Filing at a Glance

Company:	Excellus Health Plan, Inc.
Product Name:	Prior Approval 2015 Individual Off Exchange
State:	New York
TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15I.001 Health - Hospital/Surgical/Medical Expense
Filing Type:	Prior Approval Off Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	EXHP-129573698
SERFF Status:	Assigned
State Tr Num:	2014060239
State Status:	
Co Tr Num:	
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:** *Excellus Health Plan, Inc.*
TOI/Sub-TOI: *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name: *Prior Approval 2015 Individual Off Exchange*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 06/16/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null
Include Exchange Intentions: No

Filing Description:
This filing includes an application for prior approval of a rate adjustment pursuant to Insurance Law Section 4308 (c). The application requests approval to implement non-rolling rate changes effective January 1, 2015. This filing applies to Individual Off Exchange community rated products.

Company and Contact

Filing Contact Information

[redacted]

Filing Company Information

Excellus Health Plan, Inc.
165 Court Street
Rochester, NY 14647
[redacted]

CoCode: 55107
Group Code: 99
Group Name:
FEIN Number: 15-0329043

State of Domicile: New York
Company Type: Article 43
Health Insurer
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, HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): 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.): Rate Only
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).]: Yes, Prior Approval Rate Adjustment
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, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, EXHP-129572167, 2014060069

State: New York **Filing Company:** Excellus Health Plan, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Prior Approval 2015 Individual Off Exchange
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Excellus Health Plan, Inc.	Increase	%	%				%	%

State: New York **Filing Company:** Excellus Health Plan, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Prior Approval 2015 Individual Off Exchange
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 Individual Off Exchange 2015		Revised	Previous State Filing Number: Percent Rate Change Request:	Rate Manual_Ind_Off-Ex_2015.pdf,

Excellus Health Plans, Inc
dba

Excellus BCBS, Univera Healthcare

Individual Market
Off-Exchange

Documentation in Support of
New York State
Section 4308(c) Rate Submission

Rate Manual
Effective January 1, 2015

TABLE OF CONTENTS

Rate Manual Pages	
Rochester	**pages 4-5**
Syracuse	**pages 6-7**
Utica/Watertown	**pages 8-9**
Albany	**pages 10-11**
Mid-Hudson	**pages 12-13**
Buffalo	**pages 14-15**
Outline of Benefits	**pages 16-68**
Commission Schedule	**pages 69-73**
Underwriting Guidelines	
Excellus BCBS	**pages 75-77**
Univera Healthcare	**pages 78-80**
Expected Loss Ratio	**page 82**
Rating Regions	**page 84**

Rate Manual Pages

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	584.33	1,168.65	993.35	1,665.33	NA
Excellus BCBS Platinum Select	78124NY0880010	585.11	1,170.23	994.69	1,667.58	NA
Excellus BCBS Gold Standard	78124NY0890004	506.56	1,013.12	861.15	1,443.69	NA
Excellus BCBS Silver Standard	78124NY0890010	438.76	877.52	745.90	1,250.47	NA
Excellus BCBS Gold Select	78124NY0890016	507.78	1,015.57	863.23	1,447.18	NA
Excellus BCBS Bronze Standard	78124NY0900004	344.42	688.84	585.52	981.60	NA
Excellus BCBS Silver Select	78124NY0900010	405.39	810.78	689.17	1,155.37	NA
Excellus BCBS Bronze Select	78124NY0900014	323.88	647.76	550.59	923.05	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	595.43	1,190.85	1,012.22	1,696.97	NA
Excellus BCBS Platinum Select	78124NY0880008	596.23	1,192.46	1,013.59	1,699.26	NA
Excellus BCBS Gold Standard	78124NY0890002	516.18	1,032.37	877.51	1,471.12	NA
Excellus BCBS Silver Standard	78124NY0890008	447.10	894.19	760.07	1,274.23	NA
Excellus BCBS Gold Select	78124NY0890014	517.43	1,034.87	879.63	1,474.68	NA
Excellus BCBS Bronze Standard	78124NY0900002	350.96	701.93	596.64	1,000.25	NA
Excellus BCBS Silver Select	78124NY0900008	413.09	826.18	702.26	1,177.32	NA
Excellus BCBS Bronze Select	78124NY0900012	330.03	660.07	561.05	940.59	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	590.23	1,180.44	1,003.37	1,682.14	NA
Excellus BCBS Platinum Select	78124NY0880009	590.39	1,180.80	1,003.67	1,682.64	NA
Excellus BCBS Gold Standard	78124NY0890003	511.95	1,023.89	870.30	1,459.04	NA
Excellus BCBS Silver Standard	78124NY0890009	443.89	887.77	754.62	1,265.07	NA
Excellus BCBS Gold Select	78124NY0890015	513.06	1,026.14	872.21	1,462.24	NA
Excellus BCBS Bronze Standard	78124NY0900003	347.75	695.50	591.18	991.09	NA
Excellus BCBS Silver Select	78124NY0900009	410.67	821.35	698.15	1,170.43	NA
Excellus BCBS Bronze Select	78124NY0900013	329.16	658.33	559.57	938.11	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	601.44	1,202.87	1,022.43	1,714.10	NA
Excellus BCBS Platinum Select	78124NY0880007	601.61	1,203.24	1,022.74	1,714.61	NA
Excellus BCBS Gold Standard	78124NY0890001	521.68	1,043.34	886.84	1,486.76	NA
Excellus BCBS Silver Standard	78124NY0890007	452.32	904.64	768.96	1,289.11	NA
Excellus BCBS Gold Select	78124NY0890013	522.81	1,045.64	888.78	1,490.02	NA
Excellus BCBS Bronze Standard	78124NY0900001	354.36	708.71	602.41	1,009.92	NA
Excellus BCBS Silver Select	78124NY0900007	418.47	836.96	711.41	1,192.67	NA
Excellus BCBS Bronze Select	78124NY0900011	335.41	670.84	570.20	955.93	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	240.74
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	208.70
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	180.77
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	141.90
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	243.17
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	210.92
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	182.88
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	143.28
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	589.36	1,178.72	1,001.91	1,679.67	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	600.56	1,201.12	1,020.95	1,711.58	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	595.26	1,190.51	1,011.93	1,696.48	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	606.57	1,213.13	1,031.16	1,728.71	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	242.82
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	245.25

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Syracuse Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	724.23	1,448.45	1,231.18	2,064.05	NA
Excellus BCBS Platinum Select	78124NY0880010	725.20	1,450.41	1,232.84	2,066.83	NA
Excellus BCBS Gold Standard	78124NY0890004	627.84	1,255.68	1,067.33	1,789.35	NA
Excellus BCBS Silver Standard	78124NY0890010	543.81	1,087.62	924.48	1,549.86	NA
Excellus BCBS Gold Select	78124NY0890016	629.36	1,258.72	1,069.91	1,793.67	NA
Excellus BCBS Bronze Standard	78124NY0900004	426.88	853.76	725.70	1,216.61	NA
Excellus BCBS Silver Select	78124NY0900010	502.45	1,004.90	854.17	1,431.99	NA
Excellus BCBS Bronze Select	78124NY0900014	401.42	802.84	682.41	1,144.05	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	737.99	1,475.97	1,254.57	2,103.27	NA
Excellus BCBS Platinum Select	78124NY0880008	738.98	1,477.97	1,256.26	2,106.10	NA
Excellus BCBS Gold Standard	78124NY0890002	639.77	1,279.54	1,087.61	1,823.35	NA
Excellus BCBS Silver Standard	78124NY0890008	554.14	1,108.28	942.05	1,579.31	NA
Excellus BCBS Gold Select	78124NY0890014	641.32	1,282.64	1,090.24	1,827.75	NA
Excellus BCBS Bronze Standard	78124NY0900002	434.99	869.98	739.49	1,239.73	NA
Excellus BCBS Silver Select	78124NY0900008	512.00	1,023.99	870.40	1,459.20	NA
Excellus BCBS Bronze Select	78124NY0900012	409.05	818.09	695.38	1,165.79	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	731.54	1,463.07	1,243.60	2,084.88	NA
Excellus BCBS Platinum Select	78124NY0880009	731.75	1,463.51	1,243.97	2,085.50	NA
Excellus BCBS Gold Standard	78124NY0890003	634.51	1,269.03	1,078.67	1,808.38	NA
Excellus BCBS Silver Standard	78124NY0890009	550.16	1,100.32	935.28	1,567.96	NA
Excellus BCBS Gold Select	78124NY0890015	635.91	1,271.82	1,081.04	1,812.34	NA
Excellus BCBS Bronze Standard	78124NY0900003	431.01	862.01	732.72	1,228.37	NA
Excellus BCBS Silver Select	78124NY0900009	509.00	1,018.00	865.30	1,450.66	NA
Excellus BCBS Bronze Select	78124NY0900013	407.97	815.94	693.54	1,162.72	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	745.44	1,490.87	1,267.23	2,124.49	NA
Excellus BCBS Platinum Select	78124NY0880007	745.65	1,491.32	1,267.61	2,125.12	NA
Excellus BCBS Gold Standard	78124NY0890001	646.57	1,293.14	1,099.16	1,842.74	NA
Excellus BCBS Silver Standard	78124NY0890007	560.61	1,121.23	953.05	1,597.75	NA
Excellus BCBS Gold Select	78124NY0890013	647.99	1,295.98	1,101.58	1,846.77	NA
Excellus BCBS Bronze Standard	78124NY0900001	439.20	878.39	746.64	1,251.71	NA
Excellus BCBS Silver Select	78124NY0900007	518.67	1,037.34	881.74	1,478.22	NA
Excellus BCBS Bronze Select	78124NY0900011	415.72	831.44	706.72	1,184.81	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	298.38
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	258.67
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	224.05
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	175.87
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	301.39
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	261.43
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	226.67
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	177.57
EXEC-4 (Rev.1)[no Pediatric Dental]						
Excellus BCBS CNY Preferred Gold	78124NY1130004	580.34	1,160.68	986.58	1,653.98	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS CNY Preferred Gold	78124NY1130002	591.37	1,182.73	1,005.33	1,685.41	NA
EXEC-4 (Rev.1)[with Pediatric Dental]						
Excellus BCBS CNY Preferred Gold	78124NY1130003	586.89	1,173.78	997.71	1,672.65	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Syracuse Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS CNY Preferred Gold	78124NY1130001	598.04	1,196.08	1,016.67	1,704.43	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	730.46	1,460.93	1,241.78	2,081.82	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	744.34	1,488.69	1,265.37	2,121.37	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	737.77	1,475.55	1,254.20	2,102.65	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	751.79	1,503.59	1,278.03	2,142.60	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	300.95
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	303.96

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Utica/Watertown Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	770.14	1,540.27	1,309.23	2,194.89	NA
Excellus BCBS Platinum Select	78124NY0880010	771.17	1,542.35	1,310.99	2,197.85	NA
Excellus BCBS Gold Standard	78124NY0890004	667.64	1,335.28	1,134.99	1,902.77	NA
Excellus BCBS Silver Standard	78124NY0890010	578.28	1,156.56	983.08	1,648.10	NA
Excellus BCBS Gold Select	78124NY0890016	669.26	1,338.51	1,137.74	1,907.37	NA
Excellus BCBS Bronze Standard	78124NY0900004	453.94	907.88	771.70	1,293.74	NA
Excellus BCBS Silver Select	78124NY0900010	534.30	1,068.61	908.32	1,522.77	NA
Excellus BCBS Bronze Select	78124NY0900014	426.87	853.74	725.67	1,216.57	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	784.77	1,569.54	1,334.11	2,236.59	NA
Excellus BCBS Platinum Select	78124NY0880008	785.82	1,571.65	1,335.90	2,239.61	NA
Excellus BCBS Gold Standard	78124NY0890002	680.33	1,360.65	1,156.55	1,938.92	NA
Excellus BCBS Silver Standard	78124NY0890008	589.27	1,178.53	1,001.76	1,679.41	NA
Excellus BCBS Gold Select	78124NY0890014	681.98	1,363.94	1,159.36	1,943.61	NA
Excellus BCBS Bronze Standard	78124NY0900002	462.56	925.13	786.36	1,318.32	NA
Excellus BCBS Silver Select	78124NY0900008	544.45	1,088.91	925.58	1,551.70	NA
Excellus BCBS Bronze Select	78124NY0900012	434.98	869.96	739.46	1,239.68	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	777.91	1,555.81	1,322.44	2,217.04	NA
Excellus BCBS Platinum Select	78124NY0880009	778.13	1,556.28	1,322.83	2,217.71	NA
Excellus BCBS Gold Standard	78124NY0890003	674.74	1,349.48	1,147.05	1,923.00	NA
Excellus BCBS Silver Standard	78124NY0890009	585.03	1,170.07	994.57	1,667.35	NA
Excellus BCBS Gold Select	78124NY0890015	676.22	1,352.44	1,149.58	1,927.23	NA
Excellus BCBS Bronze Standard	78124NY0900003	458.33	916.66	779.16	1,306.24	NA
Excellus BCBS Silver Select	78124NY0900009	541.26	1,082.54	920.16	1,542.63	NA
Excellus BCBS Bronze Select	78124NY0900013	433.83	867.67	737.51	1,236.43	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	792.69	1,585.37	1,347.57	2,259.16	NA
Excellus BCBS Platinum Select	78124NY0880007	792.91	1,585.85	1,347.96	2,259.85	NA
Excellus BCBS Gold Standard	78124NY0890001	687.56	1,375.12	1,168.84	1,959.54	NA
Excellus BCBS Silver Standard	78124NY0890007	596.15	1,192.30	1,013.47	1,699.03	NA
Excellus BCBS Gold Select	78124NY0890013	689.07	1,378.14	1,171.42	1,963.85	NA
Excellus BCBS Bronze Standard	78124NY0900001	467.04	934.08	793.96	1,331.06	NA
Excellus BCBS Silver Select	78124NY0900007	551.54	1,103.11	937.64	1,571.94	NA
Excellus BCBS Bronze Select	78124NY0900011	442.07	884.16	751.52	1,259.92	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	317.30
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	275.07
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	238.25
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	187.02
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	320.51
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	278.00
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	241.04
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	188.83
EXEC-4 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920004	579.40	1,158.80	984.97	1,651.29	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920008	507.55	1,015.10	862.83	1,446.52	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920002	590.41	1,180.82	1,003.68	1,682.66	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920006	517.19	1,034.39	879.22	1,474.00	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Utica/Watertown Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920003	586.36	1,172.73	996.81	1,671.15	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920007	514.51	1,029.03	874.67	1,466.38	NA
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920001	597.50	1,195.01	1,015.75	1,702.90	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920005	524.29	1,048.58	891.29	1,494.24	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	776.77	1,553.54	1,320.50	2,213.79	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	791.53	1,583.06	1,345.59	2,255.85	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	784.54	1,569.08	1,333.71	2,235.94	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	799.45	1,598.89	1,359.05	2,278.42	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	320.03
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	323.24

