193	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380273	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	4.82%	7.03%	7.14%	4.70%	4.82%	4.70%	7.03%	16.78%	14.24%	16.65%	16.78%	14.12%	14.24%	14.12%	16.65%	13.31%	10.85%	13.19%	13.31%	10.73%	10.85%	10.73%	13.19%	13.96%
Cum'tive Rate Change % (over 12 mos prior)	4.82%	7.03%	7.14%	4.70%	4.82%	4.70%	7.03%	16.78%	14.24%	16.65%	16.78%	14.12%	14.24%	14.12%	16.65%	13.31%	10.85%	13.19%	13.31%	10.73%	10.85%	10.73%	13.19%	13.96%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380193	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380273	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305
Inpatient	$2.15	$3.05	$3.12	$2.09	$2.15	$2.09	$3.05	$7.02	$6.10	$6.92	$7.02	$6.01	$6.10	$6.01	$6.92	$4.82	$4.02	$4.74	$4.82	$3.95	$4.02	$3.95	$4.74	$4.05
Outpatient	$3.54	$5.01	$5.13	$3.43	$3.54	$3.43	$5.01	$11.54	$10.03	$11.37	$11.54	$9.88	$10.03	$9.88	$11.37	$7.92	$6.61	$7.79	$7.92	$6.49	$6.61	$6.49	$7.79	$6.66
Professional	$2.24	$3.17	$3.25	$2.17	$2.24	$2.17	$3.17	$7.30	$6.35	$7.20	$7.30	$6.25	$6.35	$6.25	$7.20	$5.01	$4.18	$4.93	$5.01	$4.11	$4.18	$4.11	$4.93	$4.21
Prescription Drug	$2.99	$4.23	$4.33	$2.90	$2.99	$2.90	$4.23	$9.75	$8.47	$9.61	$9.75	$8.34	$8.47	$8.34	$9.61	$6.69	$5.58	$6.58	$6.69	$5.48	$5.58	$5.48	$6.58	$5.62
Other	$4.06	$5.75	$5.89	$3.94	$4.06	$3.94	$5.75	$13.25	$11.52	$13.06	$13.25	$11.34	$11.52	$11.34	$13.06	$9.09	$7.59	$8.94	$9.09	$7.45	$7.59	$7.45	$8.94	$7.64
Capitation	$7.40	$10.48	$10.73	$7.18	$7.40	$7.18	$10.48	$24.13	$20.98	$23.79	$24.13	$20.65	$20.98	$20.65	$23.79	$16.56	$13.82	$16.29	$16.56	$13.57	$13.82	$13.57	$16.29	$13.92
Administration	$0.83	$1.18	$1.21	$0.81	$0.83	$0.81	$1.18	$2.72	$2.36	$2.68	$2.72	$2.33	$2.36	$2.33	$2.68	$1.87	$1.56	$1.84	$1.87	$1.53	$1.56	$1.53	$1.84	$1.57
Taxes & Fees	-$0.12	-$0.17	-$0.18	-$0.12	-$0.12	-$0.12	-$0.17	-$0.40	-$0.35	-$0.40	-$0.40	-$0.34	-$0.35	-$0.34	-$0.40	-$0.28	-$0.23	-$0.27	-$0.28	-$0.23	-$0.23	-$0.23	-$0.27	-$0.23
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$23.11	$32.70	$33.47	$22.41	$23.11	$22.41	$32.70	$75.30	$65.46	$74.22	$75.30	$64.45	$65.46	$64.45	$74.22	$51.67	$43.13	$50.83	$51.67	$42.35	$43.13	$42.35	$50.83	$43.43
Member Cost Share Increase	$1.75	$1.73	$1.75	$1.74	$1.75	$1.74	$1.73	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.47
Average Current Rate PMPM	$410.64	$398.22	$401.02	$407.78	$410.64	$407.78	$398.22	$384.09	$393.31	$381.42	$384.09	$390.57	$393.31	$390.57	$381.42	$332.26	$340.23	$329.94	$332.26	$337.86	$340.23	$337.86	$329.94	$266.29
Projected Member Months	26	219	277	1	1	1	1	233	1	1	122	1	219	1	1,245	419	1	132	138	119	1	120	3	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380193	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380273	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380193	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380273	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305
Premium Information	Plan Adjusted Index Rate	$428.37	$424.17	$427.61	$424.92	$428.37	$424.92	$424.17	$446.41	$447.20	$442.82	$446.41	$443.60	$447.20	$443.60	$442.82	$374.69	$375.35	$371.67	$374.69	$372.33	$375.35	$372.33	$371.67	$300.03
	Member Months	26	219	277	1	1	1	1	233	1	1	122	1	219	1	1,245	419	1	132	138	119	1	120	3	1
	Total Premium (TP)	$11,042	$92,894	$118,449	$425	$428	$425	$424	$104,013	$447	$443	$54,462	$444	$97,936	$444	$551,356	$156,994	$375	$49,061	$51,707	$44,307	$375	$44,679	$1,115	$300
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
Claims Information	Total Allowed Claims (TAC)	$10,279.33	$87,334.78	$110,464.53	$398.79	$398.79	$398.79	$398.79	$92,917.82	$398.79	$398.79	$48,652.25	$398.79	$87,334.78	$398.79	$496,535.54	$167,092.56	$398.79	$52,640.14	$55,032.87	$47,455.88	$398.79	$47,854.67	$1,196.37	$398.79
	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	-$3	-$22	-$27	$0	$0	$0	$0	-$23	$0	$0	-$12	$0	-$22	$0	-$123	-$41	$0	-$13	-$14	-$12	$0	-$12	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$10,282	$87,356	$110,492	$399	$399	$399	$399	$92,941	$399	$399	$48,664	$399	$87,356	$399	$496,658	$167,134	$399	$52,653	$55,046	$47,468	$399	$47,867	$1,197	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$852	$7,236	$9,152	$33	$33	$33	$33	$7,698	$33	$33	$4,031	$33	$7,236	$33	$41,138	$13,844	$33	$4,361	$4,560	$3,932	$33	$3,965	$99	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	92551																							
Product ID:	92551NY038																							
Metal:	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum
AV Metal Value	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUBX4144	SUBX4146	SUBX4148	SUBX4150	SUBX4152	SUBX4154	SUBX4156	SUPX1111	SUGX2112	SUSX3131	SUBX4157	SUPX1114	SUGX2114	SUSX3134	SUBX4158	SUPX1117	SUGX2116	SUSX3137	SUBX4159	SUPX1120	SUGX2118	SUSX3140	SUBX4160	SUPX1123
Plan ID (Standard Component ID):	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%																							
Historical Rate Increase - Calendar Year - 1	0.00%																							
Historical Rate Increase - Calendar Year 0	0.00%																							
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	11.49%	13.83%	13.96%	11.36%	11.49%	11.36%	13.83%	14.21%	10.09%	12.14%	12.49%	12.23%	8.18%	10.20%	10.54%	14.60%	10.46%	12.52%	12.87%	14.72%	10.58%	12.64%	12.99%	12.11%
Cum'tive Rate Change % (over 12 mos prior)	11.49%	13.83%	13.96%	11.36%	11.49%	11.36%	13.83%	14.21%	10.09%	12.14%	12.49%	12.23%	8.18%	10.20%	10.54%	14.60%	10.46%	12.52%	12.87%	14.72%	10.58%	12.64%	12.99%	12.11%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %	13.52%																							

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673
Inpatient	$3.41	$3.98	$4.05	$3.35	$3.41	$3.35	$3.98	$6.86	$4.27	$4.37	$3.84	$6.02	$3.53	$3.75	$3.31	$6.96	$4.38	$4.46	$3.92	$7.07	$4.46	$4.54	$3.98	$5.91
Outpatient	$5.61	$6.55	$6.66	$5.51	$5.61	$5.51	$6.55	$11.28	$7.02	$7.19	$6.32	$9.89	$5.81	$6.16	$5.44	$11.45	$7.20	$7.33	$6.44	$11.63	$7.34	$7.46	$6.55	$9.73
Professional	$3.55	$4.15	$4.21	$3.49	$3.55	$3.49	$4.15	$7.13	$4.44	$4.55	$4.00	$6.26	$3.67	$3.90	$3.44	$7.25	$4.56	$4.64	$4.08	$7.36	$4.64	$4.72	$4.14	$6.15
Prescription Drug	$4.74	$5.53	$5.62	$4.65	$4.74	$4.65	$5.53	$9.52	$5.93	$6.08	$5.34	$8.36	$4.90	$5.20	$4.59	$9.67	$6.08	$6.19	$5.44	$9.82	$6.20	$6.30	$5.53	$8.22
Other	$6.44	$7.52	$7.64	$6.33	$6.44	$6.33	$7.52	$12.94	$8.06	$8.26	$7.25	$11.36	$6.66	$7.07	$6.24	$13.14	$8.27	$8.42	$7.39	$13.35	$8.42	$8.56	$7.52	$11.17
Capitation	$11.73	$13.70	$13.92	$11.52	$11.73	$11.52	$13.70	$23.58	$14.69	$15.04	$13.22	$20.69	$12.14	$12.88	$11.37	$23.94	$15.06	$15.34	$13.47	$24.32	$15.34	$15.60	$13.69	$20.34
Administration	$1.32	$1.54	$1.57	$1.30	$1.32	$1.30	$1.54	$2.66	$1.65	$1.69	$1.49	$2.33	$1.37	$1.45	$1.28	$2.70	$1.70	$1.73	$1.52	$2.74	$1.73	$1.76	$1.54	$2.29
Taxes & Fees	-$0.20	-$0.23	-$0.23	-$0.19	-$0.20	-$0.19	-$0.23	-$0.39	-$0.25	-$0.25	-$0.22	-$0.35	-$0.20	-$0.22	-$0.19	-$0.40	-$0.25	-$0.26	-$0.22	-$0.41	-$0.26	-$0.26	-$0.23	-$0.34
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$36.59	$42.74	$43.43	$35.96	$36.59	$35.96	$42.74	$73.57	$45.83	$46.94	$41.24	$64.56	$37.88	$40.19	$35.49	$74.71	$46.99	$47.86	$42.02	$75.88	$47.86	$48.67	$42.72	$63.47
Member Cost Share Increase	$0.47	$0.47	$0.47	$0.47	$0.47	$0.47	$0.47	$4.17	$4.20	$3.69	$0.00	$4.17	$4.21	$3.70	$0.00	$4.13	$4.17	$3.66	$0.00	$4.17	$4.20	$3.69	$0.00	$4.14
Average Current Rate PMPM	$272.68	$264.44	$266.29	$270.78	$272.68	$270.78	$264.44	$443.15	$388.94	$330.93	$282.69	$451.75	$396.50	$337.36	$288.18	$438.09	$384.51	$327.16	$279.47	$441.17	$387.20	$329.45	$281.43	$448.61
Projected Member Months	1	1	112	1	1	1	139	1,580	39	1	1	5,693	1	1	57	1,232	1	1	1	3,366	1,264	226	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673
Premium Information	Plan Adjusted Index Rate	$300.56	$297.62	$300.03	$298.14	$300.56	$298.14	$297.62	$503.58	$425.86	$369.39	$316.50	$504.47	$426.61	$370.04	$317.06	$499.53	$422.43	$366.41	$313.96	$503.58	$425.86	$369.39	$316.50	$500.41
	Member Months	1	1	112	1	1	1	139	1,580	39	1	1	5,693	1	1	57	1,232	1	1	1	3,366	1,264	226	1	1
	Total Premium (TP)	$301	$298	$33,603	$298	$301	$298	$41,369	$795,764	$16,608	$369	$317	$2,871,967	$427	$370	$18,073	$615,534	$422	$366	$314	$1,695,064	$538,470	$83,481	$317	$500
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	75.32%	75.32%	75.32%	75.32%	75.19%	75.19%	75.19%	75.19%	75.93%	75.93%	75.93%	75.93%	75.32%	75.32%	75.32%	75.32%	75.80%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	24.68%	24.68%	24.68%	24.68%	24.81%	24.81%	24.81%	24.81%	24.07%	24.07%	24.07%	24.07%	24.68%	24.68%	24.68%	24.68%	24.20%
	Total Allowed Claims (TAC)	$398.79	$398.79	$44,664.36	$398.79	$398.79	$398.79	$55,431.66	$630,166.79	$15,552.77	$398.79	$398.79	$2,270,305.37	$398.79	$398.79	$22,730.97	$491,395.87	$398.79	$398.79	$398.79	$1,342,323.53	$504,245.03	$90,126.30	$398.79	$398.79
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$11	$0	$0	$0	-$14	-$156	-$4	$0	$0	-$561	$0	$0	-$6	-$122	$0	$0	$0	-$332	-$125	-$22	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$44,675	$399	$399	$399	$55,445	$630,323	$15,557	$399	$399	$2,270,867	$399	$399	$22,737	$491,517	$399	$399	$399	$1,342,655	$504,370	$90,149	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$3,700	$33	$33	$33	$4,593	$52,210	$1,289	$33	$33	$188,097	$33	$33	$1,883	$40,713	$33	$33	$33	$111,213	$41,777	$7,467	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								92551	
Product ID:																								92551NY039	
Metal:	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Platinum
AV Metal Value	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.883
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SUGX2120	SUSX3143	SUBX4161	SUPX1126	SUGX2122	SUSX3146	SUBX4162	SUPX1129	SUGX2124	SUSX3149	SUBX4163	SUPX1132	SUGX2126	SUSX3152	SUBX4164	SUSX3133	SUSX3136	SUSX3139	SUSX3142	SUSX3145	SUSX3148	SUSX3151	SUSX3154	SUPX1113	
Plan ID (Standard Component ID):	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2																								0.00%	
Historical Rate Increase - Calendar Year - 1																								0.00%	
Historical Rate Increase - Calendar Year 0																								0.00%	
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	8.06%	10.08%	10.42%	12.23%	8.18%	10.20%	10.54%	12.11%	8.06%	10.08%	10.42%	14.60%	10.46%	12.52%	12.87%	14.60%	12.11%	14.48%	14.60%	11.99%	12.11%	11.99%	14.48%	10.04%	
Cum'tive Rate Change % (over 12 mos prior)	8.06%	10.08%	10.42%	12.23%	8.18%	10.20%	10.54%	12.11%	8.06%	10.08%	10.42%	14.60%	10.46%	12.52%	12.87%	14.60%	12.11%	14.48%	14.60%	11.99%	12.11%	11.99%	14.48%	10.04%	
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Product Threshold Rate Increase %																								8.93%	