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Albany Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	770.14	1,540.27	1,309.23	2,194.89	NA
Excellus BCBS Platinum Select	78124NY0880010	771.17	1,542.35	1,310.99	2,197.85	NA
Excellus BCBS Gold Standard	78124NY0890004	667.64	1,335.28	1,134.99	1,902.77	NA
Excellus BCBS Silver Standard	78124NY0890010	578.28	1,156.56	983.08	1,648.10	NA
Excellus BCBS Gold Select	78124NY0890016	669.26	1,338.51	1,137.74	1,907.37	NA
Excellus BCBS Bronze Standard	78124NY0900004	453.94	907.88	771.70	1,293.74	NA
Excellus BCBS Silver Select	78124NY0900010	534.30	1,068.61	908.32	1,522.77	NA
Excellus BCBS Bronze Select	78124NY0900014	426.87	853.74	725.67	1,216.57	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	784.77	1,569.54	1,334.11	2,236.59	NA
Excellus BCBS Platinum Select	78124NY0880008	785.82	1,571.65	1,335.90	2,239.61	NA
Excellus BCBS Gold Standard	78124NY0890002	680.33	1,360.65	1,156.55	1,938.92	NA
Excellus BCBS Silver Standard	78124NY0890008	589.27	1,178.53	1,001.76	1,679.41	NA
Excellus BCBS Gold Select	78124NY0890014	681.98	1,363.94	1,159.36	1,943.61	NA
Excellus BCBS Bronze Standard	78124NY0900002	462.56	925.13	786.36	1,318.32	NA
Excellus BCBS Silver Select	78124NY0900008	544.45	1,088.91	925.58	1,551.70	NA
Excellus BCBS Bronze Select	78124NY0900012	434.98	869.96	739.46	1,239.68	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	777.91	1,555.81	1,322.44	2,217.04	NA
Excellus BCBS Platinum Select	78124NY0880009	778.13	1,556.28	1,322.83	2,217.71	NA
Excellus BCBS Gold Standard	78124NY0890003	674.74	1,349.48	1,147.05	1,923.00	NA
Excellus BCBS Silver Standard	78124NY0890009	585.03	1,170.07	994.57	1,667.35	NA
Excellus BCBS Gold Select	78124NY0890015	676.22	1,352.44	1,149.58	1,927.23	NA
Excellus BCBS Bronze Standard	78124NY0900003	458.33	916.66	779.16	1,306.24	NA
Excellus BCBS Silver Select	78124NY0900009	541.26	1,082.54	920.16	1,542.63	NA
Excellus BCBS Bronze Select	78124NY0900013	433.83	867.67	737.51	1,236.43	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	792.69	1,585.37	1,347.57	2,259.16	NA
Excellus BCBS Platinum Select	78124NY0880007	792.91	1,585.85	1,347.96	2,259.85	NA
Excellus BCBS Gold Standard	78124NY0890001	687.56	1,375.12	1,168.84	1,959.54	NA
Excellus BCBS Silver Standard	78124NY0890007	596.15	1,192.30	1,013.47	1,699.03	NA
Excellus BCBS Gold Select	78124NY0890013	689.07	1,378.14	1,171.42	1,963.85	NA
Excellus BCBS Bronze Standard	78124NY0900001	467.04	934.08	793.96	1,331.06	NA
Excellus BCBS Silver Select	78124NY0900007	551.54	1,103.11	937.64	1,571.94	NA
Excellus BCBS Bronze Select	78124NY0900011	442.07	884.16	751.52	1,259.92	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	317.30
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	275.07
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	238.25
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	187.02
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	320.51
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	278.00
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	241.04
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	188.83
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	776.77	1,553.54	1,320.50	2,213.79	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	791.53	1,583.06	1,345.59	2,255.85	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	784.54	1,569.08	1,333.71	2,235.94	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Albany Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	799.45	1,598.89	1,359.05	2,278.42	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	320.03
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	323.24

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Mid-Hudson Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	770.14	1,540.27	1,309.23	2,194.89	NA
Excellus BCBS Platinum Select	78124NY0880010	771.17	1,542.35	1,310.99	2,197.85	NA
Excellus BCBS Gold Standard	78124NY0890004	667.64	1,335.28	1,134.99	1,902.77	NA
Excellus BCBS Silver Standard	78124NY0890010	578.28	1,156.56	983.08	1,648.10	NA
Excellus BCBS Gold Select	78124NY0890016	669.26	1,338.51	1,137.74	1,907.37	NA
Excellus BCBS Bronze Standard	78124NY0900004	453.94	907.88	771.70	1,293.74	NA
Excellus BCBS Silver Select	78124NY0900010	534.30	1,068.61	908.32	1,522.77	NA
Excellus BCBS Bronze Select	78124NY0900014	426.87	853.74	725.67	1,216.57	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	784.77	1,569.54	1,334.11	2,236.59	NA
Excellus BCBS Platinum Select	78124NY0880008	785.82	1,571.65	1,335.90	2,239.61	NA
Excellus BCBS Gold Standard	78124NY0890002	680.33	1,360.65	1,156.55	1,938.92	NA
Excellus BCBS Silver Standard	78124NY0890008	589.27	1,178.53	1,001.76	1,679.41	NA
Excellus BCBS Gold Select	78124NY0890014	681.98	1,363.94	1,159.36	1,943.61	NA
Excellus BCBS Bronze Standard	78124NY0900002	462.56	925.13	786.36	1,318.32	NA
Excellus BCBS Silver Select	78124NY0900008	544.45	1,088.91	925.58	1,551.70	NA
Excellus BCBS Bronze Select	78124NY0900012	434.98	869.96	739.46	1,239.68	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	777.91	1,555.81	1,322.44	2,217.04	NA
Excellus BCBS Platinum Select	78124NY0880009	778.13	1,556.28	1,322.83	2,217.71	NA
Excellus BCBS Gold Standard	78124NY0890003	674.74	1,349.48	1,147.05	1,923.00	NA
Excellus BCBS Silver Standard	78124NY0890009	585.03	1,170.07	994.57	1,667.35	NA
Excellus BCBS Gold Select	78124NY0890015	676.22	1,352.44	1,149.58	1,927.23	NA
Excellus BCBS Bronze Standard	78124NY0900003	458.33	916.66	779.16	1,306.24	NA
Excellus BCBS Silver Select	78124NY0900009	541.26	1,082.54	920.16	1,542.63	NA
Excellus BCBS Bronze Select	78124NY0900013	433.83	867.67	737.51	1,236.43	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	792.69	1,585.37	1,347.57	2,259.16	NA
Excellus BCBS Platinum Select	78124NY0880007	792.91	1,585.85	1,347.96	2,259.85	NA
Excellus BCBS Gold Standard	78124NY0890001	687.56	1,375.12	1,168.84	1,959.54	NA
Excellus BCBS Silver Standard	78124NY0890007	596.15	1,192.30	1,013.47	1,699.03	NA
Excellus BCBS Gold Select	78124NY0890013	689.07	1,378.14	1,171.42	1,963.85	NA
Excellus BCBS Bronze Standard	78124NY0900001	467.04	934.08	793.96	1,331.06	NA
Excellus BCBS Silver Select	78124NY0900007	551.54	1,103.11	937.64	1,571.94	NA
Excellus BCBS Bronze Select	78124NY0900011	442.07	884.16	751.52	1,259.92	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	317.30
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	275.07
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	238.25
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	187.02
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	320.51
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	278.00
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	241.04
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	188.83
EXEC-4 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920004	579.40	1,158.80	984.97	1,651.29	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920008	507.55	1,015.10	862.83	1,446.52	NA
Excellus BCBS CNY Preferred Gold	78124NY1130004	NA	NA	NA	NA	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920002	590.41	1,180.82	1,003.68	1,682.66	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920006	517.19	1,034.39	879.22	1,474.00	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Mid-Hudson Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920003	586.36	1,172.73	996.81	1,671.15	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920007	514.51	1,029.03	874.67	1,466.38	NA
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920001	597.50	1,195.01	1,015.75	1,702.90	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920005	524.29	1,048.58	891.29	1,494.24	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	776.77	1,553.54	1,320.50	2,213.79	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	791.53	1,583.06	1,345.59	2,255.85	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	784.54	1,569.08	1,333.71	2,235.94	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	799.45	1,598.89	1,359.05	2,278.42	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	320.03
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	323.24

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Buffalo Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Univera Platinum Standard	78124NY0930004	748.62	1,497.24	1,272.65	2,133.57	NA
Univera Platinum Select	78124NY0930010	749.63	1,499.26	1,274.37	2,136.45	NA
Univera Gold Standard	78124NY0940004	648.99	1,297.98	1,103.28	1,849.61	NA
Univera Silver Standard	78124NY0940010	562.13	1,124.25	955.62	1,602.06	NA
Univera Gold Select	78124NY0940016	650.56	1,301.12	1,105.95	1,854.08	NA
Univera Bronze Standard	78124NY0950004	441.26	882.52	750.15	1,257.59	NA
Univera Silver Select	78124NY0950010	519.38	1,038.75	882.94	1,480.23	NA
Univera Bronze Select	78124NY0950014	414.94	829.88	705.40	1,182.58	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Univera Platinum Standard	78124NY0930002	762.84	1,525.69	1,296.83	2,174.11	NA
Univera Platinum Select	78124NY0930008	763.87	1,527.75	1,298.58	2,177.04	NA
Univera Gold Standard	78124NY0940002	661.32	1,322.64	1,124.24	1,884.75	NA
Univera Silver Standard	78124NY0940008	572.81	1,145.61	973.78	1,632.50	NA
Univera Gold Select	78124NY0940014	662.92	1,325.84	1,126.96	1,889.31	NA
Univera Bronze Standard	78124NY0950002	449.64	899.29	764.40	1,281.48	NA
Univera Silver Select	78124NY0950008	529.25	1,058.49	899.72	1,508.35	NA
Univera Bronze Select	78124NY0950012	422.82	845.65	718.80	1,205.05	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Univera Platinum Standard	78124NY0930003	756.17	1,512.35	1,285.49	2,155.11	NA
Univera Platinum Select	78124NY0930009	756.40	1,512.80	1,285.88	2,155.75	NA
Univera Gold Standard	78124NY0940003	655.89	1,311.78	1,115.00	1,869.28	NA
Univera Silver Standard	78124NY0940009	568.70	1,137.38	966.79	1,620.77	NA
Univera Gold Select	78124NY0940015	657.33	1,314.66	1,117.46	1,873.38	NA
Univera Bronze Standard	78124NY0950003	445.53	891.05	757.40	1,269.74	NA
Univera Silver Select	78124NY0950009	526.15	1,052.29	894.45	1,499.53	NA
Univera Bronze Select	78124NY0950013	421.71	843.42	716.91	1,201.88	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Univera Platinum Standard	78124NY0930001	770.54	1,541.08	1,309.91	2,196.06	NA
Univera Platinum Select	78124NY0930007	770.77	1,541.54	1,310.31	2,196.71	NA
Univera Gold Standard	78124NY0940001	668.35	1,336.70	1,136.19	1,904.80	NA
Univera Silver Standard	78124NY0940007	579.51	1,158.99	985.16	1,651.56	NA
Univera Gold Select	78124NY0940013	669.82	1,339.64	1,138.69	1,908.97	NA
Univera Bronze Standard	78124NY0950001	454.00	907.98	771.79	1,293.87	NA
Univera Silver Select	78124NY0950007	536.15	1,072.28	911.44	1,528.02	NA
Univera Bronze Select	78124NY0950011	429.72	859.44	730.53	1,224.72	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Univera Platinum Standard	78124NY0930006	NA	NA	NA	NA	308.43
Univera Gold Standard	78124NY0940006	NA	NA	NA	NA	267.38
Univera Silver Standard	78124NY0940012	NA	NA	NA	NA	231.60
Univera Bronze Standard	78124NY0950006	NA	NA	NA	NA	181.80
EXEC-2 (Rev.1)[with Pediatric Dental]						
Univera Platinum Standard	78124NY0930005	NA	NA	NA	NA	311.55
Univera Gold Standard	78124NY0940005	NA	NA	NA	NA	270.23
Univera Silver Standard	78124NY0940011	NA	NA	NA	NA	234.31
Univera Bronze Standard	78124NY0950005	NA	NA	NA	NA	183.56
EXEC-4 (Rev.1)[no Pediatric Dental]						
Univera Preferred Gold	78124NY1140004	637.55	1,275.11	1,083.84	1,817.03	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Univera Preferred Gold	78124NY1140002	649.66	1,299.34	1,104.43	1,851.55	NA
EXEC-4 (Rev.1)[with Pediatric Dental]						
Univera Preferred Gold	78124NY1140003	644.32	1,288.65	1,095.35	1,836.33	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Buffalo Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Univera Preferred Gold	78124NY1140001	656.56	1,313.13	1,116.16	1,871.22	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100004	755.07	1,510.13	1,283.61	2,151.94	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Univera IND Platinum Standard IND PPO	78124NY1100002	769.42	1,538.82	1,308.00	2,192.83	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100003	762.62	1,525.24	1,296.45	2,173.48	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Univera IND Platinum Standard IND PPO	78124NY1100001	777.11	1,554.22	1,321.08	2,214.78	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100006	NA	NA	NA	NA	311.09
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100005	NA	NA	NA	NA	314.21

Outline of Benefits

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Off Exchange - All Regions

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-1 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Platinum Select	78124NY0880010	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Excellus BCBS Gold Standard	78124NY0890004	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890010	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Gold Select	78124NY0890016	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900004	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Excellus BCBS Silver Select	78124NY0900010	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Excellus BCBS Bronze Select	78124NY0900014	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Excellus BCBS Platinum Select	78124NY0880008	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Excellus BCBS Gold Standard	78124NY0890002	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Excellus BCBS Silver Standard	78124NY0890008	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Excellus BCBS Gold Select	78124NY0890014	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bronze Standard	78124NY0900002	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Excellus BCBS Silver Select	78124NY0900008	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Excellus BCBS Bronze Select	78124NY0900012	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-1 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Platinum Select	78124NY0880009	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Excellus BCBS Gold Standard	78124NY0890003	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890009	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Gold Select	78124NY0890015	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900003	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Excellus BCBS Silver Select	78124NY0900009	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Excellus BCBS Bronze Select	78124NY0900013	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Excellus BCBS Platinum Select	78124NY0880007	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Excellus BCBS Gold Standard	78124NY0890001	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Excellus BCBS Silver Standard	78124NY0890007	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Excellus BCBS Gold Select	78124NY0890013	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bronze Standard	78124NY0900001	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Excellus BCBS Silver Select	78124NY0900007	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Excellus BCBS Bronze Select	78124NY0900011	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Gold Standard	78124NY0890006	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890012	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900006	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Gold Standard	78124NY0890005	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890011	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900005	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-4 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920004	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bassett Preferred Silver	78124NY0920008	Hybrid	1250	0%	30	50	6350	$10/$35/$70	To age 26
Excellus BCBS CNY Preferred Gold	78124NY1130004	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015

Community Rated

2015 Individual Off Exchange - All Regions

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920002	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bassett Preferred Silver	78124NY0920006	Hybrid	1250	0%	30	50	6350	$10/$35/$70	Through age 29
Excellus BCBS CNY Preferred Gold	78124NY1130002	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-4 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920003	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bassett Preferred Silver	78124NY0920007	Hybrid	1250	0%	30	50	6350	$10/$35/$70	To age 26
Excellus BCBS CNY Preferred Gold	78124NY1130003	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920001	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bassett Preferred Silver	78124NY0920005	Hybrid	1250	0%	30	50	6350	$10/$35/$70	Through age 29
Excellus BCBS CNY Preferred Gold	78124NY1130001	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Preferred Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26

Excellus Health Plan, Inc.
Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Off Exchange - Buffalo Region

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-1 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Platinum Select	78124NY0930010	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Univera Gold Standard	78124NY0940004	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940010	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Gold Select	78124NY0940016	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Univera Bronze Standard	78124NY0950004	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Univera Silver Select	78124NY0950010	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Univera Bronze Select	78124NY0950014	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Univera Platinum Select	78124NY0930008	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Univera Gold Standard	78124NY0940002	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Univera Silver Standard	78124NY0940008	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Univera Gold Select	78124NY0940014	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Univera Bronze Standard	78124NY0950002	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Univera Silver Select	78124NY0950008	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Univera Bronze Select	78124NY0950012	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-1 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Platinum Select	78124NY0930009	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Univera Gold Standard	78124NY0940003	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940009	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Gold Select	78124NY0940015	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Univera Bronze Standard	78124NY0950003	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Univera Silver Select	78124NY0950009	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Univera Bronze Select	78124NY0950013	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Univera Platinum Select	78124NY0930007	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Univera Gold Standard	78124NY0940001	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Univera Silver Standard	78124NY0940007	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Univera Gold Select	78124NY0940013	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Univera Bronze Standard	78124NY0950001	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Univera Silver Select	78124NY0950007	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Univera Bronze Select	78124NY0950011	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Gold Standard	78124NY0940006	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940012	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Bronze Standard	78124NY0950006	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Gold Standard	78124NY0940005	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940011	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Bronze Standard	78124NY0950005	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26

Excellus Health Plan, Inc.
Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Off Exchange - Buffalo Region

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-4 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140004	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140002	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-4 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140003	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140001	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Preferred Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Single: Platinum: $[0] Gold: $[600] Silver: $[2,000] Silver CSR: $[0; 250; 1,200] Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	Platinum: $[15] PCP/ $[35] SPC Gold: $[25] PCP/ $[40] SPC Silver: $[30] PCP/ $[50] SPC Silver CSR: $[10 PCP/20 SPC; 15 PCP/35 SPC; 30 PCP/50 SPC]	Not Covered
Coinsurance	Platinum, Gold, Silver, Silver CSR: None	Not Covered
Annual Out-of-Pocket Maximum	Single: Platinum: $[2,000] Gold: $[4,000] Silver: $[5,500] Silver CSR: $[1,000; 2,000; 5,200] Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Platinum: $[500] copay per admission Gold: $[1,000] copay per admission Silver: $[1,500] copay per admission Silver CSR: $[100; 250; 1,500] copay per admission	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Implanted Devices **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: $[150] Silver: $[150] Silver CSR: $[50; 75; 150]	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Platinum: Deduct/ $[100] copay Gold:Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/ Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/ Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/ PCP Copay per visit Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: $[30] Silver: $[30] Silver CSR: $[15; 25; 30]	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: $[30] Silver: $[30] Silver CSR: $[15; 25; 30] 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Not Covered
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in Full, no Deductible	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: Deduct/ $[30] Silver: Deduct/ $[30] Silver CSR: Deduct/ $[15; 25; 30] 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: Deduct/ $[30] Silver: Deduct/ $[30] Silver CSR: Deduct/ $[15; 25; 30] 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/ PCP copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/ $0 Copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Platinum: $55 copay Gold: Deduct/ $60 copay Silver: Deduct/ $70 copay Silver CSR: Deduct/ $[30; 50; 70] copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Preventive - Topical Fluoride Application	Preventive cost share 1 per six months	Preventive cost share 1 per six months
Preventive - Sealants	Preventive cost share	Preventive cost share
Preventive - Space Maintainers	Preventive cost share	Preventive cost share
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Platinum	Copay: $10 /$30/$60	Not Covered
Gold	Copay: $10 /$35/$70	Not Covered
Silver	Copay: $10 /$35/$70	Not Covered
Silver 200-250 FPL	Copay: $10 /$35/$70	Not Covered
Silver 150-200 FPL	Copay: $9 /$20/$40	Not Covered
Silver 100-150 FPL	Copay: $6/$15/$30	Not Covered
Native American 300 FPL	$0 all tiers	Not Covered
Bronze	Deductible Copay: $10 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Single: Bronze: $3,000 Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	Bronze: None	Not Covered
Coinsurance	Bronze: [50]%	Not Covered
Annual Out-of-Pocket Maximum	Single: Bronze: $[6,350] Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited days	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Implanted Devices **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
HOME CARE **NYS & Federal Essential Health Benefit**	**Bronze:** Deduct/Coins **Catastrophic:** Deduct/Coins	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Platinum	Copay: $10 /$30/$60	Not Covered
Gold	Copay: $10 /$35/$70	Not Covered
Silver	Copay: $10 /$35/$70	Not Covered

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Silver 200-250 FPL	Copay: $10 /$35/$70	Not Covered
Silver 150-200 FPL	Copay: $9 /$20/$40	Not Covered
Silver 100-150 FPL	Copay: $6/$15/$30	Not Covered
Native American 300 FPL	$0 all tiers	Not Covered
Bronze	Deductible Copay: $10 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	None	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	$15 PCP $25 SPC	Not Covered
Coinsurance	None	Not Covered
Annual Out-of-Pocket Maximum	**Single:** $6,350 **Family:** $12,700	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	$150 copay per admission Unlimited days	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Implanted Devices **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Observation Stay **NYS & Federal Essential Health Benefit**	$75 copay	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	PCP Copay 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	$75 Copay	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	PCP Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP Copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	PCP Copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Covered in full	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Covered in full	Not Covered
Office Surgery **NYS Essential Health Benefit**	PCP/Specialist Copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	PCP copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit 10 visits per calendar yr
Mental Health Care **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Specialist Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Specialist Copay Excludes family therapy.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Specialist Copay	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive PCP/Specialist Copay	Not Covered
ADDITIONAL BENEFITS		

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Specialist Copay	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	$75 copay	Covered same as INN
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Covered in full	Covered same as INN
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	$75 copay	Covered same as INN
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Specialist Copay 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	50% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	20% Coins	Not Covered

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90	
Platinum	Copay: $5 /$25/$50	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	**Single:** $0 **Family = 2X single**	**Single:** $1,000 **Family:** $2,000
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	$15 PCP/ $35 SPC	None
Coinsurance	None	20%
Annual Out-of-Pocket Maximum	**Single:** $2,000 **Family = 2X single**	**Single:** $3,000 **Family:** $5,000
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	$500 copay per admission	Deduct/Coins
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Deduct/ 10% Coins Unlimited days
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Deduct/ 10% Coins Unlimited days
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Inpatient Hospital cost share applies. 200 days per contract year
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Covered in Full	Deduct/Coins
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.
Observation Stay **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
HOME CARE **NYS & Federal Essential Health Benefit**	PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Deduct/Coins
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Advanced Imaging Services NYS & Federal Essential Health Benefit	Specialist Copay	Deduct/Coins
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Specialist Copay	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	PCP Copay	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	PCP Copay Unlimited visits	Deduct/ 10% Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	PCP Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Deduct/ 10% Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	$100 Copay	Deduct/Coins
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	$100 Copay	Deduct/Coins
Office Surgery **NYS Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in Full	Deduct/Coins