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017
Inpatient	$3.46	$3.68	$3.25	$6.02	$3.53	$3.75	$3.31	$5.91	$3.46	$3.68	$3.25	$6.96	$4.38	$4.46	$3.92	$5.33	$4.53	$5.25	$5.33	$4.45	$4.53	$4.45	$5.25	$5.27
Outpatient	$5.68	$6.05	$5.34	$9.89	$5.81	$6.16	$5.44	$9.73	$5.68	$6.05	$5.34	$11.45	$7.20	$7.33	$6.44	$8.77	$7.45	$8.63	$8.77	$7.32	$7.45	$7.32	$8.63	$8.67
Professional	$3.60	$3.83	$3.38	$6.26	$3.67	$3.90	$3.44	$6.15	$3.60	$3.83	$3.38	$7.25	$4.56	$4.64	$4.08	$5.55	$4.71	$5.46	$5.55	$4.63	$4.71	$4.63	$5.46	$5.49
Prescription Drug	$4.80	$5.11	$4.51	$8.36	$4.90	$5.20	$4.59	$8.22	$4.80	$5.11	$4.51	$9.67	$6.08	$6.19	$5.44	$7.41	$6.29	$7.29	$7.41	$6.19	$6.29	$6.19	$7.29	$7.32
Other	$6.52	$6.94	$6.13	$11.36	$6.66	$7.07	$6.24	$11.17	$6.52	$6.94	$6.13	$13.14	$8.27	$8.42	$7.39	$10.07	$8.55	$9.91	$10.07	$8.41	$8.55	$8.41	$9.91	$9.95
Capitation	$11.88	$12.64	$11.16	$20.69	$12.14	$12.88	$11.37	$20.34	$11.88	$12.64	$11.16	$23.94	$15.06	$15.34	$13.47	$18.34	$15.58	$18.06	$18.34	$15.32	$15.58	$15.32	$18.06	$18.13
Administration	$1.34	$1.42	$1.26	$2.33	$1.37	$1.45	$1.28	$2.29	$1.34	$1.42	$1.26	$2.70	$1.70	$1.73	$1.52	$2.07	$1.75	$2.03	$2.07	$1.73	$1.75	$1.73	$2.03	$2.04
Taxes & Fees	-$0.20	-$0.21	-$0.19	-$0.35	-$0.20	-$0.22	-$0.19	-$0.34	-$0.20	-$0.21	-$0.19	-$0.40	-$0.25	-$0.26	-$0.22	-$0.31	-$0.26	-$0.30	-$0.31	-$0.26	-$0.26	-$0.26	-$0.30	-$0.30
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$37.08	$39.45	$34.83	$64.56	$37.88	$40.19	$35.49	$63.47	$37.08	$39.45	$34.83	$74.71	$46.99	$47.86	$42.02	$57.22	$48.61	$56.34	$57.22	$47.79	$48.61	$47.79	$56.34	$56.56
Member Cost Share Increase	$4.18	$3.67	$0.00	$4.17	$4.21	$3.70	$0.00	$4.14	$4.18	$3.67	$0.00	$4.13	$4.17	$3.66	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.86
Average Current Rate PMPM	$393.73	$335.01	$286.17	$451.75	$396.50	$337.36	$288.18	$448.61	$393.73	$335.01	$286.17	$438.09	$384.51	$327.16	$279.47	$335.40	$343.45	$333.06	$335.40	$341.06	$343.45	$341.06	$333.06	$482.10
Projected Member Months	1	1	1	1,200	1	113	1	1	1	13	1	77	577	1	1	245	1	213	203	1	1	1	1	7,271

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017
Premium Information	Plan Adjusted Index Rate	$423.18	$367.06	$314.51	$504.47	$426.61	$370.04	$317.06	$500.41	$423.18	$367.06	$314.51	$499.53	$422.43	$366.41	$313.96	$382.54	$383.22	$379.46	$382.54	$380.13	$383.22	$380.13	$379.46	$527.98
	Member Months	1	1	1	1,200	1	113	1	1	1	13	1	77	577	1	1	245	1	213	203	1	1	1	1	7,271
	Total Premium (TP)	$423	$367	$315	$605,368	$427	$41,814	$317	$500	$423	$4,772	$315	$38,628	$243,742	$366	$314	$93,723	$383	$80,826	$77,656	$380	$383	$380	$379	$3,838,853
	EHB Percent of TP, [see instructions]	75.80%	75.80%	75.80%	75.19%	75.19%	75.19%	75.19%	75.80%	75.80%	75.80%	75.80%	75.93%	75.93%	75.93%	75.93%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	24.20%	24.20%	24.20%	24.81%	24.81%	24.81%	24.81%	24.20%	24.20%	24.20%	24.20%	24.07%	24.07%	24.07%	24.07%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$398.79	$478,546.71	$398.79	$45,063.15	$398.79	$398.79	$398.79	$5,184.26	$398.79	$30,837.98	$230,101.21	$398.79	$398.79	$97,703.29	$398.79	$84,942.04	$80,954.15	$398.79	$398.79	$398.79	$398.79	$2,899,548.43
Claims Information	EHB Percent of TAC, [see instructions]	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	$0	-$118	$0	-$11	$0	$0	$0	-$1	$0	-$8	-$57	$0	$0	-$24	$0	-$21	-$20	$0	$0	$0	$0	-$717
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$399	$478,665	$399	$45,074	$399	$399	$399	$5,186	$399	$30,846	$230,158	$399	$399	$97,727	$399	$84,963	$80,974	$399	$399	$399	$399	$2,900,265
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$33	$39,648	$33	$3,734	$33	$33	$33	$430	$33	$2,555	$19,064	$33	$33	$8,095	$33	$7,038	$6,707	$33	$33	$33	$33	$240,230
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																									
Product ID:																									
Metal:	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.785	0.785	0.785	0.785	0.785	0.785	0.785	0.785	0.783
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUPX1116	SUPX1119	SUPX1122	SUPX1125	SUPX1128	SUPX1131	SUPX1134	SUPF1140	SUPF1148	SUPF1156	SUPF1164	SUPF1172	SUPF1180	SUPF1188	SUPF1196	SUGF2116	SUGF2122	SUGF2128	SUGF2134	SUGF2140	SUGF2146	SUGF2152	SUGF2158	SUGF2117	
Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380033	
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2																									
Historical Rate Increase - Calendar Year - 1																									
Historical Rate Increase - Calendar Year 0																									
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	7.65%	9.92%	10.04%	7.54%	7.65%	7.54%	9.92%	14.76%	12.27%	14.64%	14.76%	12.15%	12.27%	12.15%	14.64%	7.14%	4.82%	7.03%	7.14%	4.70%	4.82%	4.70%	7.03%	8.24%	
Cum'tive Rate Change % (over 12 mos prior)	7.65%	9.92%	10.04%	7.54%	7.65%	7.54%	9.92%	14.76%	12.27%	14.64%	14.76%	12.15%	12.27%	12.15%	14.64%	7.14%	4.82%	7.03%	7.14%	4.70%	4.82%	4.70%	7.03%	8.24%	
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Product Threshold Rate Increase %																									

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380033
Inpatient	$4.11	$5.17	$5.27	$4.02	$4.11	$4.02	$5.17	$7.24	$6.16	$7.12	$7.24	$6.06	$6.16	$6.06	$7.12	$3.12	$2.15	$3.05	$3.12	$2.09	$2.15	$2.09	$3.05	$3.55
Outpatient	$6.76	$8.51	$8.67	$6.61	$6.76	$6.61	$8.51	$11.90	$10.13	$11.72	$11.90	$9.96	$10.13	$9.96	$11.72	$5.13	$3.54	$5.01	$5.13	$3.43	$3.54	$3.43	$5.01	$5.84
Professional	$4.28	$5.38	$5.49	$4.19	$4.28	$4.19	$5.38	$7.53	$6.41	$7.41	$7.53	$6.30	$6.41	$6.30	$7.41	$3.25	$2.24	$3.17	$3.25	$2.17	$2.24	$2.17	$3.17	$3.70
Prescription Drug	$5.71	$7.18	$7.32	$5.59	$5.71	$5.59	$7.18	$10.05	$8.55	$9.90	$10.05	$8.41	$8.55	$8.41	$9.90	$4.33	$2.99	$4.23	$4.33	$2.90	$2.99	$2.90	$4.23	$4.93
Other	$7.76	$9.76	$9.95	$7.59	$7.76	$7.59	$9.76	$13.66	$11.63	$13.45	$13.66	$11.43	$11.63	$11.43	$13.45	$5.89	$4.06	$5.75	$5.89	$3.94	$4.06	$3.94	$5.75	$6.70
Capitation	$14.15	$17.79	$18.13	$13.83	$14.15	$13.83	$17.79	$24.89	$21.18	$24.50	$24.89	$20.83	$21.18	$20.83	$24.50	$10.73	$7.40	$10.48	$10.73	$7.18	$7.40	$7.18	$10.48	$12.21
Administration	$1.59	$2.00	$2.04	$1.56	$1.59	$1.56	$2.00	$2.80	$2.39	$2.76	$2.80	$2.35	$2.39	$2.35	$2.76	$1.21	$0.83	$1.18	$1.21	$0.81	$0.83	$0.81	$1.18	$1.38
Taxes & Fees	-$0.24	-$0.30	-$0.30	-$0.23	-$0.24	-$0.23	-$0.30	-$0.42	-$0.35	-$0.41	-$0.42	-$0.35	-$0.35	-$0.35	-$0.41	-$0.18	-$0.12	-$0.17	-$0.18	-$0.12	-$0.12	-$0.12	-$0.17	-$0.20
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$44.14	$55.51	$56.56	$43.16	$44.14	$43.16	$55.51	$77.65	$66.09	$76.45	$77.65	$64.98	$66.09	$64.98	$76.45	$33.47	$23.11	$32.70	$33.47	$22.41	$23.11	$22.41	$32.70	$38.11
Member Cost Share Increase	$1.86	$1.84	$1.86	$1.85	$1.86	$1.85	$1.84	$30.35	$30.40	$30.11	$30.35	$30.16	$30.40	$30.16	$30.11	$1.75	$1.75	$1.73	$1.75	$1.74	$1.75	$1.74	$1.73	$11.22
Average Current Rate PMPM	$493.67	$478.74	$482.10	$490.22	$493.67	$490.22	$478.74	$450.19	$461.00	$447.05	$450.19	$457.78	$461.00	$457.78	$447.05	$401.02	$410.64	$398.22	$401.02	$407.78	$410.64	$407.78	$398.22	$395.89
Projected Member Months	5,000	12,458	7,729	7,000	7,329	4,631	1,239	3,248	1	1	47,157	2,150	6,401	1	1	1,258	1	1	1,254	1	593	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380033
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0																	
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0380001	92551NY0380002	92551NY0380003	92551NY0380004	92551NY0380005	92551NY0380006	92551NY0380007	92551NY0380008	92551NY0380017	92551NY0380018	92551NY0380019	92551NY0380020	92551NY0380021	92551NY0380022	92551NY0380023	92551NY0380024	92551NY0380033
Premium Information	Plan Adjusted Index Rate	$528.91	$523.73	$527.98	$524.65	$528.91	$524.65	$523.73	$514.18	$515.09	$510.05	$514.18	$510.95	$515.09	$510.95	$510.05	$427.61	$428.37	$424.17	$427.61	$424.92	$428.37	$424.92	$424.17	$426.46
	Member Months	5,000	12,458	7,729	7,000	7,329	4,631	1,239	3,248	1	1	47,157	2,150	6,401	1	1	1,258	1	1	1,254	1	593	1	1	1
	Total Premium (TP)	$2,644,543	$6,524,605	$4,080,542	$3,672,573	$3,876,372	$2,429,669	$648,724	$1,670,214	$515	$510	$24,247,325	$1,098,536	$3,297,098	$511	$510	$537,937	$428	$424	$536,228	$425	$254,023	$425	$424	$426
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
Claims Information	Total Allowed Claims (TAC)	$1,993,944.64	$4,968,112.47	$3,082,099.49	$2,791,522.50	$2,922,724.05	$1,846,791.53	$493,965.70	$1,295,381.14	$398.79	$398.79	$18,805,689.49	$857,396.20	$2,552,647.93	$398.79	$398.79	$501,675.20	$398.79	$398.79	$500,081.32	$398.79	$236,481.83	$398.79	$398.79	$398.79
	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	-$493	-$1,228	-$762	-$690	-$723	-$457	-$122	-$320	$0	$0	-$4,650	-$212	-$631	$0	$0	-$124	$0	$0	-$124	$0	-$58	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$1,994,438	$4,969,341	$3,082,862	$2,792,213	$2,923,447	$1,847,248	$494,088	$1,295,701	$399	$399	$18,810,340	$857,608	$2,553,279	$399	$399	$501,799	$399	$399	$500,205	$399	$236,540	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$165,200	$411,612	$255,355	$231,280	$242,150	$153,008	$40,925	$107,323	$33	$33	$1,558,067	$71,036	$211,489	$33	$33	$41,564	$33	$33	$41,432	$33	$19,593	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver
AV Metal Value	0.783	0.783	0.783	0.783	0.783	0.783	0.783	0.782	0.782	0.782	0.782	0.782	0.782	0.782	0.782	0.795	0.795	0.795	0.795	0.795	0.795	0.795	0.795	0.717
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUGF2123	SUGF2129	SUGF2135	SUGF2141	SUGF2147	SUGF2153	SUGF2159	SUGF2118	SUGF2124	SUGF2130	SUGF2136	SUGF2142	SUGF2148	SUGF2154	SUGF2160	SUGF2113	SUGF2119	SUGF2125	SUGF2131	SUGF2137	SUGF2143	SUGF2149	SUGF2155	SUSF3132
Plan ID (Standard Component ID):	92551NY0380034	92551NY0380035	92551NY0380036	92551NY0380037	92551NY0380038	92551NY0380039	92551NY0380040	92551NY0380049	92551NY0380050	92551NY0380051	92551NY0380052	92551NY0380053	92551NY0380054	92551NY0380055	92551NY0380056	92551NY0380097	92551NY0380098	92551NY0380099	92551NY0380100	92551NY0380101	92551NY0380102	92551NY0380103	92551NY0380104	92551NY0380129
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	5.89%	8.12%	8.24%	5.77%	5.89%	5.77%	8.12%	7.29%	4.97%	7.18%	7.29%	4.85%	4.97%	4.85%	7.18%	15.68%	13.17%	15.55%	15.68%	13.04%	13.17%	13.04%	15.55%	14.80%
Cum'tive Rate Change % (over 12 mos prior)	5.89%	8.12%	8.24%	5.77%	5.89%	5.77%	8.12%	7.29%	4.97%	7.18%	7.29%	4.85%	4.97%	4.85%	7.18%	15.68%	13.17%	15.55%	15.68%	13.04%	13.17%	13.04%	15.55%	14.80%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380034	92551NY0380035	92551NY0380036	92551NY0380037	92551NY0380038	92551NY0380039	92551NY0380040	92551NY0380049	92551NY0380050	92551NY0380051	92551NY0380052	92551NY0380053	92551NY0380054	92551NY0380055	92551NY0380056	92551NY0380097	92551NY0380098	92551NY0380099	92551NY0380100	92551NY0380101	92551NY0380102	92551NY0380103	92551NY0380104	92551NY0380129
Inpatient	$2.60	$3.48	$3.55	$2.53	$2.60	$2.53	$3.48	$3.17	$2.21	$3.09	$3.17	$2.14	$2.21	$2.14	$3.09	$6.58	$5.65	$6.48	$6.58	$5.56	$5.65	$5.56	$6.48	$5.40
Outpatient	$4.28	$5.72	$5.84	$4.16	$4.28	$4.16	$5.72	$5.21	$3.63	$5.09	$5.21	$3.52	$3.63	$3.52	$5.09	$10.81	$9.30	$10.65	$10.81	$9.15	$9.30	$9.15	$10.65	$8.89
Professional	$2.71	$3.62	$3.70	$2.63	$2.71	$2.63	$3.62	$3.30	$2.30	$3.22	$3.30	$2.23	$2.30	$2.23	$3.22	$6.84	$5.88	$6.74	$6.84	$5.79	$5.88	$5.79	$6.74	$5.62
Prescription Drug	$3.61	$4.83	$4.93	$3.52	$3.61	$3.52	$4.83	$4.40	$3.07	$4.30	$4.40	$2.97	$3.07	$2.97	$4.30	$9.13	$7.85	$9.00	$9.13	$7.73	$7.85	$7.73	$9.00	$7.51
Other	$4.91	$6.56	$6.70	$4.78	$4.91	$4.78	$6.56	$5.98	$4.17	$5.84	$5.98	$4.04	$4.17	$4.04	$5.84	$12.41	$10.67	$12.23	$12.41	$10.50	$10.67	$10.50	$12.23	$10.20
Capitation	$8.94	$11.95	$12.21	$8.70	$8.94	$8.70	$11.95	$10.89	$7.59	$10.64	$10.89	$7.36	$7.59	$7.36	$10.64	$22.61	$19.45	$22.28	$22.61	$19.13	$19.45	$19.13	$22.28	$18.58
Administration	$1.01	$1.35	$1.38	$0.98	$1.01	$0.98	$1.35	$1.23	$0.86	$1.20	$1.23	$0.83	$0.86	$0.83	$1.20	$2.55	$2.19	$2.51	$2.55	$2.16	$2.19	$2.16	$2.51	$2.09
Taxes & Fees	-$0.15	-$0.20	-$0.20	-$0.15	-$0.15	-$0.15	-$0.20	-$0.18	-$0.13	-$0.18	-$0.18	-$0.12	-$0.13	-$0.12	-$0.18	-$0.38	-$0.32	-$0.37	-$0.38	-$0.32	-$0.32	-$0.32	-$0.37	-$0.31
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$27.89	$37.30	$38.11	$27.16	$27.89	$27.16	$37.30	$33.98	$23.69	$33.20	$33.98	$22.98	$23.69	$22.98	$33.20	$70.56	$60.68	$69.51	$70.56	$59.69	$60.68	$59.69	$69.51	$57.99
Member Cost Share Increase	$11.24	$11.13	$11.22	$11.15	$11.24	$11.15	$11.13	$6.66	$6.67	$6.60	$6.66	$6.61	$6.67	$6.61	$6.60	$9.74	$9.75	$9.66	$9.74	$9.67	$9.75	$9.67	$9.66	-$2.37