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	PCP copay	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	PCP Copay Unlimited visits	Deduct/ 10% Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	PCP Copay Excludes family therapy.	Deduct/ 10% Coins Unlimited visits, Excludes family therapy.
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Medications Administered in Office **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Chiropractic Care **NYS & Federal Essential Health Benefit**	Specialist copay	Deduct/Coins
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
Allergy Testing **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Hearing Evaluations Routine **NYS Essential Health Benefit**	Specialist Copay	Deduct/Coins
Hearing Aids **NYS & Federal Essential Health Benefit**	10% Coins Single purchase once every 3 years	Deduct/Coins Single purchase once every 3 years
Cochlear Implants	10% Coins One Per Ear Per Time Covered	Deduct/Coins One Per Ear Per Time Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Deduct/Coins 1 per contract year
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	PCP/Specialist Copay	Deduct/Coins
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Deduct/Coins
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Deduct/Coins
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Deduct/Coins
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive PCP/Specialist Copay	Deduct/Coins
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Diabetic Education **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Diabetic Equipment **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	PCP copay	Deduct/Coins
Autologous Blood Banking **NYS Essential Health Benefit**	10% Coins	Deduct/Coins
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	10% Coins	Deduct/Coins

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
External Prosthetics **NYS & Federal Essential Health Benefit**	10% Coins 1 external prosthetic device per limb per lifetime	Deduct/Coins 1 external prosthetic device per limb per lifetime
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	10% Coins	Deduct/Coins
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	$100 copay	$100 copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	$55 copay	Deduct/Coins
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	See office visit benefit
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	PCP Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	10% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
PRESCRIPTION DRUGS **Closed Formulary**		

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Platinum	Copay: $10 /$30/$60	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming;**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Single: $600 Family: $1,200	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	$25 PCP $40 SPC	Not Covered
Coinsurance	None	Not Covered
Annual Out-of-Pocket Maximum	Single: $4,000 Family: $8,000 Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/ $750 copay per admission	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Internal Prosthetic (Implanted Devices) NYS & Federal Essential Health Benefit	Deduct/ $0 Copay	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/$250 copay	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/ $250 Copay	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/ Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/PCP Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/PCP Copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Not Covered
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/$250 copay	Deduct/$250 copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/ $0 Copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/$250 copay	Deduct/$250 copay
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Gold	Copay: $5 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming;**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Bronze Select: Single: $[4,500] Silver Select:Single: $[2,000] Silver CSR: $[0, 250,1200] Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	None	Not Covered
Coinsurance	Silver Select: 20% Bronze Select: 50% Silver CSR: %[5, 20, 20]	Not Covered
Annual Out-of-Pocket Maximum	Bronze Select: Single: $[6,350] Silver Select:Single: $[5,000] Silver CSR: $[1,650, 1,650,3,000] Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited days	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Internal Prosthetic (Implanted Devices) **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/Coins 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Deduct/Coins Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit 10 visits per calendar yr
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Bronze: Deduct/Coins Catastrophic: 3 primary visits CIF, 4th & after Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Bronze: Deduct/Coins Catastrophic: 3 primary visits CIF, 4th & after	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Silver	Deductible Silver Select: $10/45/90	Not Covered
Silver 200-250 FPL	Deductible Silver Subsidy #4: $5/45/90	Not Covered
Silver 150-200 FPL	Deductible Silver Subsidy #5: $5/45/90	Not Covered
Silver 100-150 FPL	Deductible Silver Subsidy #6: $5/35/70	Not Covered
Bronze	Deductible Bronze Select: $10/40%/50%	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
PROVIDER NETWORK & SERVICE AREA			
Provider Network Counties - BCBS	BCBS 31 counties only		
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8		
Bassett Service Area	**Delaware; Herkimer; Otsego; Oneida**		
CNY Service Area	**Onondaga**		
WNY Service Area	**Erie**		
WHO IS COVERED			
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family		
Dependent Coverage **Federal Mandate**	26 to end of month of birthday		
Dependents through age 29 **State Mandate**	Dependent Make Available		
Domestic Partner Coverage	Covered - standard		
COST SHARING EXPENSES			
Contract Year	Calendar Year		
Deductible **· Single/ Family**	**Single:** $400 **Family:** $800	**Single:** $1,500 **Family:** $3,000	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No	No
Copayment	$25 PCP/ $40 SPC	None	Not Covered
Coinsurance	None	20%	Not Covered
Annual Out-of-Pocket Maximum	**Single:** $4000 **Family:** $8000		Not Covered
Annual Benefit Maximum **Federal Mandate**	None		
Lifetime Benefit Maximum **Federal Mandate**	None		
HOSPITAL INPATIENT SERVICES			
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/ $500 copay per admission	Deduct/Coins	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Internal Prosthetic (Implanted Devices) NYS & Federal Essential Health Benefit	Deduct/$0 copay	Deduct/Coins	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/$100 copay	Deduct/Coins	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Inpatient: Deduct/Coins Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES			
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/ $100 Copay	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	**Not covered except Out of Area only:** Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
PHYSICIAN SERVICES			
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Deduct/Coins	Not Covered
Anesthesia **Includes IP, OP, OV and maternity**	Deduct/Coins	Deduct/Coins	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service**	Covered in full	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES			
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit 10 visits per calendar yr
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Excludes family therapy.	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**			
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS			
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**			
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/$100 copay	Deduct/$100 copay	Deduct/$100 copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/$0 copay	Deduct/$0 copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/$100 copay	Deduct/$100 copay	Deduct/$100 copay
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	See office visit benefit	Not Covered
VISION BENEFITS			
Eye Exams Routine - Adults	Not Covered	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS			
Adult Dental	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**			

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard

Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Gold	Copay: $5 /$35/$70	Copay: $5 /$35/$70	Not Covered
WAITING PERIODS	None		
EXCLUSIONS	Standard Exclusions apply		

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
PROVIDER NETWORK & SERVICE AREA			
Provider Network Counties - BCBS	BCBS 31 counties only		
Bassett Service Area	**Delaware; Herkimer; Otsego; Oneida**		
WHO IS COVERED			
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family		
Dependent Coverage **Federal Mandate**	26 to end of month of birthday		
Dependents through age 29 **State Mandate**	Dependent Make Available		
Domestic Partner Coverage	Covered - standard		
COST SHARING EXPENSES			
Contract Year	Calendar Year		
Deductible **· Single/ Family**	Silver: $[1,250] Silver CSR: $[0; 250; 1,250] Family = 2X single	Silver: $[3,750] Silver CSR: $[250; 750; 3,750] Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No	No
Copayment	Silver: $[30] PCP/ $[50] SPC Silver CSR: $[5 PCP/10 SPC; 15 PCP/25 SPC; 30 PCP/50 SPC]	None	Not Covered
Coinsurance	None	Silver Select: 30% Silver CSR: %[10, 20, 30]	Not Covered
Annual Out-of-Pocket Maximum	Silver: $[6,350] Silver CSR: $[2000; 2000; 4,250] Family = 2X single		Not Covered
Annual Benefit Maximum **Federal Mandate**	None		
Lifetime Benefit Maximum **Federal Mandate**	None		
HOSPITAL INPATIENT SERVICES			
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Per Admission: Deduct/ $[1,250] copay CSR : Deduct/ $[100; 250; 1,250] copay	Deduct/Coins	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Internal Prosthetic (Implanted Devices) NYS & Federal Essential Health Benefit	Deduct/$0 copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/Coins	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Inpatient: Deduct/Coins Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES			
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	**Not covered except Out of Area only:** Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
PHYSICIAN SERVICES			
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Deduct/Coins	Not Covered
Anesthesia **Includes IP, OP, OV and maternity**	Deduct/Coins	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service**	Covered in full	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES			
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Excludes family therapy.	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**			
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS			
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**			
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/$0 copay	Deduct/$0 copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay CSR : Deduct/ $[10; 25; 50] copay	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	See office visit benefit	Not Covered
VISION BENEFITS			
Eye Exams Routine - Adults	Not Covered	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS			
Adult Dental	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**			
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply		
Silver	$10/$35/$70 No Deductible	$10/$35/$70 No Deductible	Not Covered
Silver 200-250 FPL	$10/$35/$70 No Deductible	$10/$35/$70 No Deductible	Not Covered
Silver 150-200 FPL	$5/$25/$50 No Deductible	$5/$25/$50 No Deductible	Not Covered
Silver 100-150 FPL	$5/$25/$50 No Deductible	$5/$25/$50 No Deductible	Not Covered
Native American 300 FPL	$0 all tiers	N/A	Not Covered
WAITING PERIODS	None		
EXCLUSIONS	Standard Exclusions apply		

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

Benefit Type	EXER-1 (Rev.1) Dependent Coverage through age 29
WHO IS COVERED	
Dependents through age 29 **State Mandate**	Dependent Make Available

Schedule of Commissions

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section A below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **Commissionable Medical Products**

A. Large Group
- (1) [HealthyBlue High Deductible Health Plan; ActiveUnivera High Deductible Health Plan]
- (2) [BluePPO HSA Options 1-4; UniveraPPO HSA Options 1-4]
- (3) [SimplyBlue High Deductible Health Plan; valUcare High Deductible Health Plan]
- (4) [HealthyBlue Copay Plan, SimplyBlue Copay Plan; ActiveUnivera Copay Plan, valUcare Copay Plan]
- (5) [HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan; ActiveUnivera Copay/Deductible Plan, valUcare Copay/Deductible Plan]
- (6) [Excellus BluePPO; UniveraPPO]
- (7) [Blue Point 3; Univera POS Select]
- (8) Blue Preferred PPO
- (9) Excellus BlueEPO
- (10) Blue Point 2]
- (11) [Classic Blue Traditional, Classic Blue Comprehensive, Classic Blue Secure; Classic Univera Traditional, Classic Univera Comprehensive]
- (12) [Blue Choice/HMO Blue $25 and $30]

B. Small Group
- (1) Off- SHOP
  - i. [SimplyBlue+ PPO, valUcare+ PPO]
  - ii. Healthy New York
- (2) SHOP
  - i. [SimplyBlue+ PPO, valUcare+ PPO]

C. Individual
- (1) Off Exchange
  - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
  - ii. [ExchangeBassettEPO]
- (2) On Exchange
  - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
  - ii. [ExchangeBassettEPO]

3. **Commissionable Dental Products**

A. [Dental Blue Options; Univera Dental Select]
B. [Dental Blue Classic; Univera Dental Traditions]
[C. Smile Saver (Growth only)
D. Dental Blue PPO (Growth only)
E. Dental Options I or II (Growth only)
F. Dental Schedule A, B or C (Growth only)
G. Prime Blue Dental (Growth only)]

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.

2. **Existing Medical Business** commissions will be subject to a $150,000 annual maximum per group, with the exception of exclusive business with effective dates on or after January 1, 2014.

3. **Commission Schedules**

   A. Small Group (includes HMO business): 4% of Paid Premium

   B. Large Group (excludes HMO business): % of Paid Premium as follows:

Cumulative YTD Paid Premium	Percent of Paid Premium
First $500,000	4.5%
$500,001 - $1,000,000	4.0%
$1,000,001 - $1,500,000	3.5%
$1,500,001 - $2,000,000	2.5%
$2,000,001-$5,000,000	1.5%
$5,000,001+	1.0%

   C. Individual Market: $25.00 Per Contract Per Month (PCPM)

4. **Medical Business Override Program**

   A. New Medical Business Override

   The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

   Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

New Medical Contracts	New Medical Group Minimum	Payment
100-249	Two	$15,000
250-499	Two	$30,000
500-999	Three	$50,000
1,000-1,499	Four	$100,000
1,500 or more	Five	$150,000

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

% of Medical Contracts Retained	Payment	Maximum Payment
95.0%	0.50% of in force premium	$50,000 per agency
98.0%	0.75% of in force premium	$75,000 per agency

SECTION C – DENTAL BUSINESS

1. **New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in [Dental Blue Options or Dental Blue Classic; Univera Dental Select or Univera Dental Traditions] plans for all Broker of Record Letters in effect on or after 01/01/2014.

Annual Premium Paid by Group	Commission Percentage
Up to $20,000	12%
$20,001-$30,000	10%
$30,001-$40,000	8%
$40,001-$50,000	6%
$50,001-$100,000	5%
Greater than $100,000	2%

2. **Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

Annual Premium Paid by Group	Commission Percentage
Up to $20,000	12%
$20,001-$30,000	10%
$30,001-$40,000	8%
$40,001-$50,000	6%
$50,001-$100,000	5%
Greater than $100,000	2%

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

   Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment. RMSCO business will be included in the qualifying calculation.

New Dental Contracts	New Dental Group Minimum	Payment
100-199	Two	$2,000
200-299	Three	$5,000
300-399	Four	$10,000
400-499	Five	$15,000
500 or more	Six	$30,000

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

   Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation. RMSCO business will be included in the qualifying calculation.

% of Dental Contracts Retained	Payment	Maximum Payment
95.0%	3% of in force premium	$20,000 per agency
98.0%	5% of in force premium	$40,000 per agency

Underwriting Guidelines

Excellus

Medical Commercial Non-Medicare Underwriting Guidelines Applied on an Individual Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Introduction

Commercial direct pay coverage is available on a guaranteed issue and guaranteed renewal basis to subscribers and dependents that meet the requirements as specified in applicable federal and state laws and regulations and the underwriting guidelines of Excellus BlueCross BlueShield. Throughout this document, Excellus BlueCross BlueShield will be referred to as the health plan. Outlined below are the standard criteria that the health plan will follow to qualify direct pay subscribers and dependents for commercial coverage.