Average Current Rate PMPM	$405.39	$393.13	$395.89	$402.56	$405.39	$402.56	$393.13	$398.74	$408.30	$395.96	$398.74	$405.46	$408.30	$405.46	$395.96	$385.24	$394.48	$382.55	$385.24	$391.73	$394.48	$391.73	$382.55	$335.40
Projected Member Months	1	1	3,449	1	1	1	1	1,277	1	1	1,683	1	1,297	1	1	2,064	1,316	1	28,526	1	2,405	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380034	92551NY0380035	92551NY0380036	92551NY0380037	92551NY0380038	92551NY0380039	92551NY0380040	92551NY0380049	92551NY0380050	92551NY0380051	92551NY0380052	92551NY0380053	92551NY0380054	92551NY0380055	92551NY0380056	92551NY0380097	92551NY0380098	92551NY0380099	92551NY0380100	92551NY0380101	92551NY0380102	92551NY0380103	92551NY0380104	92551NY0380129
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380034	92551NY0380035	92551NY0380036	92551NY0380037	92551NY0380038	92551NY0380039	92551NY0380040	92551NY0380049	92551NY0380050	92551NY0380051	92551NY0380052	92551NY0380053	92551NY0380054	92551NY0380055	92551NY0380056	92551NY0380097	92551NY0380098	92551NY0380099	92551NY0380100	92551NY0380101	92551NY0380102	92551NY0380103	92551NY0380104	92551NY0380129
Premium Information	Plan Adjusted Index Rate	$427.21	$423.03	$426.46	$423.77	$427.21	$423.77	$423.03	$425.78	$426.53	$422.35	$425.78	$423.10	$426.53	$423.10	$422.35	$443.50	$444.29	$439.93	$443.50	$440.71	$444.29	$440.71	$439.93	$383.19
	Member Months	1	1	3,449	1	1	1	1	1,277	1	1	1,683	1	1,297	1	1	2,064	1,316	1	28,526	1	2,405	1	1	1
	Total Premium (TP)	$427	$423	$1,470,845	$424	$427	$424	$423	$543,859	$427	$422	$716,716	$423	$553,066	$423	$422	$915,170	$584,677	$440	$12,651,337	$441	$1,068,526	$441	$440	$383
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
Claims Information	Total Allowed Claims (TAC)	$398.79	$398.79	$1,375,418.02	$398.79	$398.79	$398.79	$398.79	$509,384.70	$398.79	$398.79	$671,284.10	$398.79	$517,094.19	$398.79	$398.79	$822,904.18	$524,803.69	$398.79	$11,375,852.97	$398.79	$959,105.26	$398.79	$398.79	$398.79
	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$340	$0	$0	$0	$0	-$126	$0	$0	-$166	$0	-$128	$0	$0	-$203	-$130	$0	-$2,813	$0	-$237	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$1,375,758	$399	$399	$399	$399	$509,511	$399	$399	$671,450	$399	$517,222	$399	$399	$823,108	$524,933	$399	$11,378,666	$399	$959,342	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$113,955	$33	$33	$33	$33	$42,203	$33	$33	$55,616	$33	$42,842	$33	$33	$68,178	$43,480	$33	$942,499	$33	$79,463	$33	$33	$33

Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold
AV Metal Value	0.717	0.717	0.717	0.717	0.717	0.717	0.717	0.698	0.698	0.698	0.698	0.698	0.698	0.698	0.698	0.693	0.693	0.693	0.693	0.693	0.693	0.693	0.693	0.820
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUSF3139	SUSF3145	SUSF3152	SUSF3159	SUSF3166	SUSF3173	SUSF3180	SUSF3133	SUSF3187	SUSF3146	SUSF3153	SUSF3160	SUSF3167	SUSF3174	SUSF3181	SUSF3138	SUSF3144	SUSF3151	SUSF3158	SUSF3165	SUSF3172	SUSF3179	SUSF3186	SUGF2163
Plan ID (Standard Component ID):	92551NY0380130	92551NY0380131	92551NY0380132	92551NY0380133	92551NY0380134	92551NY0380135	92551NY0380136	92551NY0380145	92551NY0380146	92551NY0380147	92551NY0380148	92551NY0380149	92551NY0380150	92551NY0380151	92551NY0380152	92551NY0380161	92551NY0380162	92551NY0380163	92551NY0380164	92551NY0380165	92551NY0380166	92551NY0380167	92551NY0380168	92551NY0380193
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	12.30%	14.67%	14.80%	12.18%	12.30%	12.18%	14.67%	11.17%	8.76%	11.05%	11.17%	8.64%	8.76%	8.64%	11.05%	11.53%	9.11%	11.41%	11.53%	8.99%	9.11%	8.99%	11.41%	16.78%
Cum'tive Rate Change % (over 12 mos prior)	12.30%	14.67%	14.80%	12.18%	12.30%	12.18%	14.67%	11.17%	8.76%	11.05%	11.17%	8.64%	8.76%	8.64%	11.05%	11.53%	9.11%	11.41%	11.53%	8.99%	9.11%	8.99%	11.41%	16.78%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380130	92551NY0380131	92551NY0380132	92551NY0380133	92551NY0380134	92551NY0380135	92551NY0380136	92551NY0380145	92551NY0380146	92551NY0380147	92551NY0380148	92551NY0380149	92551NY0380150	92551NY0380151	92551NY0380152	92551NY0380161	92551NY0380162	92551NY0380163	92551NY0380164	92551NY0380165	92551NY0380166	92551NY0380167	92551NY0380168	92551NY0380193
Inpatient	$4.60	$5.32	$5.40	$4.52	$4.60	$4.52	$5.32	$4.05	$3.25	$3.98	$4.05	$3.18	$3.25	$3.18	$3.98	$4.14	$3.35	$4.07	$4.14	$3.28	$3.35	$3.28	$4.07	$7.02
Outpatient	$7.57	$8.75	$8.89	$7.44	$7.57	$7.44	$8.75	$6.66	$5.35	$6.54	$6.66	$5.24	$5.35	$5.24	$6.54	$6.81	$5.51	$6.69	$6.81	$5.40	$5.51	$5.40	$6.69	$11.54
Professional	$4.79	$5.54	$5.62	$4.71	$4.79	$4.71	$5.54	$4.21	$3.38	$4.14	$4.21	$3.31	$3.38	$3.31	$4.14	$4.31	$3.48	$4.23	$4.31	$3.41	$3.48	$3.41	$4.23	$7.30
Prescription Drug	$6.39	$7.39	$7.51	$6.28	$6.39	$6.28	$7.39	$5.63	$4.52	$5.53	$5.63	$4.42	$4.52	$4.42	$5.53	$5.75	$4.65	$5.65	$5.75	$4.56	$4.65	$4.56	$5.65	$9.75
Other	$8.68	$10.04	$10.20	$8.54	$8.68	$8.54	$10.04	$7.64	$6.14	$7.51	$7.64	$6.01	$6.14	$6.01	$7.51	$7.81	$6.32	$7.68	$7.81	$6.19	$6.32	$6.19	$7.68	$13.25
Capitation	$15.82	$18.30	$18.58	$15.56	$15.82	$15.56	$18.30	$13.93	$11.18	$13.68	$13.93	$10.95	$11.18	$10.95	$13.68	$14.23	$11.51	$13.99	$14.23	$11.29	$11.51	$11.29	$13.99	$24.13
Administration	$1.78	$2.06	$2.09	$1.75	$1.78	$1.75	$2.06	$1.57	$1.26	$1.54	$1.57	$1.23	$1.26	$1.23	$1.54	$1.60	$1.30	$1.58	$1.60	$1.27	$1.30	$1.27	$1.58	$2.72
Taxes & Fees	-$0.26	-$0.31	-$0.31	-$0.26	-$0.26	-$0.26	-$0.31	-$0.23	-$0.19	-$0.23	-$0.23	-$0.18	-$0.19	-$0.18	-$0.23	-$0.24	-$0.19	-$0.23	-$0.24	-$0.19	-$0.19	-$0.19	-$0.23	-$0.40
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$49.37	$57.10	$57.99	$48.54	$49.37	$48.54	$57.10	$43.46	$34.89	$42.70	$43.46	$34.18	$34.89	$34.18	$42.70	$44.42	$35.93	$43.64	$44.42	$35.21	$35.93	$35.21	$43.64	$75.30
Member Cost Share Increase	-$2.38	-$2.36	-$2.37	-$2.36	-$2.38	-$2.36	-$2.36	-$0.98	-$0.98	-$0.97	-$0.98	-$0.97	-$0.98	-$0.97	-$0.97	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$343.45	$333.06	$335.40	$341.06	$343.45	$341.06	$333.06	$332.94	$340.93	$330.62	$332.94	$338.55	$340.93	$338.55	$330.62	$329.71	$337.62	$327.41	$329.71	$335.27	$337.62	$335.27	$327.41	$384.09
Projected Member Months	1	1	157	1	1	1	1	1,219	1	1	833	1	606	1	1	1	1	1	547	1	219	1	1	1,064

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380130	92551NY0380131	92551NY0380132	92551NY0380133	92551NY0380134	92551NY0380135	92551NY0380136	92551NY0380145	92551NY0380146	92551NY0380147	92551NY0380148	92551NY0380149	92551NY0380150	92551NY0380151	92551NY0380152	92551NY0380161	92551NY0380162	92551NY0380163	92551NY0380164	92551NY0380165	92551NY0380166	92551NY0380167	92551NY0380168	92551NY0380193
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380130	92551NY0380131	92551NY0380132	92551NY0380133	92551NY0380134	92551NY0380135	92551NY0380136	92551NY0380145	92551NY0380146	92551NY0380147	92551NY0380148	92551NY0380149	92551NY0380150	92551NY0380151	92551NY0380152	92551NY0380161	92551NY0380162	92551NY0380163	92551NY0380164	92551NY0380165	92551NY0380166	92551NY0380167	92551NY0380168	92551NY0380193
Premium Information	Plan Adjusted Index Rate	$383.87	$380.11	$383.19	$380.78	$383.87	$380.78	$380.11	$368.37	$369.02	$365.41	$368.37	$366.05	$369.02	$366.05	$365.41	$365.97	$366.62	$363.02	$365.97	$363.67	$366.62	$363.67	$363.02	$446.41
	Member Months	1	1	157	1	1	1	1	1,219	1	1	833	1	606	1	1	1	1	1	547	1	219	1	1	1,064
	Total Premium (TP)	$384	$380	$60,161	$381	$384	$381	$380	$449,168	$369	$365	$306,854	$366	$223,628	$366	$365	$366	$367	$363	$200,185	$364	$80,289	$364	$363	$474,980
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$62,609.86	$398.79	$398.79	$398.79	$398.79	$486,256.21	$398.79	$398.79	$332,191.18	$398.79	$241,666.09	$398.79	$398.79	$398.79	$398.79	$398.79	$218,137.54	$398.79	$87,334.78	$398.79	$398.79	$424,311.42
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$15	$0	$0	$0	$0	-$120	$0	$0	-$82	$0	-$60	$0	$0	$0	$0	$0	-$54	$0	-$22	$0	$0	-$105
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$62,625	$399	$399	$399	$399	$486,376	$399	$399	$332,273	$399	$241,726	$399	$399	$399	$399	$399	$218,191	$399	$87,356	$399	$399	$424,416
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$5,187	$33	$33	$33	$33	$40,287	$33	$33	$27,522	$33	$20,022	$33	$33	$33	$33	$33	$18,073	$33	$7,236	$33	$33	$35,155
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Silver
AV Metal Value	0.820	0.820	0.820	0.820	0.820	0.820	0.820	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.710
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUGF2166	SUGF2169	SUGF2172	SUGF2175	SUGF2178	SUGF2181	SUGF2184	SUPF1138	SUPF1146	SUPF1154	SUPF1162	SUPF1170	SUPF1178	SUPF1186	SUPF1194	SUPF1142	SUPF1150	SUPF1158	SUPF1166	SUPF1174	SUPF1182	SUPF1190	SUPF1198	SUSF3190
Plan ID (Standard Component ID):	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380209	92551NY0380210	92551NY0380211	92551NY0380212	92551NY0380213	92551NY0380214	92551NY0380215	92551NY0380216	92551NY0380225	92551NY0380226	92551NY0380227	92551NY0380228	92551NY0380229	92551NY0380230	92551NY0380231	92551NY0380232	92551NY0380273
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	14.24%	16.65%	16.78%	14.12%	14.24%	14.12%	16.65%	10.91%	8.50%	10.79%	10.91%	8.39%	8.50%	8.39%	10.79%	10.94%	8.53%	10.82%	10.94%	8.41%	8.53%	8.41%	10.82%	13.31%
Cum'tive Rate Change % (over 12 mos prior)	14.24%	16.65%	16.78%	14.12%	14.24%	14.12%	16.65%	10.91%	8.50%	10.79%	10.91%	8.39%	8.50%	8.39%	10.79%	10.94%	8.53%	10.82%	10.94%	8.41%	8.53%	8.41%	10.82%	13.31%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380209	92551NY0380210	92551NY0380211	92551NY0380212	92551NY0380213	92551NY0380214	92551NY0380215	92551NY0380216	92551NY0380225	92551NY0380226	92551NY0380227	92551NY0380228	92551NY0380229	92551NY0380230	92551NY0380231	92551NY0380232	92551NY0380273
Inpatient	$6.10	$6.92	$7.02	$6.01	$6.10	$6.01	$6.92	$5.48	$4.37	$5.38	$5.48	$4.28	$4.37	$4.28	$5.38	$5.49	$4.38	$5.39	$5.49	$4.29	$4.38	$4.29	$5.39	$4.82
Outpatient	$10.03	$11.37	$11.54	$9.88	$10.03	$9.88	$11.37	$9.01	$7.19	$8.85	$9.01	$7.04	$7.19	$7.04	$8.85	$9.03	$7.21	$8.87	$9.03	$7.06	$7.21	$7.06	$8.87	$7.92
Professional	$6.35	$7.20	$7.30	$6.25	$6.35	$6.25	$7.20	$5.70	$4.55	$5.60	$5.70	$4.46	$4.55	$4.46	$5.60	$5.71	$4.56	$5.61	$5.71	$4.47	$4.56	$4.47	$5.61	$5.01
Prescription Drug	$8.47	$9.61	$9.75	$8.34	$8.47	$8.34	$9.61	$7.61	$6.07	$7.47	$7.61	$5.95	$6.07	$5.95	$7.47	$7.63	$6.09	$7.49	$7.63	$5.96	$6.09	$5.96	$7.49	$6.69
Other	$11.52	$13.06	$13.25	$11.34	$11.52	$11.34	$13.06	$10.34	$8.25	$10.16	$10.34	$8.08	$8.25	$8.08	$10.16	$10.36	$8.28	$10.18	$10.36	$8.11	$8.28	$8.11	$10.18	$9.09
Capitation	$20.98	$23.79	$24.13	$20.65	$20.98	$20.65	$23.79	$18.84	$15.03	$18.50	$18.84	$14.72	$15.03	$14.72	$18.50	$18.88	$15.08	$18.55	$18.88	$14.77	$15.08	$14.77	$18.55	$16.56
Administration	$2.36	$2.68	$2.72	$2.33	$2.36	$2.33	$2.68	$2.12	$1.69	$2.08	$2.12	$1.66	$1.69	$1.66	$2.08	$2.13	$1.70	$2.09	$2.13	$1.66	$1.70	$1.66	$2.09	$1.87
Taxes & Fees	-$0.35	-$0.40	-$0.40	-$0.34	-$0.35	-$0.34	-$0.40	-$0.31	-$0.25	-$0.31	-$0.31	-$0.25	-$0.25	-$0.25	-$0.31	-$0.32	-$0.25	-$0.31	-$0.32	-$0.25	-$0.25	-$0.25	-$0.31	-$0.28
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$65.46	$74.22	$75.30	$64.45	$65.46	$64.45	$74.22	$58.79	$46.91	$57.74	$58.79	$45.94	$46.91	$45.94	$57.74	$58.92	$47.05	$57.87	$58.92	$46.08	$47.05	$46.08	$57.87	$51.67
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.56	$8.58	$8.49	$8.56	$8.51	$8.58	$8.51	$8.49	$7.39	$7.40	$7.33	$7.39	$7.35	$7.40	$7.35	$7.33	$0.00
Average Current Rate PMPM	$393.31	$381.42	$384.09	$390.57	$393.31	$390.57	$381.42	$461.16	$472.23	$457.94	$461.16	$468.93	$472.23	$468.93	$457.94	$461.03	$472.10	$457.82	$461.03	$468.81	$472.10	$468.81	$457.82	$332.26
Projected Member Months	1,948	1	22,137	1	830	1	1	40,019	1	1	45,572	2,506	26,186	1	1	1	1	1	8,334	1	14,025	1	1	84

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380209	92551NY0380210	92551NY0380211	92551NY0380212	92551NY0380213	92551NY0380214	92551NY0380215	92551NY0380216	92551NY0380225	92551NY0380226	92551NY0380227	92551NY0380228	92551NY0380229	92551NY0380230	92551NY0380231	92551NY0380232	92551NY0380273
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380194	92551NY0380195	92551NY0380196	92551NY0380197	92551NY0380198	92551NY0380199	92551NY0380200	92551NY0380209	92551NY0380210	92551NY0380211	92551NY0380212	92551NY0380213	92551NY0380214	92551NY0380215	92551NY0380216	92551NY0380225	92551NY0380226	92551NY0380227	92551NY0380228	92551NY0380229	92551NY0380230	92551NY0380231	92551NY0380232	92551NY0380273
Premium Information	Plan Adjusted Index Rate	$447.20	$442.82	$446.41	$443.60	$447.20	$443.60	$442.82	$509.03	$509.93	$504.94	$509.03	$505.83	$509.93	$505.83	$504.94	$509.02	$509.92	$504.93	$509.02	$505.82	$509.92	$505.82	$504.93	$374.69
	Member Months	1,948	1	22,137	1	830	1	1	40,019	1	1	45,572	2,506	26,186	1	1	1	1	1	8,334	1	14,025	1	1	84
	Total Premium (TP)	$870,925	$443	$9,882,169	$444	$371,174	$444	$443	$20,371,006	$510	$505	$23,197,668	$1,267,609	$13,353,092	$506	$505	$509	$510	$505	$4,241,989	$506	$7,151,642	$506	$505	$31,474
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
Claims Information	Total Allowed Claims (TAC)	$776,647.20	$398.79	$8,827,990.50	$398.79	$330,994.81	$398.79	$398.79	$15,959,134.12	$398.79	$398.79	$18,173,609.04	$999,365.05	$10,442,686.87	$398.79	$398.79	$398.79	$398.79	$398.79	$3,323,350.53	$398.79	$5,593,014.72	$398.79	$398.79	$33,498.27
	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	-$192	$0	-$2,183	$0	-$82	$0	$0	-$3,946	$0	$0	-$4,494	-$247	-$2,582	$0	$0	$0	$0	$0	-$822	$0	-$1,383	$0	$0	-$8
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$776,839	$399	$8,830,173	$399	$331,077	$399	$399	$15,963,080	$399	$399	$18,178,103	$999,612	$10,445,269	$399	$399	$399	$399	$399	$3,324,172	$399	$5,594,398	$399	$399	$33,507
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$64,346	$33	$731,406	$33	$27,423	$33	$33	$1,322,228	$33	$33	$1,505,699	$82,798	$865,185	$33	$33	$33	$33	$33	$275,342	$33	$463,386	$33	$33	$2,775
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver
AV Metal Value	0.710	0.710	0.710	0.710	0.710	0.710	0.710	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.795	0.795	0.795	0.795	0.795	0.795	0.795	0.795	0.718
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUSF3195	SUSF3200	SUSF3205	SUSF3210	SUSF3215	SUSF3220	SUSF3225	SUBF4153	SUBF4165	SUBF4177	SUBF4189	SUBF4201	SUBF4213	SUBF4225	SUBF4237	SUGF2162	SUGF2165	SUGF2168	SUGF2171	SUGF2174	SUGF2177	SUGF2180	SUGF2183	SUSF3134
Plan ID (Standard Component ID):	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380321	92551NY0380322	92551NY0380323	92551NY0380324	92551NY0380325	92551NY0380326	92551NY0380327	92551NY0380328	92551NY0380337
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	10.85%	13.19%	13.31%	10.73%	10.85%	10.73%	13.19%	13.96%	11.49%	13.83%	13.96%	11.36%	11.49%	11.36%	13.83%	10.50%	8.11%	10.39%	10.50%	7.99%	8.11%	7.99%	10.39%	16.42%
Cum'tive Rate Change % (over 12 mos prior)	10.85%	13.19%	13.31%	10.73%	10.85%	10.73%	13.19%	13.96%	11.49%	13.83%	13.96%	11.36%	11.49%	11.36%	13.83%	10.50%	8.11%	10.39%	10.50%	7.99%	8.11%	7.99%	10.39%	16.42%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380321	92551NY0380322	92551NY0380323	92551NY0380324	92551NY0380325	92551NY0380326	92551NY0380327	92551NY0380328	92551NY0380337
Inpatient	$4.02	$4.74	$4.82	$3.95	$4.02	$3.95	$4.74	$4.05	$3.41	$3.98	$4.05	$3.35	$3.41	$3.35	$3.98	$4.50	$3.56	$4.42	$4.50	$3.48	$3.56	$3.48	$4.42	$5.85
Outpatient	$6.61	$7.79	$7.92	$6.49	$6.61	$6.49	$7.79	$6.66	$5.61	$6.55	$6.66	$5.51	$5.61	$5.51	$6.55	$7.41	$5.85	$7.27	$7.41	$5.73	$5.85	$5.73	$7.27	$9.61
Professional	$4.18	$4.93	$5.01	$4.11	$4.18	$4.11	$4.93	$4.21	$3.55	$4.15	$4.21	$3.49	$3.55	$3.49	$4.15	$4.69	$3.70	$4.60	$4.69	$3.62	$3.70	$3.62	$4.60	$6.08
Prescription Drug	$5.58	$6.58	$6.69	$5.48	$5.58	$5.48	$6.58	$5.62	$4.74	$5.53	$5.62	$4.65	$4.74	$4.65	$5.53	$6.26	$4.94	$6.14	$6.26	$4.84	$4.94	$4.84	$6.14	$8.12
Other	$7.59	$8.94	$9.09	$7.45	$7.59	$7.45	$8.94	$7.64	$6.44	$7.52	$7.64	$6.33	$6.44	$6.33	$7.52	$8.50	$6.72	$8.35	$8.50	$6.57	$6.72	$6.57	$8.35	$11.03
Capitation	$13.82	$16.29	$16.56	$13.57	$13.82	$13.57	$16.29	$13.92	$11.73	$13.70	$13.92	$11.52	$11.73	$11.52	$13.70	$15.49	$12.24	$15.21	$15.49	$11.98	$12.24	$11.98	$15.21	$20.10
Administration	$1.56	$1.84	$1.87	$1.53	$1.56	$1.53	$1.84	$1.57	$1.32	$1.54	$1.57	$1.30	$1.32	$1.30	$1.54	$1.75	$1.38	$1.71	$1.75	$1.35	$1.38	$1.35	$1.71	$2.26
Taxes & Fees	-$0.23	-$0.27	-$0.28	-$0.23	-$0.23	-$0.23	-$0.27	-$0.23	-$0.20	-$0.23	-$0.23	-$0.19	-$0.20	-$0.19	-$0.23	-$0.26	-$0.20	-$0.25	-$0.26	-$0.20	-$0.20	-$0.20	-$0.25	-$0.34
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$43.13	$50.83	$51.67	$42.35	$43.13	$42.35	$50.83	$43.43	$36.59	$42.74	$43.43	$35.96	$36.59	$35.96	$42.74	$48.33	$38.19	$47.45	$48.33	$37.37	$38.19	$37.37	$47.45	$62.72
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.47	$0.47	$0.47	$0.47	$0.47	$0.47	$0.47	$0.47	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$7.46
Average Current Rate PMPM	$340.23	$329.94	$332.26	$337.86	$340.23	$337.86	$329.94	$266.29	$272.68	$264.44	$266.29	$270.78	$272.68	$270.78	$264.44	$393.79	$403.24	$391.04	$393.79	$400.43	$403.24	$400.43	$391.04	$326.99
Projected Member Months	1	1	577	1	393	1	1	6	1	1	1	1	1	1	1	3,571	1	1	13,966	1	13,165	1	1	619