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous individual commercial guidelines in use.

I. Effective date:

Individuals can only enroll in a direct pay product during open enrollment each year unless a special enrollment event applies.

II. Renewal date:

The renewal date for direct pay rates and benefits is January 1st of each year.

III. Rates

Direct pay products are community rated. Direct pay rates must be filed with the New York State Department of Financial Services at least 90 days in advance of the date of the rate change. Notification of a rate change must be provided to the direct pay subscriber in accordance with applicable state and federal laws and regulations.

IV. Subscriber Eligibility:

Filed and approved direct pay products are available to any prospective direct pay subscriber subject to the following limitations:

1. The subscriber is 18 years of age or older (except for child only policies), is a citizen of the United States or is in the United States validly and lives or resides within the service area of the health plan and meets applicable state and federal eligibility requirements.
2. For Bassett products, must live or work in Herkimer, Otsego, Chenango and Oneida counties, and meet other standard requirements.
3. Catastrophic coverage is only offered on the New York State of Health and to individuals under the age of 30, unless otherwise permitted by state or federal law or regulation.
4. Child Only plans are only available for children up to the age of 21.
5. A member enrolled in Medicare is not eligible to purchase a direct pay product. These individuals may purchase a Medicare Supplemental or Medicare Advantage product as available in the member's county of residence.

V. Dependent Eligibility:

Dependents are eligible to enroll in accordance with the subscriber certificate and applicable state and federal eligibility requirements.

VI. Special Enrollment

Special enrollment on and off the New York State of Health is in accordance with the subscriber certificate and applicable state and federal requirements.

VII. Changes in coverage:

A direct pay subscriber may change coverage only at open enrollment unless one of the following conditions applies:

1. Loses eligibility for the current product (e.g. moves out of Bassett territory)
2. Individual is a Native American (on the New York State of Health only)
3. Certain special enrollment events occur

VIII. Coverage under this Contract may be terminated as follows:

Coverage under the contact can be terminated in accordance with the subscriber certificate and applicable state and federal requirements.

Note: For products offered on the New York State of Health, all of the above conditions will comply with applicable state and federal requirements.

Medical Commercial Non-Medicare Underwriting Guidelines Applied on an Individual Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

Introduction

Commercial direct pay coverage is available on a guaranteed issue and guaranteed renewal basis to subscribers and dependents that meet the requirements as specified in applicable federal and state laws and regulations and the underwriting guidelines of Univera Healthcare. Throughout this document, Univera Healthcare will be referred to as the health plan. Outlined below are the standard criteria that the health plan will follow to qualify direct pay subscribers and dependents for commercial coverage.

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous individual commercial guidelines in use.

I. Effective date:

Individuals can only enroll in a direct pay product during open enrollment each year unless a special enrollment event applies.

II. Renewal date:

The renewal date for direct pay rates and benefits is January 1st of each year.

III. Rates

Direct pay products are community rated. Direct pay rates must be filed with the New York State Department of Financial Services at least 90 days in advance of the date of the rate change. Notification of a rate change must be provided to the direct pay subscriber in accordance with applicable state and federal laws and regulations.

IV. Subscriber Eligibility:

Filed and approved direct pay products are available to any prospective direct pay subscriber subject to the following limitations:

1. The subscriber is 18 years of age or older (except for child only policies), is a citizen of the United States or is in the United States validly and lives or resides within the service area of the health plan and meets applicable state and federal eligibility requirements.
2. Catastrophic coverage is only offered on the New York State of Health and to individuals under the age of 30, unless otherwise permitted by state or federal law or regulation.
3. Child Only plans are only available for children up to the age of 21.
4. A member enrolled in Medicare is not eligible to purchase a direct pay product. These individuals may purchase a Medicare Supplemental or Medicare Advantage product as available in the member's county of residence.

V. Dependent Eligibility:

Dependents are eligible to enroll in accordance with the subscriber certificate and applicable state and federal eligibility requirements.

VI. Special Enrollment

Special enrollment on and off the New York State of Health is in accordance with the subscriber certificate and applicable state and federal requirements.

VII. Changes in coverage:

A direct pay subscriber may change coverage only at open enrollment unless one of the following conditions applies:

1. Loses eligibility for the current product
2. Individual is a Native American (on the New York State of Health only)
3. Certain special enrollment events occur

VIII. Coverage under this Contract may be terminated as follows:

Coverage under the contact can be terminated in accordance with the subscriber certificate and applicable state and federal requirements.

Note: For products offered on the New York State of Health, all of the above conditions will comply with applicable state and federal requirements.

Expected Loss Ratio

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

Expected Loss Ratio

Individual Pool	84.3%

Rating Regions

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

Rating Regions

Region 1 (Albany Area)
Montgomery
Fulton

Region 2 (Buffalo Area)
Allegany
Cattaraugus
Chautauqua
Erie
Genesee
Niagara
Orleans
Wyoming

Region 3 (Mid-Hudson Area)
Delaware

Region 5 (Rochester Area)
Livingston
Monroe
Ontario
Seneca
Wayne
Yates

Region 6 (Syracuse Area)
Broome
Cayuga
Chemung
Cortland
Onondaga
Schuyler
Steuben
Tioga
Tompkins

Region 7 (Utica/Watertown Area)
Chenango
Clinton
Essex
Franklin
Hamilton
Herkimer
Jefferson
Lewis
Madison
Oneida
Oswego
Otsego
St. Lawrence

State: New York **Filing Company:** Excellus Health Plan, Inc.
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Prior Approval 2015 Individual Off Exchange
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Redacted Documents for Web Posting-NG Off Exchange
Comments:	Attached are all pdf files, redacted where allowed, for web posting.
Attachment(s):	2015 EHP Narrative Summary -Sm Grp and Indv.pdf 2015 Final Rate Notice - Individual - EHP & Univera Sample.pdf Exhibit 13 Individual Off Exchange.pdf Exhibit 14A Individual Off Exchange.pdf Exhibit 15A Individual Off Exchange.pdf Exhibit 16 Individual Off Exchange.pdf Exhibit 17 Individual Off Exchange.pdf Exhibit 18 Individual Off Exchange.pdf Exhibit 19 Individual Off Exchange.pdf Exhibit 20 Individual Off Exchange.pdf Exhibit 21A (redacted).pdf Exhibit 21B (redacted).pdf Exhibit 22 Individual Off Exchange (redacted).pdf Unified_Rate_Review_Template_IND_OFF.pdf Exhibit 23 Individual Off Exchange.pdf Initial Notification Individual.pdf Rate Manual_Ind_Off-Ex_2015.pdf Exhibit 11 Individual Off Exchange (redacted).pdf Actuarial Memorandum - Individual filed_Redacted.pdf AV Calculations Individual Off Exchange.pdf
Item Status:	
Status Date:	

Request of:

Excellus Health Plan, Inc. doing business as

- **Excellus BlueCross BlueShield**
- **Univera Healthcare**

To:

The Department of Financial Services of the State of New York

For approval of Small Group and Individual qualified health plan community rate increases in 2015

Filed: on or about June 13, 2014

NARRATIVE SUMMARY

Excellus Health Plan, Inc. (NAIC code number 55107) has applied to the Superintendent of the Department of Financial Services to adjust premium rates for its community-rated small group and individual qualified health plans.

I. OVERVIEW

The rates being sought contain a zero percent operating margin for the health plan despite the health plan reporting operating losses in 2013 and a forecasted significant operating loss in 2014 based on first-quarter results. The proposed rate adjustment is based on the need to adjust prospectively from the state's reduction of rates by 6.3% on small group qualified health plans and by 4.0% on individual qualified health plans for 2014; an increasing medical cost trend; changes in the health insurance market driven by federal and state actions; and to adjust for an increased number of members migrating to lesser benefit coverage plans than had been forecasted. These changes are likely contributing factors for most upstate health plan reporting underwriting losses in the first quarter of 2014. Other contributing factors for the proposed 2015 rate adjustment include increases in fees, taxes and added coverage for new mandated benefits.

Excellus Health Plan and related companies ("EHP") provide health insurance and administrative services for about 1.8 million upstate New Yorkers in 39 counties. The proposed premium rates affect about 182,000 members or 10 percent of the health plan's total membership. Its proposed rates are subject to review by the New York Department of Financial Services pursuant to section 4308 (c) of the New York Insurance Law. The Department may approve the proposed rate increase as requested, modify the proposed rate increase, or disapprove the proposed rate increase in its entirety. The determination by the Department shall be supported by sound actuarial assumptions and methods.

The rate application will be filed with the Department on or about June 13, 2014. The actual rate increases approved by the Department will be communicated to the impacted parties at least 60 days prior to the date the new rate is implemented for the subscriber. EHP policyholders with renewal dates during 2015 would, if approved, receive the indicated rate adjustments on their next anniversary date on or after January 1, 2015.

Excellus Health Plan is required by New York State law to develop rates that assume that at least 82% of premium revenue will be spent on health care costs in the direct pay market along with small groups, be actuarially sound, cover all claim costs, and provide a contribution to ensure adequate reserves. The percent of premium attributable to claims is referred to as the Medical Loss Ratio ("MLR").

The actual MLR may vary over time based on changes in the amounts paid to hospitals, physicians, and other providers, the increase in health care trend or inflation and health care utilization by our members and approved premium. Excellus Health Plan's MLR has been and continues to exceed the statutory minimums. In 2013, the MLR for Excellus Health Plan was 94.2% for individual direct pay and 91.0% for small groups. Under new reporting requirements for 2014, the three-year cumulative MLR is 94.4% for individual direct pay and 91.5% for small group qualified health plans. With the proposed rate adjustments, Excellus Health Plan's MLRs would remain well above the minimum levels. In the event the MLR falls below the required minimum, the health plan refunds any difference to policyholders.

EHP exceeded state and federal standards by $87 million in the amount it spent on medical benefits for members in its small group and individual plans in 2013. Using the new reporting requirements for 2014, the three-year cumulative total would mean EHP exceeded state and federal standards by $263 million in the amount it spent on medical benefits for its members in individual and small group plans for 2011-2013.

As explained further in this narrative, the requested rate increases are due primarily to the annual increases in the cost of medical care. Excellus Health Plan has attempted to limit the rate increases to the lowest amounts possible and exceed the minimum threshold of medical benefit payments as a percent of premium, while also preserving the financial integrity of the Plan. It would also be unfair to subsidize community rates from other segments of business.

Periodic rate adjustments are necessary to secure the ability of Excellus Health Plan, or any insurer, to produce sufficient revenue and surplus for reserves to assure continued coverage and claim payments both for current health care needs, and potential catastrophic cost situations. Excellus Health Plan's reserves vary from year to year based on actual health care costs incurred. As of Dec. 31, 2013, the health plan had reserves equivalent to 2.5 months of claims and operating expense, and more than the minimum required by New York State law. These reserves are the "insurance" that assures payment even when costs run higher than anticipated, or emergencies or disasters occur, and should not be used as an alternative fund to temporarily reduce rate adjustments.

Seeking to achieve a minimum level of reserves or a minimum risk-based capital ratio is not a sound financial practice for any health plan. The health plan also does not seek to accumulate industry benchmark levels of reserves or reach top risk-based capital scores that have been achieved by some health plans. The community rate increases proposed are designed to achieve a zero percent operating margin for the business to continue offering competitive and affordable access to health coverage in our communities. Our business, however, depends on not seeing financial losses either, so it can continue to provide participation in safety net products.

In filing its rate application, Excellus Health Plan is sensitive to the fact that individuals and small businesses struggle to afford higher premiums. However, it is clear that an increase in premiums is necessary to assure the continued operations of the Plan and the viability of its product offerings. Because EHP already has a high MLR, failure to approve these rates would only lead to the need for even greater rate increases in the future as claim costs would eventually exceed premiums collected.

II. FACTORS CONTRIBUTING TO THE PROPOSED RATE INCREASE

Escalating health care costs

The cost of health care services, equipment and products continues to be the primary reason for rate increases.

"Trend" is a very important consideration in determining the need for a premium rate adjustment. Upstate New York is not immune to national trends in health care costs given our state's population and demographics. Industry experts such as Segal Consulting and Buck Consultants are forecasting a 7.2-10.4% medical benefit trend nationwide for 2014. EHP is forecasting an overall medical benefit trend factor for its commercial fully insured business of 6.8 % for 2014-2015. The trend forecast takes into account projected increases in costs attributed to what Excellus Health Plan pays out in claims expenses for hospital inpatient and outpatient care, professional services, pharmacy benefits and other goods and services. The health plan's anticipated changes in medical benefit spending are summarized as follows:

- Hospital inpatient, 6.9%
- Hospital outpatient, 6.4%

- Professional services, 4.5%
- Pharmacy, 10.6%
- Other medical goods and services, 7.5%

These trends do not include adjustments to base rates for previous rate increases that were insufficient to cover claims and operating expenses for some plan options.