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380321	92551NY0380322	92551NY0380323	92551NY0380324	92551NY0380325	92551NY0380326	92551NY0380327	92551NY0380328	92551NY0380337
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380274	92551NY0380275	92551NY0380276	92551NY0380277	92551NY0380278	92551NY0380279	92551NY0380280	92551NY0380305	92551NY0380306	92551NY0380307	92551NY0380308	92551NY0380309	92551NY0380310	92551NY0380311	92551NY0380312	92551NY0380321	92551NY0380322	92551NY0380323	92551NY0380324	92551NY0380325	92551NY0380326	92551NY0380327	92551NY0380328	92551NY0380337
Premium Information	Plan Adjusted Index Rate	$375.35	$371.67	$374.69	$372.33	$375.35	$372.33	$371.67	$302.02	$302.55	$299.59	$302.02	$300.12	$302.55	$300.12	$299.59	$433.08	$433.84	$429.59	$433.08	$430.35	$433.84	$430.35	$429.59	$378.85
	Member Months	1	1	577	1	393	1	1	6	1	1	1	1	1	1	1	3,571	1	1	13,966	1	13,165	1	1	619
	Total Premium (TP)	$375	$372	$216,194	$372	$147,512	$372	$372	$1,946	$303	$300	$302	$300	$303	$300	$300	$1,546,705	$434	$430	$6,048,254	$430	$5,711,540	$430	$430	$234,509
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$230,101.21	$398.79	$156,724.05	$398.79	$398.79	$2,569.83	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$1,424,244.82	$398.79	$398.79	$5,569,383.53	$398.79	$5,250,056.24	$398.79	$398.79	$246,850.35
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$57	$0	-$39	$0	$0	-$1	$0	$0	$0	$0	$0	$0	$0	-$352	$0	$0	-$1,377	$0	-$1,298	$0	$0	-$61
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$230,158	$399	$156,763	$399	$399	$2,570	$399	$399	$399	$399	$399	$399	$399	$1,424,597	$399	$399	$5,570,761	$399	$5,251,354	$399	$399	$246,911
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$19,064	$33	$12,985	$33	$33	$213	$33	$33	$33	$33	$33	$33	$33	$118,000	$33	$33	$461,428	$33	$434,972	$33	$33	$20,452
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	92551																							
Product ID:	92551NY038																							
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.718	0.718	0.718	0.718	0.718	0.718	0.718	0.710	0.710	0.710	0.710	0.710	0.710	0.710	0.710	0.692	0.692	0.692	0.692	0.692	0.692	0.692	0.692	0.682
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUSF3140	SUSF3147	SUSF3154	SUSF3161	SUSF3168	SUSF3175	SUSF3182	SUSF3188	SUSF3193	SUSF3198	SUSF3203	SUSF3208	SUSF3213	SUSF3218	SUSF3223	SUSF3137	SUSF3143	SUSF3150	SUSF3157	SUSF3164	SUSF3171	SUSF3178	SUSF3185	SUSF3135
Plan ID (Standard Component ID):	92551NY0380338	92551NY0380339	92551NY0380340	92551NY0380341	92551NY0380342	92551NY0380343	92551NY0380344	92551NY0380369	92551NY0380370	92551NY0380371	92551NY0380372	92551NY0380373	92551NY0380374	92551NY0380375	92551NY0380376	92551NY0380385	92551NY0380386	92551NY0380387	92551NY0380388	92551NY0380389	92551NY0380390	92551NY0380391	92551NY0380392	92551NY0380417
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%																							
Historical Rate Increase - Calendar Year - 1	0.00%																							
Historical Rate Increase - Calendar Year 0	0.00%																							
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	13.89%	16.29%	16.42%	13.76%	13.89%	13.76%	16.29%	15.56%	13.06%	15.44%	15.56%	12.93%	13.06%	12.93%	15.44%	13.43%	10.96%	13.30%	13.43%	10.84%	10.96%	10.84%	13.30%	9.18%
Cum'tive Rate Change % (over 12 mos prior)	13.89%	16.29%	16.42%	13.76%	13.89%	13.76%	16.29%	15.56%	13.06%	15.44%	15.56%	12.93%	13.06%	12.93%	15.44%	13.43%	10.96%	13.30%	13.43%	10.84%	10.96%	10.84%	13.30%	9.18%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %	12.29%																							

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380338	92551NY0380339	92551NY0380340	92551NY0380341	92551NY0380342	92551NY0380343	92551NY0380344	92551NY0380369	92551NY0380370	92551NY0380371	92551NY0380372	92551NY0380373	92551NY0380374	92551NY0380375	92551NY0380376	92551NY0380385	92551NY0380386	92551NY0380387	92551NY0380388	92551NY0380389	92551NY0380390	92551NY0380391	92551NY0380392	92551NY0380417
Inpatient	$5.06	$5.76	$5.85	$4.98	$5.06	$4.98	$5.76	$5.52	$4.74	$5.44	$5.52	$4.66	$4.74	$4.66	$5.44	$4.73	$3.95	$4.65	$4.73	$3.88	$3.95	$3.88	$4.65	$3.31
Outpatient	$8.33	$9.47	$9.61	$8.20	$8.33	$8.20	$9.47	$9.08	$7.80	$8.94	$9.08	$7.67	$7.80	$7.67	$8.94	$7.78	$6.50	$7.65	$7.78	$6.39	$6.50	$6.39	$7.65	$5.45
Professional	$5.27	$5.99	$6.08	$5.19	$5.27	$5.19	$5.99	$5.74	$4.93	$5.66	$5.74	$4.85	$4.93	$4.85	$5.66	$4.92	$4.11	$4.84	$4.92	$4.04	$4.11	$4.04	$4.84	$3.45
Prescription Drug	$7.03	$8.00	$8.12	$6.92	$7.03	$6.92	$8.00	$7.67	$6.59	$7.55	$7.67	$6.48	$6.59	$6.48	$7.55	$6.57	$5.49	$6.46	$6.57	$5.39	$5.49	$5.39	$6.46	$4.60
Other	$9.56	$10.87	$11.03	$9.41	$9.56	$9.41	$10.87	$10.42	$8.95	$10.27	$10.42	$8.81	$8.95	$8.81	$10.27	$8.93	$7.46	$8.78	$8.93	$7.33	$7.46	$7.33	$8.78	$6.26
Capitation	$17.41	$19.81	$20.10	$17.14	$17.41	$17.14	$19.81	$18.98	$16.31	$18.70	$18.98	$16.04	$16.31	$16.04	$18.70	$16.26	$13.60	$16.00	$16.26	$13.36	$13.60	$13.36	$16.00	$11.40
Administration	$1.96	$2.23	$2.26	$1.93	$1.96	$1.93	$2.23	$2.14	$1.84	$2.11	$2.14	$1.81	$1.84	$1.81	$2.11	$1.83	$1.53	$1.80	$1.83	$1.50	$1.53	$1.50	$1.80	$1.28
Taxes & Fees	-$0.29	-$0.33	-$0.34	-$0.29	-$0.29	-$0.29	-$0.33	-$0.32	-$0.27	-$0.31	-$0.32	-$0.27	-$0.27	-$0.27	-$0.31	-$0.27	-$0.23	-$0.27	-$0.27	-$0.22	-$0.23	-$0.22	-$0.27	-$0.19
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$54.34	$61.80	$62.72	$53.47	$54.34	$53.47	$61.80	$59.23	$50.88	$58.36	$59.23	$50.06	$50.88	$50.06	$58.36	$50.75	$42.43	$49.93	$50.75	$41.67	$42.43	$41.67	$49.93	$35.57
Member Cost Share Increase	-$7.47	-$7.40	-$7.46	-$7.41	-$7.47	-$7.41	-$7.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.07	-$0.07	-$0.07	-$0.07	-$0.07	-$0.07	-$0.07	-$0.07	-$0.26
Average Current Rate PMPM	$334.84	$324.71	$326.99	$332.50	$334.84	$332.50	$324.71	$325.75	$333.57	$323.48	$325.75	$331.24	$333.57	$331.24	$323.48	$323.51	$331.28	$321.26	$323.51	$328.97	$331.28	$328.97	$321.26	$331.49
Projected Member Months	1	1	6,724	1	1,606	1	1	1,277	1	1	8,352	1	1,264	1	1	4,486	1,258	1	18,479	1	1,851	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380338	92551NY0380339	92551NY0380340	92551NY0380341	92551NY0380342	92551NY0380343	92551NY0380344	92551NY0380369	92551NY0380370	92551NY0380371	92551NY0380372	92551NY0380373	92551NY0380374	92551NY0380375	92551NY0380376	92551NY0380385	92551NY0380386	92551NY0380387	92551NY0380388	92551NY0380389	92551NY0380390	92551NY0380391	92551NY0380392	92551NY0380417
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380338	92551NY0380339	92551NY0380340	92551NY0380341	92551NY0380342	92551NY0380343	92551NY0380344	92551NY0380369	92551NY0380370	92551NY0380371	92551NY0380372	92551NY0380373	92551NY0380374	92551NY0380375	92551NY0380376	92551NY0380385	92551NY0380386	92551NY0380387	92551NY0380388	92551NY0380389	92551NY0380390	92551NY0380391	92551NY0380392	92551NY0380417
Premium Information	Plan Adjusted Index Rate	$379.52	$375.80	$378.85	$376.47	$379.52	$376.47	$375.80	$374.65	$375.32	$371.64	$374.65	$372.30	$375.32	$372.30	$371.64	$365.20	$365.84	$362.26	$365.20	$362.90	$365.84	$362.90	$362.26	$360.21
	Member Months	1	1	6,724	1	1,606	1	1	1,277	1	1	8,352	1	1,264	1	1	4,486	1,258	1	18,479	1	1,851	1	1	1
	Total Premium (TP)	$380	$376	$2,547,398	$376	$609,502	$376	$376	$478,557	$375	$372	$3,128,943	$372	$474,565	$372	$372	$1,638,450	$460,228	$362	$6,748,429	$363	$677,119	$363	$362	$360
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$2,681,456.75	$398.79	$640,446.12	$398.79	$398.79	$509,384.70	$398.79	$398.79	$3,330,502.03	$398.79	$504,245.03	$398.79	$398.79	$1,789,160.94	$501,675.20	$398.79	$7,369,176.87	$398.79	$738,099.73	$398.79	$398.79	$398.79
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$663	$0	-$158	$0	$0	-$126	$0	$0	-$824	$0	-$125	$0	$0	-$442	-$124	$0	-$1,822	$0	-$183	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$2,682,120	$399	$640,604	$399	$399	$509,511	$399	$399	$3,331,326	$399	$504,370	$399	$399	$1,789,603	$501,799	$399	$7,370,999	$399	$738,282	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$222,161	$33	$53,062	$33	$33	$42,203	$33	$33	$275,935	$33	$41,777	$33	$33	$148,233	$41,564	$33	$610,543	$33	$61,152	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
AV Metal Value	0.682	0.682	0.682	0.682	0.682	0.682	0.682	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.611	0.611	0.611	0.611	0.611	0.611	0.611	0.611	0.608
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUSF3141	SUSF3148	SUSF3155	SUSF3162	SUSF3169	SUSF3176	SUSF3183	SUBF4242	SUBF4245	SUBF4248	SUBF4251	SUBF4254	SUBF4257	SUBF4260	SUBF4263	SUBF4149	SUBF4161	SUBF4173	SUBF4185	SUBF4197	SUBF4209	SUBF4221	SUBF4233	SUBF4146
Plan ID (Standard Component ID):	92551NY0380418	92551NY0380419	92551NY0380420	92551NY0380421	92551NY0380422	92551NY0380423	92551NY0380424	92551NY0380433	92551NY0380434	92551NY0380435	92551NY0380436	92551NY0380437	92551NY0380438	92551NY0380439	92551NY0380440	92551NY0380449	92551NY0380450	92551NY0380451	92551NY0380452	92551NY0380453	92551NY0380454	92551NY0380455	92551NY0380456	92551NY0380497
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	6.81%	9.07%	9.18%	6.70%	6.81%	6.70%	9.07%	13.66%	11.19%	13.53%	13.66%	11.07%	11.19%	11.07%	13.53%	13.70%	11.23%	13.58%	13.70%	11.11%	11.23%	11.11%	13.58%	12.39%
Cum'tive Rate Change % (over 12 mos prior)	6.81%	9.07%	9.18%	6.70%	6.81%	6.70%	9.07%	13.66%	11.19%	13.53%	13.66%	11.07%	11.19%	11.07%	13.53%	13.70%	11.23%	13.58%	13.70%	11.11%	11.23%	11.11%	13.58%	12.39%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380418	92551NY0380419	92551NY0380420	92551NY0380421	92551NY0380422	92551NY0380423	92551NY0380424	92551NY0380433	92551NY0380434	92551NY0380435	92551NY0380436	92551NY0380437	92551NY0380438	92551NY0380439	92551NY0380440	92551NY0380449	92551NY0380450	92551NY0380451	92551NY0380452	92551NY0380453	92551NY0380454	92551NY0380455	92551NY0380456	92551NY0380497
Inpatient	$2.52	$3.25	$3.31	$2.46	$2.52	$2.46	$3.25	$4.20	$3.53	$4.14	$4.20	$3.46	$3.53	$3.46	$4.14	$4.15	$3.49	$4.08	$4.15	$3.42	$3.49	$3.42	$4.08	$3.78
Outpatient	$4.14	$5.34	$5.45	$4.04	$4.14	$4.04	$5.34	$6.91	$5.80	$6.80	$6.91	$5.70	$5.80	$5.70	$6.80	$6.83	$5.73	$6.72	$6.83	$5.63	$5.73	$5.63	$6.72	$6.22
Professional	$2.62	$3.38	$3.45	$2.56	$2.62	$2.56	$3.38	$4.37	$3.67	$4.30	$4.37	$3.60	$3.67	$3.60	$4.30	$4.32	$3.63	$4.25	$4.32	$3.56	$3.63	$3.56	$4.25	$3.93
Prescription Drug	$3.50	$4.51	$4.60	$3.41	$3.50	$3.41	$4.51	$5.84	$4.90	$5.75	$5.84	$4.81	$4.90	$4.81	$5.75	$5.77	$4.84	$5.67	$5.77	$4.76	$4.84	$4.76	$5.67	$5.25
Other	$4.75	$6.13	$6.26	$4.64	$4.75	$4.64	$6.13	$7.93	$6.66	$7.81	$7.93	$6.54	$6.66	$6.54	$7.81	$7.84	$6.58	$7.71	$7.84	$6.46	$6.58	$6.46	$7.71	$7.14
Capitation	$8.66	$11.17	$11.40	$8.45	$8.66	$8.45	$11.17	$14.46	$12.13	$14.22	$14.46	$11.91	$12.13	$11.91	$14.22	$14.28	$11.99	$14.05	$14.28	$11.77	$11.99	$11.77	$14.05	$13.00
Administration	$0.98	$1.26	$1.28	$0.95	$0.98	$0.95	$1.26	$1.63	$1.37	$1.60	$1.63	$1.34	$1.37	$1.34	$1.60	$1.61	$1.35	$1.58	$1.61	$1.33	$1.35	$1.33	$1.58	$1.46
Taxes & Fees	-$0.14	-$0.19	-$0.19	-$0.14	-$0.14	-$0.14	-$0.19	-$0.24	-$0.20	-$0.24	-$0.24	-$0.20	-$0.20	-$0.20	-$0.24	-$0.24	-$0.20	-$0.23	-$0.24	-$0.20	-$0.20	-$0.20	-$0.23	-$0.22
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$27.02	$34.87	$35.57	$26.38	$27.02	$26.38	$34.87	$45.11	$37.84	$44.39	$45.11	$37.17	$37.84	$37.17	$44.39	$44.55	$37.40	$43.83	$44.55	$36.74	$37.40	$36.74	$43.83	$40.57
Member Cost Share Increase	-$0.26	-$0.26	-$0.26	-$0.26	-$0.26	-$0.26	-$0.26	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.32	-$0.32	-$0.32	-$0.32	-$0.32	-$0.32	-$0.32	-$0.32	-$8.39
Average Current Rate PMPM	$339.44	$329.18	$331.49	$337.08	$339.44	$337.08	$329.18	$282.66	$289.45	$280.69	$282.66	$287.43	$289.45	$287.43	$280.69	$278.26	$284.94	$276.32	$278.26	$282.95	$284.94	$282.95	$276.32	$280.21
Projected Member Months	1	1	8,474	1	18	1	1	1	1	1	1,252	1	1	1	1	1	1	1	155	1	355	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380418	92551NY0380419	92551NY0380420	92551NY0380421	92551NY0380422	92551NY0380423	92551NY0380424	92551NY0380433	92551NY0380434	92551NY0380435	92551NY0380436	92551NY0380437	92551NY0380438	92551NY0380439	92551NY0380440	92551NY0380449	92551NY0380450	92551NY0380451	92551NY0380452	92551NY0380453	92551NY0380454	92551NY0380455	92551NY0380456	92551NY0380497
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380418	92551NY0380419	92551NY0380420	92551NY0380421	92551NY0380422	92551NY0380423	92551NY0380424	92551NY0380433	92551NY0380434	92551NY0380435	92551NY0380436	92551NY0380437	92551NY0380438	92551NY0380439	92551NY0380440	92551NY0380449	92551NY0380450	92551NY0380451	92551NY0380452	92551NY0380453	92551NY0380454	92551NY0380455	92551NY0380456	92551NY0380497
Premium Information	Plan Adjusted Index Rate	$360.84	$357.31	$360.21	$357.94	$360.84	$357.94	$357.31	$319.73	$320.30	$317.16	$319.73	$317.72	$320.30	$317.72	$317.16	$314.88	$315.43	$312.34	$314.88	$312.90	$315.43	$312.90	$312.34	$313.43
	Member Months	1	1	8,474	1	18	1	1	1	1	1	1,252	1	1	1	1	1	1	1	155	1	355	1	1	1
	Total Premium (TP)	$361	$357	$3,052,379	$358	$6,495	$358	$357	$320	$320	$317	$400,163	$318	$320	$318	$317	$315	$315	$312	$48,806	$313	$111,979	$313	$312	$313
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$3,379,337.38	$398.79	$7,178.20	$398.79	$398.79	$398.79	$398.79	$398.79	$499,105.37	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$61,812.28	$398.79	$141,570.07	$398.79	$398.79	$398.79
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$836	$0	-$2	$0	$0	$0	$0	$0	-$123	$0	$0	$0	$0	$0	$0	$0	-$15	$0	-$35	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$3,380,173	$399	$7,180	$399	$399	$399	$399	$399	$499,229	$399	$399	$399	$399	$399	$399	$399	$61,828	$399	$141,605	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$279,981	$33	$595	$33	$33	$33	$33	$33	$41,351	$33	$33	$33	$33	$33	$33	$33	$5,121	$33	$11,729	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
AV Metal Value	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.608	0.619	0.619	0.619	0.619	0.619	0.619	0.619	0.619	0.599
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUBF4158	SUBF4170	SUBF4182	SUBF4194	SUBF4206	SUBF4218	SUBF4230	SUBF4147	SUBF4159	SUBF4171	SUBF4183	SUBF4195	SUBF4207	SUBF4219	SUBF4231	SUBF4148	SUBF4160	SUBF4172	SUBF4184	SUBF4196	SUBF4208	SUBF4220	SUBF4232	SUBF4150
Plan ID (Standard Component ID):	92551NY0380498	92551NY0380499	92551NY0380500	92551NY0380501	92551NY0380502	92551NY0380503	92551NY0380504	92551NY0380513	92551NY0380514	92551NY0380515	92551NY0380516	92551NY0380517	92551NY0380518	92551NY0380519	92551NY0380520	92551NY0380529	92551NY0380530	92551NY0380531	92551NY0380532	92551NY0380533	92551NY0380534	92551NY0380535	92551NY0380536	92551NY0380545
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	9.95%	12.27%	12.39%	9.83%	9.95%	9.83%	12.27%	15.64%	13.13%	15.51%	15.64%	13.01%	13.13%	13.01%	15.51%	19.18%	16.59%	19.05%	19.18%	16.46%	16.59%	16.46%	19.05%	13.17%
Cum'tive Rate Change % (over 12 mos prior)	9.95%	12.27%	12.39%	9.83%	9.95%	9.83%	12.27%	15.64%	13.13%	15.51%	15.64%	13.01%	13.13%	13.01%	15.51%	19.18%	16.59%	19.05%	19.18%	16.46%	16.59%	16.46%	19.05%	13.17%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380498	92551NY0380499	92551NY0380500	92551NY0380501	92551NY0380502	92551NY0380503	92551NY0380504	92551NY0380513	92551NY0380514	92551NY0380515	92551NY0380516	92551NY0380517	92551NY0380518	92551NY0380519	92551NY0380520	92551NY0380529	92551NY0380530	92551NY0380531	92551NY0380532	92551NY0380533	92551NY0380534	92551NY0380535	92551NY0380536	92551NY0380545
Inpatient	$3.11	$3.72	$3.78	$3.05	$3.11	$3.05	$3.72	$4.64	$3.99	$4.57	$4.64	$3.92	$3.99	$3.92	$4.57	$5.62	$4.98	$5.54	$5.62	$4.90	$4.98	$4.90	$5.54	$3.94
Outpatient	$5.11	$6.11	$6.22	$5.02	$5.11	$5.02	$6.11	$7.62	$6.55	$7.51	$7.62	$6.45	$6.55	$6.45	$7.51	$9.24	$8.19	$9.11	$9.24	$8.07	$8.19	$8.07	$9.11	$6.47
Professional	$3.24	$3.87	$3.93	$3.17	$3.24	$3.17	$3.87	$4.82	$4.15	$4.75	$4.82	$4.08	$4.15	$4.08	$4.75	$5.85	$5.18	$5.77	$5.85	$5.10	$5.18	$5.10	$5.77	$4.10
Prescription Drug	$4.32	$5.16	$5.25	$4.24	$4.32	$4.24	$5.16	$6.44	$5.54	$6.34	$6.44	$5.45	$5.54	$5.45	$6.34	$7.80	$6.91	$7.70	$7.80	$6.81	$6.91	$6.81	$7.70	$5.47
Other	$5.87	$7.02	$7.14	$5.76	$5.87	$5.76	$7.02	$8.75	$7.52	$8.62	$8.75	$7.40	$7.52	$7.40	$8.62	$10.60	$9.39	$10.46	$10.60	$9.26	$9.39	$9.26	$10.46	$7.43
Capitation	$10.69	$12.79	$13.00	$10.49	$10.69	$10.49	$12.79	$15.94	$13.71	$15.71	$15.94	$13.48	$13.71	$13.48	$15.71	$19.32	$17.12	$19.06	$19.32	$16.87	$17.12	$16.87	$19.06	$13.53
Administration	$1.20	$1.44	$1.46	$1.18	$1.20	$1.18	$1.44	$1.80	$1.54	$1.77	$1.80	$1.52	$1.54	$1.52	$1.77	$2.18	$1.93	$2.15	$2.18	$1.90	$1.93	$1.90	$2.15	$1.52
Taxes & Fees	-$0.18	-$0.21	-$0.22	-$0.18	-$0.18	-$0.18	-$0.21	-$0.27	-$0.23	-$0.26	-$0.27	-$0.23	-$0.23	-$0.23	-$0.26	-$0.32	-$0.29	-$0.32	-$0.32	-$0.28	-$0.29	-$0.28	-$0.32	-$0.23
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$33.37	$39.90	$40.57	$32.73	$33.37	$32.73	$39.90	$49.75	$42.77	$49.01	$49.75	$42.07	$42.77	$42.07	$49.01	$60.29	$53.41	$59.46	$60.29	$52.63	$53.41	$52.63	$59.46	$42.23
Member Cost Share Increase	-$8.40	-$8.32	-$8.39	-$8.33	-$8.40	-$8.33	-$8.32	-$0.36	-$0.36	-$0.36	-$0.36	-$0.36	-$0.36	-$0.36	-$0.36	-$0.43	-$0.43	-$0.42	-$0.43	-$0.43	-$0.43	-$0.43	-$0.42	-$0.79
Average Current Rate PMPM	$286.93	$278.26	$280.21	$284.93	$286.93	$284.93	$278.26	$272.30	$278.84	$270.40	$272.30	$276.89	$278.84	$276.89	$270.40	$269.03	$275.49	$267.16	$269.03	$273.57	$275.49	$273.57	$267.16	$274.42
Projected Member Months	1	1	920	1	303	1	1	55	1	1	90	1	19	1	1	1	1	1	1	1	122	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380498	92551NY0380499	92551NY0380500	92551NY0380501	92551NY0380502	92551NY0380503	92551NY0380504	92551NY0380513	92551NY0380514	92551NY0380515	92551NY0380516	92551NY0380517	92551NY0380518	92551NY0380519	92551NY0380520	92551NY0380529	92551NY0380530	92551NY0380531	92551NY0380532	92551NY0380533	92551NY0380534	92551NY0380535	92551NY0380536	92551NY0380545
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380498	92551NY0380499	92551NY0380500	92551NY0380501	92551NY0380502	92551NY0380503	92551NY0380504	92551NY0380513	92551NY0380514	92551NY0380515	92551NY0380516	92551NY0380517	92551NY0380518	92551NY0380519	92551NY0380520	92551NY0380529	92551NY0380530	92551NY0380531	92551NY0380532	92551NY0380533	92551NY0380534	92551NY0380535	92551NY0380536	92551NY0380545
Premium Information	Plan Adjusted Index Rate	$313.98	$310.91	$313.43	$311.46	$313.98	$311.46	$310.91	$313.38	$313.93	$310.86	$313.38	$311.41	$313.93	$311.41	$310.86	$319.10	$319.67	$316.53	$319.10	$317.09	$319.67	$317.09	$316.53	$309.08
	Member Months	1	1	920	1	303	1	1	55	1	1	90	1	19	1	1	1	1	1	1	1	122	1	1	1
	Total Premium (TP)	$314	$311	$288,356	$311	$95,137	$311	$311	$17,236	$314	$311	$28,204	$311	$6,069	$311	$311	$319	$320	$317	$319	$317	$39,139	$317	$317	$309
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$366,885.81	$398.79	$120,833.05	$398.79	$398.79	$21,933.39	$398.79	$398.79	$35,891.00	$398.79	$7,709.50	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$48,826.80	$398.79	$398.79	$398.79
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$91	$0	-$30	$0	$0	-$5	$0	$0	-$9	$0	-$2	$0	$0	$0	$0	$0	$0	$0	-$12	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$366,977	$399	$120,863	$399	$399	$21,939	$399	$399	$35,900	$399	$7,711	$399	$399	$399	$399	$399	$399	$399	$48,839	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$30,397	$33	$10,011	$33	$33	$1,817	$33	$33	$2,974	$33	$639	$33	$33	$33	$33	$33	$33	$33	$4,045	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum
AV Metal Value	0.599	0.599	0.599	0.599	0.599	0.599	0.599	0.606	0.606	0.606	0.606	0.606	0.606	0.606	0.606	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUBF4162	SUBF4174	SUBF4186	SUBF4198	SUBF4210	SUBF4222	SUBF4234	SUBF4155	SUBF4167	SUBF4179	SUBF4191	SUBF4203	SUBF4215	SUBF4227	SUBF4239	SUPF1137	SUGF2161	SUSF3227	SUBF4241	SUPF1145	SUGF2164	SUSF3192	SUBF4244	SUPF1153
Plan ID (Standard Component ID):	92551NY0380546	92551NY0380547	92551NY0380548	92551NY0380549	92551NY0380550	92551NY0380551	92551NY0380552	92551NY0380577	92551NY0380578	92551NY0380579	92551NY0380580	92551NY0380581	92551NY0380582	92551NY0380583	92551NY0380584	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	10.72%	13.05%	13.17%	10.59%	10.72%	10.59%	13.05%	14.98%	12.48%	14.85%	14.98%	12.36%	12.48%	12.36%	14.85%	14.21%	10.09%	12.14%	8.32%	12.23%	8.18%	10.20%	10.54%	14.60%
Cum'tive Rate Change % (over 12 mos prior)	10.72%	13.05%	13.17%	10.59%	10.72%	10.59%	13.05%	14.98%	12.48%	14.85%	14.98%	12.36%	12.48%	12.36%	14.85%	14.21%	10.09%	12.14%	8.32%	12.23%	8.18%	10.20%	10.54%	14.60%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380546	92551NY0380547	92551NY0380548	92551NY0380549	92551NY0380550	92551NY0380551	92551NY0380552	92551NY0380577	92551NY0380578	92551NY0380579	92551NY0380580	92551NY0380581	92551NY0380582	92551NY0380583	92551NY0380584	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657
Inpatient	$3.28	$3.87	$3.94	$3.22	$3.28	$3.22	$3.87	$4.45	$3.80	$4.39	$4.45	$3.74	$3.80	$3.74	$4.39	$6.86	$4.27	$4.37	$2.66	$6.02	$3.53	$3.75	$3.31	$6.96
Outpatient	$5.39	$6.37	$6.47	$5.29	$5.39	$5.29	$6.37	$7.33	$6.25	$7.21	$7.33	$6.15	$6.25	$6.15	$7.21	$11.28	$7.02	$7.19	$4.37	$9.89	$5.81	$6.16	$5.44	$11.45
Professional	$3.41	$4.03	$4.10	$3.35	$3.41	$3.35	$4.03	$4.64	$3.96	$4.56	$4.64	$3.89	$3.96	$3.89	$4.56	$7.13	$4.44	$4.55	$2.77	$6.26	$3.67	$3.90	$3.44	$7.25
Prescription Drug	$4.55	$5.38	$5.47	$4.47	$4.55	$4.47	$5.38	$6.19	$5.28	$6.09	$6.19	$5.19	$5.28	$5.19	$6.09	$9.52	$5.93	$6.08	$3.69	$8.36	$4.90	$5.20	$4.59	$9.67
Other	$6.19	$7.31	$7.43	$6.08	$6.19	$6.08	$7.31	$8.41	$7.17	$8.28	$8.41	$7.06	$7.17	$7.06	$8.28	$12.94	$8.06	$8.26	$5.02	$11.36	$6.66	$7.07	$6.24	$13.14
Capitation	$11.27	$13.32	$13.53	$11.07	$11.27	$11.07	$13.32	$15.32	$13.07	$15.08	$15.32	$12.85	$13.07	$12.85	$15.08	$23.58	$14.69	$15.04	$9.15	$20.69	$12.14	$12.88	$11.37	$23.94
Administration	$1.27	$1.50	$1.52	$1.25	$1.27	$1.25	$1.50	$1.73	$1.47	$1.70	$1.73	$1.45	$1.47	$1.45	$1.70	$2.66	$1.65	$1.69	$1.03	$2.33	$1.37	$1.45	$1.28	$2.70
Taxes & Fees	-$0.19	-$0.22	-$0.23	-$0.18	-$0.19	-$0.18	-$0.22	-$0.26	-$0.22	-$0.25	-$0.26	-$0.21	-$0.22	-$0.21	-$0.25	-$0.39	-$0.25	-$0.25	-$0.15	-$0.35	-$0.20	-$0.22	-$0.19	-$0.40
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$35.18	$41.55	$42.23	$34.54	$35.18	$34.54	$41.55	$47.80	$40.79	$47.06	$47.80	$40.11	$40.79	$40.11	$47.06	$73.57	$45.83	$46.94	$28.54	$64.56	$37.88	$40.19	$35.49	$74.71
Member Cost Share Increase	-$0.80	-$0.79	-$0.79	-$0.79	-$0.80	-$0.79	-$0.79	-$0.47	-$0.47	-$0.46	-$0.47	-$0.47	-$0.47	-$0.47	-$0.46	$4.17	$4.20	$3.69	$0.00	$4.17	$4.21	$3.70	$0.00	$4.13
Average Current Rate PMPM	$281.00	$272.50	$274.42	$279.04	$281.00	$279.04	$272.50	$273.14	$279.70	$271.24	$273.14	$277.75	$279.70	$277.75	$271.24	$443.15	$388.94	$330.93	$293.56	$451.75	$396.50	$337.36	$288.18	$438.09
Projected Member Months	1	1	155	1	1	1	1	1	1	1	3,115	1	1	1	1	7,531	1,200	1	1	1	1	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380546	92551NY0380547	92551NY0380548	92551NY0380549	92551NY0380550	92551NY0380551	92551NY0380552	92551NY0380577	92551NY0380578	92551NY0380579	92551NY0380580	92551NY0380581	92551NY0380582	92551NY0380583	92551NY0380584	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380546	92551NY0380547	92551NY0380548	92551NY0380549	92551NY0380550	92551NY0380551	92551NY0380552	92551NY0380577	92551NY0380578	92551NY0380579	92551NY0380580	92551NY0380581	92551NY0380582	92551NY0380583	92551NY0380584	92551NY0380641	92551NY0380642	92551NY0380643	92551NY0380644	92551NY0380649	92551NY0380651	92551NY0380653	92551NY0380655	92551NY0380657
Premium Information	Plan Adjusted Index Rate	$309.63	$306.59	$309.08	$307.14	$309.63	$307.14	$306.59	$312.55	$313.11	$310.04	$312.55	$310.59	$313.11	$310.59	$310.04	$503.70	$426.13	$369.33	$316.47	$504.59	$426.88	$369.99	$317.03	$499.65
	Member Months	1	1	155	1	1	1	1	1	1	1	3,115	1	1	1	1	7,531	1,200	1	1	1	1	1	1	1
	Total Premium (TP)	$310	$307	$47,802	$307	$310	$307	$307	$313	$313	$310	$973,603	$311	$313	$311	$310	$3,793,352	$511,351	$369	$316	$505	$427	$370	$317	$500
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	75.32%	75.32%	75.32%	75.32%	75.19%	75.19%	75.19%	75.19%	75.93%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	24.68%	24.68%	24.68%	24.68%	24.81%	24.81%	24.81%	24.81%	24.07%
	Total Allowed Claims (TAC)	$398.79	$398.79	$61,675.96	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$1,242,227.51	$398.79	$398.79	$398.79	$398.79	$3,003,279.42	$478,546.71	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%
	Allowed Claims which are not the issuer's obligation	$0	$0	-$15	$0	$0	$0	$0	$0	$0	$0	-$307	$0	$0	$0	$0	-$743	-$118	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$61,691	$399	$399	$399	$399	$399	$399	$399	$1,242,535	$399	$399	$399	$399	$3,004,022	$478,665	$399	$399	$399	$399	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$5,110	$33	$33	$33	$33	$33	$33	$33	$102,920	$33	$33	$33	$33	$248,824	$39,648	$33	$33	$33	$33	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Platinum	Gold	Silver	Bronze	Silver
AV Metal Value	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.881	0.791	0.707	0.620	0.707
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUGF2167	SUSF3197	SUBF4247	SUPF1161	SUGF2170	SUSF3202	SUBF4250	SUPF1169	SUGF2173	SUSF3207	SUBF4253	SUPF1177	SUGF2176	SUSF3212	SUBF4256	SUPF1185	SUGF2179	SUSF3217	SUBF4259	SUPF1193	SUGF2182	SUSF3222	SUBF4262	SUSF3229
Plan ID (Standard Component ID):	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0380738
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	10.46%	12.52%	12.87%	14.72%	10.58%	12.64%	12.99%	12.11%	8.06%	10.08%	10.42%	12.23%	8.18%	10.20%	10.54%	12.11%	8.06%	10.08%	10.42%	14.60%	10.46%	12.52%	12.87%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	10.46%	12.52%	12.87%	14.72%	10.58%	12.64%	12.99%	12.11%	8.06%	10.08%	10.42%	12.23%	8.18%	10.20%	10.54%	12.11%	8.06%	10.08%	10.42%	14.60%	10.46%	12.52%	12.87%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0380738
Inpatient	$4.38	$4.46	$3.92	$7.07	$4.46	$4.54	$3.98	$5.91	$3.46	$3.68	$3.25	$6.02	$3.53	$3.75	$3.31	$5.91	$3.46	$3.68	$3.25	$6.96	$4.38	$4.46	$3.92	$0.00
Outpatient	$7.20	$7.33	$6.44	$11.63	$7.34	$7.46	$6.55	$9.73	$5.68	$6.05	$5.34	$9.89	$5.81	$6.16	$5.44	$9.73	$5.68	$6.05	$5.34	$11.45	$7.20	$7.33	$6.44	$0.00
Professional	$4.56	$4.64	$4.08	$7.36	$4.64	$4.72	$4.14	$6.15	$3.60	$3.83	$3.38	$6.26	$3.67	$3.90	$3.44	$6.15	$3.60	$3.83	$3.38	$7.25	$4.56	$4.64	$4.08	$0.00
Prescription Drug	$6.08	$6.19	$5.44	$9.82	$6.20	$6.30	$5.53	$8.22	$4.80	$5.11	$4.51	$8.36	$4.90	$5.20	$4.59	$8.22	$4.80	$5.11	$4.51	$9.67	$6.08	$6.19	$5.44	$0.00
Other	$8.27	$8.42	$7.39	$13.35	$8.42	$8.56	$7.52	$11.17	$6.52	$6.94	$6.13	$11.36	$6.66	$7.07	$6.24	$11.17	$6.52	$6.94	$6.13	$13.14	$8.27	$8.42	$7.39	$0.00
Capitation	$15.06	$15.34	$13.47	$24.32	$15.34	$15.60	$13.69	$20.34	$11.88	$12.64	$11.16	$20.69	$12.14	$12.88	$11.37	$20.34	$11.88	$12.64	$11.16	$23.94	$15.06	$15.34	$13.47	$0.00
Administration	$1.70	$1.73	$1.52	$2.74	$1.73	$1.76	$1.54	$2.29	$1.34	$1.42	$1.26	$2.33	$1.37	$1.45	$1.28	$2.29	$1.34	$1.42	$1.26	$2.70	$1.70	$1.73	$1.52	$0.00
Taxes & Fees	-$0.25	-$0.26	-$0.22	-$0.41	-$0.26	-$0.26	-$0.23	-$0.34	-$0.20	-$0.21	-$0.19	-$0.35	-$0.20	-$0.22	-$0.19	-$0.34	-$0.20	-$0.21	-$0.19	-$0.40	-$0.25	-$0.26	-$0.22	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$46.99	$47.86	$42.02	$75.88	$47.86	$48.67	$42.72	$63.47	$37.08	$39.45	$34.83	$64.56	$37.88	$40.19	$35.49	$63.47	$37.08	$39.45	$34.83	$74.71	$46.99	$47.86	$42.02	$0.00
Member Cost Share Increase	$4.17	$3.66	$0.00	$4.17	$4.20	$3.69	$0.00	$4.14	$4.18	$3.67	$0.00	$4.17	$4.21	$3.70	$0.00	$4.14	$4.18	$3.67	$0.00	$4.13	$4.17	$3.66	$0.00	$0.00
Average Current Rate PMPM	$384.51	$327.16	$279.47	$441.17	$387.20	$329.45	$281.43	$448.61	$393.73	$335.01	$286.17	$451.75	$396.50	$337.36	$288.18	$448.61	$393.73	$335.01	$286.17	$438.09	$384.51	$327.16	$279.47	$0.00
Projected Member Months	1	1	1	30,069	3,546	3,780	1,303	1	1	1	1	6,799	1,303	1	1	5,200	1	1	1	1	1	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0380738
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380659	92551NY0380661	92551NY0380663	92551NY0380665	92551NY0380667	92551NY0380669	92551NY0380671	92551NY0380673	92551NY0380675	92551NY0380677	92551NY0380679	92551NY0380681	92551NY0380683	92551NY0380685	92551NY0380687	92551NY0380689	92551NY0380691	92551NY0380693	92551NY0380695	92551NY0380697	92551NY0380699	92551NY0380701	92551NY0380703	92551NY0380738
Premium Information	Plan Adjusted Index Rate	$422.70	$366.36	$313.93	$503.70	$426.13	$369.33	$316.47	$500.53	$423.44	$367.01	$314.48	$504.59	$426.88	$369.99	$317.03	$500.53	$423.44	$367.01	$314.48	$499.65	$422.70	$366.36	$313.93	$373.14
	Member Months	1	1	1	30,069	3,546	3,780	1,303	1	1	1	1	6,799	1,303	1	1	5,200	1	1	1	1	1	1	1	1
	Total Premium (TP)	$423	$366	$314	$15,145,703	$1,510,891	$1,396,066	$412,399	$501	$423	$367	$314	$3,430,693	$556,267	$370	$317	$2,602,747	$423	$367	$314	$500	$423	$366	$314	$373
	EHB Percent of TP, [see instructions]	75.93%	75.93%	75.93%	75.32%	75.32%	75.32%	75.32%	75.80%	75.80%	75.80%	75.80%	75.19%	75.19%	75.19%	75.19%	75.80%	75.80%	75.80%	75.80%	75.93%	75.93%	75.93%	75.93%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	24.07%	24.07%	24.07%	24.68%	24.68%	24.68%	24.68%	24.20%	24.20%	24.20%	24.20%	24.81%	24.81%	24.81%	24.81%	24.20%	24.20%	24.20%	24.20%	24.07%	24.07%	24.07%	24.07%	25.33%
Claims Information	Total Allowed Claims (TAC)	$398.79	$398.79	$398.79	$11,991,184.28	$1,413,965.49	$1,507,409.43	$519,664.02	$398.79	$398.79	$398.79	$398.79	$2,711,365.92	$519,664.02	$398.79	$398.79	$2,073,702.43	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB Percent of TAC, [see instructions]	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	98.03%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	1.97%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	$0	-$2,965	-$350	-$373	-$128	$0	$0	$0	$0	-$670	-$128	$0	$0	-$513	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$399	$11,994,149	$1,414,315	$1,507,782	$519,793	$399	$399	$399	$399	$2,712,036	$519,793	$399	$399	$2,074,215	$399	$399	$399	$399	$399	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$33	$993,480	$117,148	$124,890	$43,055	$33	$33	$33	$33	$224,639	$43,055	$33	$33	$171,808	$33	$33	$33	$33	$33	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.95	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																								
Product ID:																								
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.706	0.706	0.706	0.706	0.706	0.706	0.706	0.706	0.697	0.697	0.697	0.697	0.697	0.697	0.697	0.697	0.719
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	SUSF3237	SUSF3238	SUSF3239	SUSF3240	SUSF3241	SUSF3242	SUSF3243	SUGF2185	SUGF2186	SUGF2187	SUGF2188	SUGF2189	SUGF2190	SUGF2191	SUGF2192	SUSF3228	SUSF3230	SUSF3231	SUSF3232	SUSF3233	SUSF3234	SUSF3235	SUSF3236	SUSFHD18
Plan ID (Standard Component ID):	92551NY0380739	92551NY0380740	92551NY0380741	92551NY0380742	92551NY0380743	92551NY0380744	92551NY0380745	92551NY0380746	92551NY0380747	92551NY0380748	92551NY0380749	92551NY0380750	92551NY0380751	92551NY0380752	92551NY0380753	92551NY0380754	92551NY0380755	92551NY0380756	92551NY0380757	92551NY0380758	92551NY0380759	92551NY0380760	92551NY0380761	92551NY0380762
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2																								
Historical Rate Increase - Calendar Year - 1																								
Historical Rate Increase - Calendar Year 0																								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %																								