A note about the compounding effects of price and utilization

Health care costs for each of those benefit components take into account the compounding effects of both the price of the goods or services provided as well as the quantity of the goods and services consumed.

For example, if the price of a service was $100 in 2013 and the number of services provided was 100, the total amount spent in 2013 related to that service would be $10,000. If the price of the service rose 10 percent in 2013 and the number of identical services rendered rose by 10 percent, the impact of both the price change and utilization increase is compounded for an overall increase in spending of 21 percent. (110 services x $110 new price = $12,100 spending, or a 21 percent increase over the prior year's spending of $10,000.) The same impact on spending occurs if the intensity of services rises for treating patients.

The figures presented above of trend factors forecasted for each of the benefit components takes into account that compounding effect. And, the impact that each trend has to the overall cost of coverage is related to proportionate size of the benefit component. For example, overall spending would rise faster as a result of a 5 percent increase in professional services versus a 5 percent increase in drug costs because professional services represents a larger share of medical benefit spending.

III. NEW YORK TAXES AND ASSESSMENTS

Insurance taxes are built into the costs of health coverage. New Yorkers who voluntarily purchase private health insurance coverage paid more than $4 billion in state health taxes in 2011, according to an analysis by the New York State Conference of Blue Cross and Blue Shield Plans.

New York's Health Care Reform Act of 1996 ("HCRA") created two surcharges on health insurance and an additional tax is imposed under Section 206 (formerly Section 332) of the state Insurance Law.

The covered lives assessment is an annual flat surcharge or tax on every person who has insurance coverage in the state. Health plans are assessed on the basis of the number of people they cover with individual and family rates that vary depending on the residence of the insured. Among upstate regions defined by the state, the annual covered lives assessment rates in 2014 that impact Excellus Health Plan members are as follows:

	Per Certificate Per Year		Per Certificate Per Month	
	Individual	**Family**	**Individual**	**Family**
Western	$39.40	$130.03	$3.28	$10.84
Rochester	$105.72	$348.87	$8.81	$29.07

Central	$55.59	$183.46	$4.63	$15.29
Utica/Watertown	$8.54	$28.17	$0.71	$2.35
Northeastern	$39.94	$131.79	$3.33	$10.98

The second surcharge created by the 1996 Health Care Reform Act is collected from health plans in the form of a sales tax on many hospital-related services. The surcharge is applied to both self-insured and fully insured plans. Beginning at 8.18 percent in 1997, the surcharge is now at 9.63 percent.

The third levy, the Section 206 assessment, was originally established to finance New York State Department of Insurance operations but its funding purposes have expanded beyond that purpose. The assessments apply to all licensed insurers in the state (e.g. life, property and casualty, and health), and are based on New York premiums.

In total, the above New York taxes and assessments including Section 206 aggregated to nearly 6% of the 2015 small group and individual qualified health plans' premium.

IV. FEDERAL TAXES, MANDATES AND ADJUSTMENTS

Annual fee on health insurance providers:

Beginning in 2014, this fee is based on each health insurance company's market share of net premiums written, adjusted for size and corporate structure. The fee is assessed on all fully insured health plans, individuals purchasing coverage on their own, Medicare beneficiaries enrolled in a Medicare Advantage plan or a prescription drug plan and states that contract with health plans for Medicaid.

The federal law requires the total fee on nationwide health insurance providers to be collected is:

- $8 billion in 2014,
- $11.3 billion in 2015 and 2016,
- $13.9 billion in 2017, and
- $14.3 billion in 2018.
- After 2018, the fee is expected to collect $14.3 billion, indexed to the rate of growth in premiums. Each year, the calculation will be based on the market share of each assessed plan and will change based on the number of companies in the insured market. Under this fee provision, a health plan could incur financial losses but would still be subject to the market share fee.

For EHP, this fee increase represents a 1.2% increase to current premium for small group and individual qualified health plans for 2015.

Risk Adjustment Program:

The risk adjustment program is a permanent provision that applies to both the individual and small group insurance market. This federal program assesses a charge on health plans that have low-risk members and uses the revenue to compensate plans with higher risk members.

A fee of $0.96 per member per year is collected to fund the risk adjustment program. For EHP, this program reduces small group qualified health plans' premiums by about 1.5%. For 2015, this program has no impact on the premium of individual direct pay qualified health plans.

Transitional reinsurance program for the individual market:

The federal law created a temporary reinsurance program that is to collect nationwide:

- $10 billion in 2014,
- $6 billion in 2015, and
- $4 billion in 2016.
- Additionally, a separate contribution is to be deposited into the U.S. Treasury that will total $2 billion in 2014, $2 billion in 2015, and $1 billion in 2016.

The contribution rate is to be based on a $44 national per capita yearly amount in 2015. All insurers and self-insured group health plans are required to contribute on behalf of all group health plans and health insurance coverage they provide. For EHP, this fee represents about 1% of premium but it is about 40% less than last year resulting in a 0.5% decrease to current premium for small group and individual qualified health plans in 2015.

For the individual qualified health plans, the federal government established reinsurance for excessive claims. The amount of money being distributed in 2014 is being reduced in 2015. At the same time, this reduction will require a 3.8% premium increase for individual qualified health plans.

Patient Centered Outcomes Research Institute ("PCORI") fee:

The federal law created the PCORI to help stakeholders make informed health decisions by advancing the quality and relevance of evidence-based medicine through the use of comparative clinical effectiveness research findings. The fee is set at $2 per year multiplied by the average number of lives covered under the plan for plan years ending before October 1, 2014. And, for plan years ending on or after October 1, 2014, the fee increases based on the projected per capita amount of National Health Expenditures.

Federal mental health mandate

The federal requirements for coverage of mental health parity require a 0.2% increase to current premium to pay for required benefits in 2015.

V. OPERATING EXPENSE AND QUALITY IMPROVEMENTS

A portion of what is reported to the state as "administrative expenses" is attributed to what Federal Health Reform considers "quality improvement expenses," meaning the federal government recognizes that these represent costs that lead to overall improvements in health care versus simply a routine business expense, and as a result will be considered a medical benefit expense for purposes of federal MLR calculations.

Those quality improvement expenses include such items as:

- Improvements in health outcomes brought about by case management and disease management programs,

- Actions taken to help prevent hospital readmissions through such things as discharge planning and counseling,
- Wellness and community health promotional activities, and
- Health information technology that is used to help measure clinical effectiveness and predictive modeling.

The proposed rates will more accurately reflect the true operating expense of administering the federal Health Care Reform legislation through the state's on-line exchange. The changes in the health insurance market required building and implementing an entirely new sales channel from what had primarily been a business-to-business marketplace. This required:

- The implementation of a new sales call center that saw extended open enrollment deadlines in 2014;
- The hiring of additional staff;
- Increased direct-to-consumer communication costs to educate consumers about new products and how to access those products; and
- The building and implementation of new products, new infrastructure for the continued improvements and changes to the state's on-line exchange and for the implementation of additional mandates for the federal Health Care Reform.

Operating expenses - including quality improvement initiatives but excluding federal and state taxes, fees and assessments, and broker commissions - represent 8.7% of premium in small group qualified health plans and 8.4% in individual qualified health plans.

VI. REGULATION 146

Regulation 146 was a market stabilization mechanism for the individual and small group pools that was in effect prior to the adoption of the ACA. Similar to the ACA Risk Adjustment program, Reg. 146 attempted to equalize the risk within the small group and individual markets by assessing a charge on health plans that have low-risk members and used this revenue to compensate plans with higher risk members. Because of the redundancy with the new risk adjustment program, Reg. 146 is being phased out. The Department of Financial Services is requiring plans to distribute all outstanding compensations through premium adjustments in 2015 and 2016. This distribution plan results in a reduction in the small group qualified health plan premium of 0.3% and in individual premium of about 1%.

Date

[Subscriber Fname Lname
Subscriber address
City, state zip]

Re: Notice of Approved Rate Change
[Product Name and Health Insurance Oversight System (HIOS) identification number]

Dear [FIRST NAME],

Thank you for choosing Excellus BlueCross BlueShield for your health care plan. The rates below were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date.

The new rate for your plan will be effective January 1, 2015. This price is the total cost of your current insurance contract with Excellus BlueCross BlueShield. If you change plans, your plan premium will be adjusted.

Monthly rates for [Product Name: 78124vxxxxxxxx-00]

Current Rate: [$xxxx.xx] *New Rate: [$xxxx.xx]*

Availability of summary health information

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. To get a copy of your SBC, please visit our website excellusbcbs.com/sbcfinder. The Plan ID and coverage start date (effective date) are listed above. A paper copy is also available, free of charge, from your employer or by calling 1-855-646-8011.

If you have questions about the premium rate listed in this letter, please:

- Contact your employer group's benefits administrator, or
- Call our general rate information line at 1-855-561-2836.

For all other questions regarding claims and benefits, you can call Customer Service at the telephone number listed on your identification card. We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,

James R. Reed
Senior Vice President, Marketing and Sales

205 Park Club Lane, Buffalo, NY 14221

[Date]

[Subscriber Fname Lname
Subscriber address
City, state zip]

Dear [FIRST NAME],

Thank you for choosing Univera Healthcare for your health care plan. The rates below were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date.

The new rate for your plan will be effective January 1, 2015. This price is the total cost of your current insurance contract with Univera Healthcare. If you change plans, your plan premium will be adjusted.

Monthly rates for [Product Name: 78124vxxxxxxxx-00]

Current Rate: [$xxxx.xx] *New Rate: [$xxxx.xx]*

Availability of summary health information

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. To get a copy of your SBC, please visit our website univerahealthcare.com/sbcfinder. The Plan ID and coverage start date (effective date) are listed above. A paper copy is also available, free of charge, from your employer or by calling 1-855-646-8011.

If you have questions about the premium rate listed in this letter, please:

- Contact your employer group's benefits administrator, or
- Call our general rate information line at 1-855-561-2836.

For all other questions regarding claims and benefits, you can call Customer Service at the telephone number listed on your identification card. We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,

Art Wingerter
President

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Name:	Excellus Health Plan, Inc.
NAIC Code:	55107
SERFF Tracking #:	EXHP-129573698
Market Segment:	Individuals Off 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	664.65	545.97	473.82	371.17	N/A
2015 Premium Rates	791.20	654.48	553.82	451.66	N/A

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	19.7%

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	N/A	N/A	N/A

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

2011		2012	2013
	MLR	N/A	N/A	N/A

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	N/A	6.68%	7.43%
Expense Ratios	N/A	0.132	0.156
Pre Tax Profit Ratios	N/A	0.01	0.00

* If product was not offered in a particular year, indicate "N/A" in the applicable box.

EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES

-- for Individual Medical Plans

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Tracking #: EXHP-129573698
Market Segment: Individuals Off Exchange