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380739	92551NY0380740	92551NY0380741	92551NY0380742	92551NY0380743	92551NY0380744	92551NY0380745	92551NY0380746	92551NY0380747	92551NY0380748	92551NY0380749	92551NY0380750	92551NY0380751	92551NY0380752	92551NY0380753	92551NY0380754	92551NY0380755	92551NY0380756	92551NY0380757	92551NY0380758	92551NY0380759	92551NY0380760	92551NY0380761	92551NY0380762
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Projected Member Months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380739	92551NY0380740	92551NY0380741	92551NY0380742	92551NY0380743	92551NY0380744	92551NY0380745	92551NY0380746	92551NY0380747	92551NY0380748	92551NY0380749	92551NY0380750	92551NY0380751	92551NY0380752	92551NY0380753	92551NY0380754	92551NY0380755	92551NY0380756	92551NY0380757	92551NY0380758	92551NY0380759	92551NY0380760	92551NY0380761	92551NY0380762
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380739	92551NY0380740	92551NY0380741	92551NY0380742	92551NY0380743	92551NY0380744	92551NY0380745	92551NY0380746	92551NY0380747	92551NY0380748	92551NY0380749	92551NY0380750	92551NY0380751	92551NY0380752	92551NY0380753	92551NY0380754	92551NY0380755	92551NY0380756	92551NY0380757	92551NY0380758	92551NY0380759	92551NY0380760	92551NY0380761	92551NY0380762
Premium Information	Plan Adjusted Index Rate	$373.80	$370.13	$373.14	$370.79	$373.80	$370.79	$370.13	$372.79	$373.45	$369.79	$372.79	$370.44	$373.45	$370.44	$369.79	$367.99	$368.64	$365.03	$367.99	$365.68	$368.64	$365.68	$365.03	$380.98
	Member Months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Total Premium (TP)	$374	$370	$373	$371	$374	$371	$370	$373	$373	$370	$373	$370	$373	$370	$370	$368	$369	$365	$368	$366	$369	$366	$365	$381
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
Claims Information	Total Allowed Claims (TAC)	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product																									
Product ID:																									
Metal:	Bronze	Silver	Bronze	Silver	Bronze	Silver	Bronze	Silver	Bronze	Silver	Bronze	Silver	Bronze	Silver	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Platinum
AV Metal Value	0.618	0.719	0.618	0.719	0.618	0.719	0.618	0.719	0.618	0.719	0.618	0.719	0.618	0.719	0.618	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.883
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SUBFHD17	SUSFHD20	SUBFHD19	SUSFHD22	SUBFHD21	SUSFHD24	SUBFHD23	SUSFHD26	SUBFHD25	SUSFHD28	SUBFHD27	SUSFHD30	SUBFHD29	SUSFHD32	SUBFHD31	SUSF3191	SUSF3196	SUSF3201	SUSF3206	SUSF3211	SUSF3216	SUSF3221	SUSF3226	SUPF1143	
Plan ID (Standard Component ID):	92551NY0380763	92551NY0380764	92551NY0380765	92551NY0380766	92551NY0380767	92551NY0380768	92551NY0380769	92551NY0380770	92551NY0380771	92551NY0380772	92551NY0380773	92551NY0380774	92551NY0380775	92551NY0380776	92551NY0380777	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017	
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2																									
Historical Rate Increase - Calendar Year - 1																									
Historical Rate Increase - Calendar Year 0																									
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.60%	12.11%	14.48%	14.60%	11.99%	12.11%	11.99%	14.48%	10.04%	
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	14.60%	12.11%	14.48%	14.60%	11.99%	12.11%	11.99%	14.48%	10.04%	
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Product Threshold Rate Increase %																									

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0380763	92551NY0380764	92551NY0380765	92551NY0380766	92551NY0380767	92551NY0380768	92551NY0380769	92551NY0380770	92551NY0380771	92551NY0380772	92551NY0380773	92551NY0380774	92551NY0380775	92551NY0380776	92551NY0380777	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.33	$4.53	$5.25	$5.33	$4.45	$4.53	$4.45	$5.25	$5.27
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.77	$7.45	$8.63	$8.77	$7.32	$7.45	$7.32	$8.63	$8.67
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$5.55	$4.71	$5.46	$5.55	$4.63	$4.71	$4.63	$5.46	$5.49
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.41	$6.29	$7.29	$7.41	$6.19	$6.29	$6.19	$7.29	$7.32
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.07	$8.55	$9.91	$10.07	$8.41	$8.55	$8.41	$9.91	$9.95
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$18.34	$15.58	$18.06	$18.34	$15.32	$15.58	$15.32	$18.06	$18.13
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.07	$1.75	$2.03	$2.07	$1.73	$1.75	$1.73	$2.03	$2.04
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.31	-$0.26	-$0.30	-$0.31	-$0.26	-$0.26	-$0.26	-$0.30	-$0.30
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$57.22	$48.61	$56.34	$57.22	$47.79	$48.61	$47.79	$56.34	$56.56
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.86
Average Current Rate PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$335.40	$343.45	$333.06	$335.40	$341.06	$343.45	$341.06	$333.06	$482.10
Projected Member Months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	563	1	329	1	1	8,623

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0380763	92551NY0380764	92551NY0380765	92551NY0380766	92551NY0380767	92551NY0380768	92551NY0380769	92551NY0380770	92551NY0380771	92551NY0380772	92551NY0380773	92551NY0380774	92551NY0380775	92551NY0380776	92551NY0380777	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017
Premium Information	Average Rate PMPM																								
	Member Months																								
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]																								
	state mandated benefits portion of TP that are other than EHB																								
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)																								
	EHB Percent of TAC, [see instructions]																								
	state mandated benefits portion of TAC that are other than EHB																								
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:																								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars																								
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein																								
	Net Amt of Risk Adj																								
	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0380763	92551NY0380764	92551NY0380765	92551NY0380766	92551NY0380767	92551NY0380768	92551NY0380769	92551NY0380770	92551NY0380771	92551NY0380772	92551NY0380773	92551NY0380774	92551NY0380775	92551NY0380776	92551NY0380777	92551NY0390001	92551NY0390002	92551NY0390003	92551NY0390004	92551NY0390005	92551NY0390006	92551NY0390007	92551NY0390008	92551NY0390017
Premium Information	Plan Adjusted Index Rate	$318.63	$381.66	$319.19	$377.92	$316.07	$380.98	$318.63	$378.59	$316.63	$381.66	$319.19	$378.59	$316.63	$377.92	$316.07	$382.54	$383.22	$379.46	$382.54	$380.13	$383.22	$380.13	$379.46	$527.98
	Member Months	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	563	1	329	1	1	8,623
	Total Premium (TP)	$319	$382	$319	$378	$316	$381	$319	$379	$317	$382	$319	$379	$317	$378	$316	$383	$383	$379	$215,371	$380	$126,079	$380	$379	$4,552,738
	EHB Percent of TP, [see instructions]	74.67%	74.54%	74.54%	75.28%	75.28%	74.67%	74.67%	75.15%	75.15%	74.54%	74.54%	75.15%	75.15%	75.28%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.33%	25.46%	25.46%	24.72%	24.72%	25.33%	25.33%	24.85%	24.85%	25.46%	25.46%	24.85%	24.85%	24.72%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%
	Total Allowed Claims (TAC)	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$224,518.17	$398.79	$131,201.56	$398.79	$398.79	$3,438,756.93
Claims Information	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	-$56	$0	-$32	$0	$0	-$850
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$399	$224,574	$399	$131,234	$399	$399	$3,439,607
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$33	$18,602	$33	$10,870	$33	$33	$284,904
	Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
	Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
	EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	92551														
Product ID:	92551NY039														
Metal:	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
AV Metal Value	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.589	0.589	0.589	0.589	0.589	0.589	0.589	0.589
AV Pricing Value	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843	0.843
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SUPF1151	SUPF1159	SUPF1167	SUPF1175	SUPF1183	SUPF1191	SUPF1199	SUBF4145	SUBF4157	SUBF4169	SUBF4181	SUBF4193	SUBF4205	SUBF4217	SUBF4229
Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0390050	92551NY0390051	92551NY0390052	92551NY0390053	92551NY0390054	92551NY0390055	92551NY0390056	92551NY0390057
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%														
Historical Rate Increase - Calendar Year - 1	0.00%														
Historical Rate Increase - Calendar Year 0	0.00%														
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	7.65%	9.92%	10.04%	7.54%	7.65%	7.54%	9.92%	18.28%	15.71%	18.15%	18.28%	15.59%	15.71%	15.59%	18.15%
Cum'tive Rate Change % (over 12 mos prior)	7.65%	9.92%	10.04%	7.54%	7.65%	7.54%	9.92%	18.28%	15.71%	18.15%	18.28%	15.59%	15.71%	15.59%	18.15%
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Product Threshold Rate Increase %	8.21%														

Section II: Components of Premium Increase (PMPM

Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0390050	92551NY0390051	92551NY0390052	92551NY0390053	92551NY0390054	92551NY0390055	92551NY0390056	92551NY0390057
Inpatient	$4.11	$5.17	$5.27	$4.02	$4.11	$4.02	$5.17	$5.47	$4.81	$5.39	$5.47	$4.74	$4.81	$4.74	$5.39
Outpatient	$6.76	$8.51	$8.67	$6.61	$6.76	$6.61	$8.51	$8.99	$7.91	$8.86	$8.99	$7.79	$7.91	$7.79	$8.86
Professional	$4.28	$5.38	$5.49	$4.19	$4.28	$4.19	$5.38	$5.69	$5.01	$5.61	$5.69	$4.93	$5.01	$4.93	$5.61
Prescription Drug	$5.71	$7.18	$7.32	$5.59	$5.71	$5.59	$7.18	$7.59	$6.68	$7.49	$7.59	$6.58	$6.68	$6.58	$7.49
Other	$7.76	$9.76	$9.95	$7.59	$7.76	$7.59	$9.76	$10.32	$9.08	$10.17	$10.32	$8.95	$9.08	$8.95	$10.17
Capitation	$14.15	$17.79	$18.13	$13.83	$14.15	$13.83	$17.79	$18.80	$16.54	$18.54	$18.80	$16.30	$16.54	$16.30	$18.54
Administration	$1.59	$2.00	$2.04	$1.56	$1.59	$1.56	$2.00	$2.12	$1.86	$2.09	$2.12	$1.84	$1.86	$1.84	$2.09
Taxes & Fees	-$0.24	-$0.30	-$0.30	-$0.23	-$0.24	-$0.23	-$0.30	-$0.31	-$0.28	-$0.31	-$0.31	-$0.27	-$0.28	-$0.27	-$0.31
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$44.14	$55.51	$56.56	$43.16	$44.14	$43.16	$55.51	$58.65	$51.62	$57.84	$58.65	$50.85	$51.62	$50.85	$57.84
Member Cost Share Increase	$1.86	$1.84	$1.86	$1.85	$1.86	$1.85	$1.84	$2.77	$2.78	$2.75	$2.77	$2.75	$2.78	$2.75	$2.75

Average Current Rate PMPM	$493.67	$478.74	$482.10	$490.22	$493.67	$490.22	$478.74	$274.62	$281.21	$272.71	$274.62	$279.25	$281.21	$279.25	$272.71
Projected Member Months	47,785	1	20,378	1	50,651	1	1	1	1	1	48	1	16	1	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0390050	92551NY0390051	92551NY0390052	92551NY0390053	92551NY0390054	92551NY0390055	92551NY0390056	92551NY0390057
Premium Information	Average Rate PMPM															
	Member Months															
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]															
	state mandated benefits portion of TP that are other than EHB															
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims Information	Total Allowed Claims (TAC)															
	EHB Percent of TAC, [see instructions]															
	state mandated benefits portion of TAC that are other than EHB															
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:															
	Portion of above payable by HHS's funds on behalf of insured person, in dollars															
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein															
	Net Amt of Risk Adj															

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective dat

	Plan ID (Standard Component ID):	92551NY0390018	92551NY0390019	92551NY0390020	92551NY0390021	92551NY0390022	92551NY0390023	92551NY0390024	92551NY0390050	92551NY0390051	92551NY0390052	92551NY0390053	92551NY0390054	92551NY0390055	92551NY0390056	92551NY0390057
Premium Information	Plan Adjusted Index Rate	$528.91	$523.73	$527.98	$524.65	$528.91	$524.65	$523.73	$323.27	$323.84	$320.67	$323.27	$321.24	$323.84	$321.24	$320.67
	Member Months	47,785	1	20,378	1	50,651	1	1	1	1	1	48	1	16	1	1
	Total Premium (TP)	$25,273,901	$524	$10,759,097	$525	$26,789,807	$525	$524	$323	$324	$321	$15,517	$321	$5,181	$321	$321
	EHB Percent of TP, [see instructions]	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%	74.67%	74.54%	75.28%	74.67%	75.15%	74.54%	75.15%	75.28%
	state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TP	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%	25.33%	25.46%	24.72%	25.33%	24.85%	25.46%	24.85%	24.72%
Claims Information	Total Allowed Claims (TAC)	$19,056,128.93	$398.79	$8,126,520.78	$398.79	$20,199,098.78	$398.79	$398.79	$398.79	$398.79	$398.79	$19,141.87	$398.79	$6,380.62	$398.79	$398.79
	EHB Percent of TAC, [see instructions]	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%	97.88%
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Other benefits portion of TAC	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
	Allowed Claims which are not the issuer's obligation	-$4,712	$0	-$2,009	$0	-$4,995	$0	$0	$0	$0	$0	-$5	$0	-$2	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$19,060,841	$399	$8,128,530	$399	$20,204,093	$399	$399	$399	$399	$399	$19,147	$399	$6,382	$399	$399
	Net Amt of Rein	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Risk Adj	$1,578,816	$33	$673,289	$33	$1,673,512	$33	$33	$33	$33	$33	$1,586	$33	$529	$33	$33

Incurred Claims PMPM	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89	$398.89
Allowed Claims PMPM	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79	$398.79
EHB portion of Allowed Claims, PMPM	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33	$390.33