1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
3) Market segment refers to Individual 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
5) The product 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 DFS). A separate row is to be
6) If the percentage changes (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
7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders.
9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders.
10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.
11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	Rochester Area	Platinum Standard	Platinum Standard	16.80%	17.00%	16.99%
Individual	01/01/15	Gold	Rochester Area	Gold Standard	Gold Standard	17.33%	17.54%	17.52%
Individual	01/01/15	Silver	Rochester Area	Silver Standard	Silver Standard	17.91%	18.15%	18.14%
Individual	01/01/15	Bronze	Rochester Area	Bronze Standard	Bronze Standard	19.25%	19.46%	19.46%
Individual	01/01/15	Catastrophic	Rochester Area	Base	Base	-21.00%	-21.00%	-21.00%
Individual	01/01/15	Platinum	Rochester Area	Platinum Select	Platinum Select	16.83%	17.00%	16.99%
Individual	01/01/15	Gold	Rochester Area	Gold Select	Gold Select	17.33%	17.53%	17.52%
Individual	01/01/15	Silver	Rochester Area	Silver Select	Silver Select	18.28%	18.55%	18.54%
Individual	01/01/15	Bronze	Rochester Area	Bronze Select	Bronze Select	19.49%	19.85%	19.83%
Individual	01/01/15	Platinum	Buffalo Area	Platinum Standard	Platinum Standard	18.98%	19.20%	19.19%
Individual	01/01/15	Gold	Buffalo Area	Gold Standard	Gold Standard	19.53%	19.74%	19.72%
Individual	01/01/15	Silver	Buffalo Area	Silver Standard	Silver Standard	20.12%	20.36%	20.36%
Individual	01/01/15	Bronze	Buffalo Area	Bronze Standard	Bronze Standard	21.48%	21.70%	21.70%
Individual	01/01/15	Catastrophic	Buffalo Area	Base	Base	-19.52%	-19.52%	-19.52%
Individual	01/01/15	Platinum	Buffalo Area	Univera Platinum Select	Univera Platinum Select	19.20%	19.20%	19.20%
Individual	01/01/15	Gold	Buffalo Area	Gold Select	Gold Select	19.53%	19.73%	19.73%
Individual	01/01/15	Silver	Buffalo Area	Silver Select	Silver Select	20.50%	20.77%	20.76%
Individual	01/01/15	Bronze	Buffalo Area	Bronze Select	Bronze Select	21.73%	22.10%	22.08%
Individual	01/01/15	Platinum	Syracuse Area	Platinum Standard	Platinum Standard	19.05%	19.27%	19.24%
Individual	01/01/15	Gold	Syracuse Area	Gold Standard	Gold Standard	19.60%	19.81%	19.78%
Individual	01/01/15	Silver	Syracuse Area	Silver Standard	Silver Standard	20.19%	20.43%	20.43%
Individual	01/01/15	Bronze	Syracuse Area	Bronze Standard	Bronze Standard	21.55%	21.76%	21.76%
Individual	01/01/15	Catastrophic	Syracuse Area	Base	Base	-19.48%	-19.48%	-19.48%
Individual	01/01/15	Platinum	Syracuse Area	Platinum Select	Platinum Select	19.09%	19.27%	19.25%
Individual	01/01/15	Gold	Syracuse Area	Gold Select	Gold Select	19.60%	19.80%	19.79%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Silver	Syracuse Area	Silver Select	Silver Select	20.56%	20.84%	20.83%
Individual	01/01/15	Bronze	Syracuse Area	Bronze Select	Bronze Select	21.79%	22.16%	22.15%
Individual	01/01/15	Platinum	Utica/Watertown Area	Platinum Standard	Platinum Standard	18.93%	19.14%	19.12%
Individual	01/01/15	Gold	Utica/Watertown Area	Gold Standard	Gold Standard	19.48%	19.68%	19.66%
Individual	01/01/15	Silver	Utica/Watertown Area	Silver Standard	Silver Standard	20.07%	20.31%	20.30%
Individual	01/01/15	Bronze	Utica/Watertown Area	Bronze Standard	Bronze Standard	21.42%	21.64%	21.64%
Individual	01/01/15	Catastrophic	Utica/Watertown Area	Base	Base	-19.56%	-19.56%	-19.56%
Individual	01/01/15	Platinum	Utica/Watertown Area	Platinum Select	Platinum Select	18.97%	19.14%	19.13%
Individual	01/01/15	Gold	Utica/Watertown Area	Gold Select	Gold Select	19.47%	19.68%	19.67%
Individual	01/01/15	Silver	Utica/Watertown Area	Silver Select	Silver Select	20.44%	20.72%	20.70%
Individual	01/01/15	Bronze	Utica/Watertown Area	Bronze Select	Bronze Select	21.66%	22.04%	22.01%
Individual	01/01/15	Gold	Utica/Watertown Area	Bassett Gold Select	Bassett Gold Select	20.44%	20.69%	20.69%
Individual	01/01/15	Platinum	Mid-Hudson Area	Platinum Standard	Platinum Standard	18.93%	19.14%	19.12%
Individual	01/01/15	Gold	Mid-Hudson Area	Gold Standard	Gold Standard	19.48%	19.68%	19.68%
Individual	01/01/15	Silver	Mid-Hudson Area	Silver Standard	Silver Standard	20.07%	20.31%	20.30%
Individual	01/01/15	Bronze	Mid-Hudson Area	Bronze Standard	Bronze Standard	21.42%	21.64%	21.62%
Individual	01/01/15	Catastrophic	Mid-Hudson Area	Base	Base	-19.56%	-19.56%	-19.56%
Individual	01/01/15	Platinum	Mid-Hudson Area	Platinum Select	Platinum Select	18.97%	19.14%	19.12%
Individual	01/01/15	Gold	Mid-Hudson Area	Gold Select	Gold Select	19.47%	19.68%	19.58%
Individual	01/01/15	Silver	Mid-Hudson Area	Silver Select	Silver Select	20.44%	20.72%	20.70%
Individual	01/01/15	Bronze	Mid-Hudson Area	Bronze Select	Bronze Select	21.66%	22.04%	22.04%
Individual	01/01/15	Gold	Mid-Hudson Area	Bassett Gold Select	Bassett Gold Select	20.44%	20.69%	20.69%
Individual	01/01/15	Platinum	Albany Area	Platinum Standard	Platinum Standard	18.93%	19.14%	19.14%
Individual	01/01/15	Gold	Albany Area	Gold Standard	Gold Standard	19.48%	19.68%	19.68%
Individual	01/01/15	Silver	Albany Area	Silver Standard	Silver Standard	20.07%	20.31%	20.30%
Individual	01/01/15	Bronze	Albany Area	Bronze Standard	Bronze Standard	21.42%	21.64%	21.64%
Individual	01/01/15	Catastrophic	Albany Area	Base	Base	-19.56%	-19.56%	-19.56%
Individual	01/01/15	Platinum	Albany Area	Platinum Select	Platinum Select	18.97%	19.14%	19.14%
Individual	01/01/15	Gold	Albany Area	Gold Select	Gold Select	19.47%	19.68%	19.68%
Individual	01/01/15	Silver	Albany Area	Silver Select	Silver Select	20.44%	20.72%	20.72%
Individual	01/01/15	Bronze	Albany Area	Bronze Select	Bronze Select	21.66%	22.04%	22.04%
Individual	01/01/15	Platinum	Buffalo Area	Platinum Select	Platinum Select	19.03%	19.20%	19.19%

EXHIBIT 15 - PART A: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR INDIVIDUAL PRODUCTS

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Tracking #: EXHP-129573698
Market Segment: Individuals Off 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 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.
3) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Metal Level/Rating Region and for the market segment in total.
4) Market segment refers to Individual market segment.
5) 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.
6) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze, catastrophic).
7) Provide the distribution of contracts or members affected by proposed rate change for all contracts by metal level/rating region.
8) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
9) Enter the sum of the counts in the various columns, and the market segment weighted avg change %.
10) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level (or Catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of 04/30/2014	Total # of Members as of 04/30/2014	Total # of Contracts as of 04/30/2014	Number of (*) with Requested Percentage Rate Change at Renewal: 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
Individual	1/1/2015	Platinum	Rochester Area	17.0%	$11,258,409	2,071	1,461	0	0	0	0	0	1,461	0	0	0	0	0
Individual	1/1/2015	Gold	Rochester Area	17.5%	$3,063,814	645	436	0	0	0	0	0	436	0	0	0	0	0
Individual	1/1/2015	Silver	Rochester Area	18.3%	$13,657,772	3,377	2,405	0	0	0	0	0	2,405	0	0	0	0	0
Individual	1/1/2015	Bronze	Rochester Area	19.6%	$6,747,053	2,134	1,673	0	0	0	0	0	1,673	0	0	0	0	0
Individual	1/1/2015	Catastrophic	Rochester Area	-21.0%	$10,219	3	3	3	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	Buffalo Area	19.2%	$2,063,455	303	226	0	0	0	0	0	226	0	0	0	0	0
Individual	1/1/2015	Gold	Buffalo Area	19.7%	$869,852	158	91	0	0	0	0	0	91	0	0	0	0	0
Individual	1/1/2015	Silver	Buffalo Area	20.6%	$3,976,682	803	569	0	0	0	0	0	0	569	0	0	0	0
Individual	1/1/2015	Bronze	Buffalo Area	21.8%	$3,469,244	871	705	0	0	0	0	0	0	705	0	0	0	0
Individual	1/1/2015	Catastrophic	Buffalo Area	-19.5%	$0	-	-	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	Syracuse Area	19.2%	$10,851,390	1,596	1,192	0	0	0	0	0	1,192	0	0	0	0	0
Individual	1/1/2015	Gold	Syracuse Area	19.8%	$5,667,285	969	665	0	0	0	0	0	665	0	0	0	0	0
Individual	1/1/2015	Silver	Syracuse Area	20.6%	$20,448,958	4,130	2,997	0	0	0	0	0	0	2,997	0	0	0	0
Individual	1/1/2015	Bronze	Syracuse Area	21.9%	$6,951,518	1,864	1,341	0	0	0	0	0	0	1,341	0	0	0	0
Individual	1/1/2015	Catastrophic	Syracuse Area	-19.5%	$8,284	2	2	2	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	Utica/Watertown Area	19.1%	$5,940,096	812	593	0	0	0	0	0	593	0	0	0	0	0
Individual	1/1/2015	Gold	Utica/Watertown Area	20.0%	$4,112,999	690	480	0	0	0	0	0	283	197	0	0	0	0
Individual	1/1/2015	Silver	Utica/Watertown Area	20.5%	$11,437,751	2,143	1,523	0	0	0	0	0	0	1,523	0	0	0	0
Individual	1/1/2015	Bronze	Utica/Watertown Area	21.8%	$4,666,166	1,159	855	0	0	0	0	0	0	855	0	0	0	0
Individual	1/1/2015	Catastrophic	Utica/Watertown Area	-19.6%	$4,409	1	1	1	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	Mid-Hudson Area	19.1%	$312,085	42	27	0	0	0	0	0	27	0	0	0	0	0
Individual	1/1/2015	Gold	Mid-Hudson Area	20.4%	$590,568	100	70	0	0	0	0	0	19	51	0	0	0	0
Individual	1/1/2015	Silver	Mid-Hudson Area	20.6%	$487,225	91	69	0	0	0	0	0	0	69	0	0	0	0
Individual	1/1/2015	Bronze	Mid-Hudson Area	21.9%	$380,525	93	66	0	0	0	0	0	0	66	0	0	0	0
Individual	1/1/2015	Catastrophic	Mid-Hudson Area	-19.6%	$0	-	-	0	0	0	0	0	0	0	0	0	0	0
Individual	1/1/2015	Platinum	Albany Area	19.1%	$28,721	4	3	0	0	0	0	0	3	0	0	0	0	0
Individual	1/1/2015	Gold	Albany Area	19.7%	$13,405	2	2	0	0	0	0	0	2	0	0	0	0	0
Individual	1/1/2015	Silver	Albany Area	20.6%	$76,643	14	12	0	0	0	0	0	0	12	0	0	0	0
Individual	1/1/2015	Bronze	Albany Area	21.7%	$61,742	16	11	0	0	0	0	0	0	11	0	0	0	0
Individual	1/1/2015	Catastrophic	Albany Area	-19.6%	$0	-	-	0	0	0	0	0	0	0	0	0	0	0
Market Segment Total:				19.7%	$117,156,268	24,093	17,478	6	0	0	0	0	9,076	8,396	0	0	0	0

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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										
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) ($)	
EXC-C-10, EXR-C-32	[Copay; Hybrid] PPO Base Plan	[Healthy Blue; Simply Blue] PPO [Hybrid; Copay]	Syracuse Group	1/1/2015	SG	PPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	478,591	206,637,127	219,284,973	186,885,461	188,737,270	0		25,902,745	XX
34	HSA Base Plan	[Healthy Blue; Simply Blue] HDHP	Syracuse Group	1/1/2015	SG	HDHP	Yes	Closed	0	0	XX	01/01/13	12/31/13	324,277	88,103,003	93,495,612	74,337,409	75,752,551	0		14,098,944	XX
EXC-8	Blue Choice [25, 30] Basic Contract	Blue Choice [$25, $30] Copay Plan	Syracuse Group	1/1/2015	SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	1,676	1,063,873	1,063,873	780,381	789,066	0		154,140	XX
EXC-C-10, EXR-C-32	[Copay; Hybrid] PPO Base Plan	[Healthy Blue; Simply Blue] PPO [Hybrid; Copay]	Rochester Small Group	1/1/2015	SG	PPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	395,637	153,129,105	167,328,307	149,993,588	151,391,893	0		21,406,460	XX
34	HSA Base Plan	[Healthy Blue; Simply Blue] HDHP	Rochester Small Group	1/1/2015	SG	HDHP	Yes	Closed	0	0	XX	01/01/13	12/31/13	533,642	118,325,080	129,297,009	100,801,298	102,576,940	0		23,207,729	XX
EXC-8	Blue Choice [25, 30] Basic Contract	Blue Choice [$25, $30] Copay Plan	Rochester Small Group	1/1/2015	SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	21,373	10,482,758	10,482,758	7,634,700	7,699,983	0		1,220,741	XX
EXC-C-10, EXR-C-32	[Copay; Hybrid] PPO Base Plan	[Healthy Blue; Simply Blue] PPO [Hybrid; Copay]	Utica Group	1/1/2015	SG	PPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	223,651	111,960,817	122,342,608	97,925,542	98,837,027	0		12,104,885	XX
34	HSA Base Plan	[Healthy Blue; Simply Blue] HDHP	Utica Group	1/1/2015	SG	HDHP	Yes	Closed	0	0	XX	01/01/13	12/31/13	199,048	59,273,868	64,770,156	48,548,398	49,450,276	0		8,653,684	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [$25, $30] Copay Plan	Utica Group	1/1/2015	SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	1,545	930,419	930,419	474,660	477,031	0		196,943	XX
EXC-C-10, EXR-C-32	[Copay; Hybrid] PPO Base Plan	[Healthy Blue; Simply Blue] PPO [Hybrid; Copay]	Univera Group	1/1/2015	SG	PPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	26,911	12,269,334	13,407,033	11,498,603	11,601,276	0		2,059,602	XX
34	HSA Base Plan	[Healthy Blue; Simply Blue] HDHP	Univera Group	1/1/2015	SG	HDHP	Yes	Closed	0	0	XX	01/01/13	12/31/13	83,402	22,116,110	24,166,871	17,993,687	18,407,770	0		4,290,203	XX
UNC-7	HMO	Value Plus	Univera Group	1/1/2015	SG	HMO	Yes	Closed	0	0	XX	01/01/13	12/31/13	1,252	741,453	810,206	880,676	888,291	0		507,885	XX
EX-36 Rev.2	Comprehensive Low Deductible and PPO Plans	SSA - Comprehensive Low Deductible and PPO Plans	SSA	1/1/2015	SG	Comprehensive Major Medical, PPO, HDHP	No	Closed	0	0	XX	01/01/13	12/31/13	48,598	16,029,433	16,029,433	19,382,635	19,695,698	0		2,331,474	XX
EXHP-36	HMO	Healthy New York Part A,B	Healthy New York-Rochester	1/1/2015	HNY-SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	12,467	2,985,714	2,985,714	2,532,033	2,551,419	(540,148)		411,141	XX
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York-Rochester	1/1/2015	HNY-SG	EPO	No	Closed	0	0	XX	01/01/13	12/31/13	14,103	2,195,516	2,195,516	1,956,736	1,979,405	(406,916)		268,181	XX
EXHP-36	HMO	Healthy New York Part A,B	Healthy New York-CNY	1/1/2015	HNY-SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	11,186	3,407,471	3,407,471	2,299,608	2,320,501	(495,716)		375,185	XX
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York-CNY	1/1/2015	HNY-SG	EPO	No	Closed	0	0	XX	01/01/13	12/31/13	11,665	2,057,779	2,057,779	1,409,200	1,424,838	(253,947)		222,205	XX
EXHP-36	HMO	Healthy New York Part A,B	Healthy New York-Utica	1/1/2015	HNY-SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	15,057	4,434,980	4,434,980	2,954,990	2,983,514	(519,033)		489,654	XX
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York-Utica	1/1/2015	HNY-SG	EPO	Yes	Closed	0	0	XX	01/01/13	12/31/13	13,274	2,470,918	2,470,918	1,657,839	1,678,470	(343,756)		252,862	XX
EXHP-36	HMO	Healthy New York Part A,B	Healthy New York-Buffalo	1/1/2015	HNY-SG	HMO	No	Closed	0	0	XX	01/01/13	12/31/13	13,995	3,439,041	3,439,041	5,288,944	5,339,604	(921,600)		441,152	XX
EXHP-81	Exclusive Provider Organization	HNY B EPO Group	Healthy New York-Buffalo	1/1/2015	HNY-SG	EPO	No	Closed	0	0	XX	01/01/13	12/31/13	7,209	1,132,367	1,132,367	1,193,022	1,209,001	(153,943)		146,876	XX

EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

	First Prior Experience Period											Second Prior Experience Period										
	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	508,444	203,110,337	237,096,546	179,687,638	181,586,719	0		22,710,856	XX	01/01/11	12/31/11	430,092	161,305,259	203,736,569	136,163,953	137,700,437	0	0	18,859,534	XX
XX	01/01/12	12/31/12	294,352	71,110,680	83,009,545	63,387,934	64,447,652	0		11,639,339	XX	01/01/11	12/31/11	277,685	60,453,095	76,355,267	50,283,092	51,551,501	0	0	12,176,487	XX
XX	01/01/12	12/31/12	2,540	1,486,322	1,634,955	1,095,944	1,105,549	0		190,853	XX	01/01/11	12/31/11	2,930	1,590,352	1,892,837	1,110,415	1,118,801	0	0	128,481	XX
XX	01/01/12	12/31/12	436,917	155,767,076	191,487,251	145,023,586	146,243,715	0		19,515,933	XX	01/01/11	12/31/11	427,431	137,452,785	190,094,812	126,901,714	127,947,039	0	0	18,742,849	XX
XX	01/01/12	12/31/12	485,064	90,827,197	111,655,497	81,029,230	81,950,643	0		19,180,519	XX	01/01/11	12/31/11	388,945	62,953,628	87,063,772	58,505,768	60,182,667	0	0	17,055,238	XX
XX	01/01/12	12/31/12	31,788	13,755,191	15,474,590	12,311,372	12,407,370	0		1,575,043	XX	01/01/11	12/31/11	23,650	8,943,349	11,318,926	6,601,136	6,630,573	0	0	1,037,053	XX
XX	01/01/12	12/31/12	246,512	112,301,706	138,054,495	95,754,502	96,792,884	0		11,011,043	XX	01/01/11	12/31/11	228,458	94,896,822	131,240,655	85,222,908	86,073,118	0	0	10,017,883	XX
XX	01/01/12	12/31/12	177,928	45,371,215	55,775,645	39,171,305	39,804,607	0		7,035,673	XX	01/01/11	12/31/11	156,332	35,276,560	48,786,869	33,284,949	33,959,350	0	0	6,855,158	XX
XX	01/01/12	12/31/12	2,036	1,079,369	1,214,290	724,370	727,685	0		232,573	XX	01/01/11	12/31/11	3,035	1,437,393	1,819,200	1,200,041	1,203,853	0	0	133,085	XX
XX	01/01/12	12/31/12	30,955	13,579,223	16,381,576	12,117,438	12,293,237	0		2,049,809	XX	01/01/11	12/31/11	36,171	14,880,426	20,195,223	16,274,201	16,522,440	0	0	1,586,098	XX
XX	01/01/12	12/31/12	100,786	23,496,768	28,345,810	18,911,789	19,429,082	0		6,000,109	XX	01/01/11	12/31/11	117,948	24,305,838	32,987,080	22,358,699	23,048,014	0	0	5,172,020	XX
XX	01/01/12	12/31/12	2,253	1,192,019	1,438,016	2,440,074	2,446,236	0		422,748	XX	01/01/11	12/31/11	3,915	1,937,646	2,629,709	1,201,734	1,203,155	0	0	171,673	XX
XX	01/01/12	12/31/12	73,988	23,859,406	26,722,535	24,964,534	25,216,789	0		2,845,411	XX	01/01/11	12/31/11	138,992	42,168,410	53,132,196	42,268,700	43,091,281	0	0	3,961,272	XX
XX	01/01/12	12/31/12	12,859	3,040,776	3,150,451	2,646,300	2,668,546	(541,858)		370,125	XX	01/01/11	12/31/11	17,153	4,083,555	4,243,534	3,522,577	3,531,606	(1,071,656)	0	488,861	XX
XX	01/01/12	12/31/12	12,155	1,841,596	1,908,019	1,730,018	1,747,878	(337,440)		213,794	XX	01/01/11	12/31/11	18,604	2,900,110	3,013,726	2,322,771	2,352,307	(499,318)	0	530,214	XX
XX	01/01/12	12/31/12	10,363	3,168,672	3,282,960	2,405,633	2,427,605	(538,869)		323,762	XX	01/01/11	12/31/11	14,184	4,356,291	4,526,955	3,853,129	3,923,791	(1,244,407)	0	404,244	XX
XX	01/01/12	12/31/12	9,845	1,754,013	1,817,278	1,260,472	1,276,489	(266,534)		173,164	XX	01/01/11	12/31/11	14,816	2,747,712	2,855,358	1,862,578	1,871,268	(514,645)	0	422,256	XX
XX	01/01/12	12/31/12	13,491	3,981,064	4,124,654	3,354,267	3,380,924	(812,559)		399,137	XX	01/01/11	12/31/11	16,329	4,831,401	5,020,679	3,824,285	3,831,917	(1,231,717)	0	465,377	XX
XX	01/01/12	12/31/12	11,927	2,192,676	2,271,762	2,180,751	2,201,407	(400,814)		209,784	XX	01/01/11	12/31/11	18,523	3,450,906	3,586,100	2,247,520	2,265,134	(591,864)	0	527,906	XX
XX	01/01/12	12/31/12	14,406	3,379,274	3,501,159	5,281,906	5,323,411	(822,387)		401,996	XX	01/01/11	12/31/11	18,639	4,405,167	4,577,746	4,877,116	4,914,417	(1,462,581)	0	531,212	XX
XX	01/01/12	12/31/12	6,925	1,072,629	1,111,317	1,028,232	1,033,411	(190,077)		118,062	XX	01/01/11	12/31/11	11,247	1,819,754	1,891,046	1,426,241	1,436,018	(349,219)	0	320,540	XX

Exhibit 18 - Index Rate and Plan Level Adjustment Worksheet

Exhibit 18 - Index Rate/Plan-Design Level Adjustment Worksheet

Company Name: Excellus Health Plan, Inc.

NAIC Code: 55107

SERFF Number: EXHP-129573698

Market Segment: Individual Off Exchange

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

Line # / **General**

1	Product*	Excellus BCBS EPO Copay										Excellus BCBS EPO Hybrid																		
2	Product ID*	78124NY088										78124NY089																		
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.881	0.881	0.881	0.881	0.881	0.881	0.890	0.890	0.890	0.890	0.791	0.791	0.791	0.791	0.791	0.791	0.707	0.707	0.707	0.707	0.707	0.707	0.797	0.797	0.797	0.797	0.620	0.620	0.620
5	AV Pricing Value (total risk pool experience based)*	0.917	0.917	0.917	0.917	0.917	0.917	0.919	0.919	0.919	0.919	0.833	0.833	0.833	0.833	0.833	0.833	0.743	0.743	0.743	0.743	0.743	0.743	0.836	0.836	0.836	0.836	0.578	0.578	0.578
6	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	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Select	Platinum Select	Platinum Select	Platinum Select	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Gold Select	Gold Select	Gold Select	Gold Select	Bronze Standard	Bronze Standard	Bronze Standard
8	HIOS Plan ID*	78124NY0880001	78124NY0880002	78124NY0880003	78124NY0880004	78124NY0880005	78124NY0880006	78124NY0880007	78124NY0880008	78124NY0880009	78124NY0880010	78124NY0890001	78124NY0890002	78124NY0890003	78124NY0890004	78124NY0890005	78124NY0890006	78124NY0890007	78124NY0890008	78124NY0890009	78124NY0890010	78124NY0890011	78124NY0890012	78124NY0890013	78124NY0890014	78124NY0890015	78124NY0890016	78124NY0900001	78124NY0900002	78124NY0900003
9	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	No	No	No	No	No

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

Experience Period Index Rate

10A	Incurred Claims (exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools) for Latest Experience Period	$745,791,826																												
10B	Member-Months for Latest Experience Period	2,438,559																												
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	305.83																												
11	Average Pricing Actuarial Value reflected in experience period	0.864																												
12	**AV Adjusted Experience Period Index Rate PMPM (L10C / L11)**	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	0.972																												
14	Market wide adjustment for changes in provider network **	1.000																												
15	Market wide adjustment for fee schedule changes **	1.000																												
16	Market wide adjustment for utilization management changes **	1.000																												
17	and cost containment initiatives **	0.996																												
18	risk characteristics **	1.000																												
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	1.296																												
20	by rating regions **	1.000																												
21	(less than 1.00 to reflect a recovery,	1.000																												
22	(less than 1.00 to reflect a recovery)	0.962																												
23	not being sufficiently credible	1.000																												
24	m ...)	1.158																												
25	Other 1 (Impact of Regulation 146)	0.988																												
26	Other 2 (specify)	1.000																												
27	Other 3 (specify)	1.000																												
28	**Impact of Market Wide Adjustments (product L13 through L27)**	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.904	0.904	0.904	0.904	0.904	0.904	0.905	0.905	0.905	0.905	0.822	0.822	0.822	0.822	0.822	0.822	0.732	0.732	0.732	0.732	0.732	0.732	0.824	0.824	0.824	0.824	0.570	0.570	0.570
30	Pricing actuarial value (only the induced demand factor) #	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.150	1.080	1.080	1.080	1.080	1.080	1.080	1.030	1.030	1.030	1.030	1.030	1.030	1.080	1.080	1.080	1.080	1.000	1.000	1.000
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claims costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in addition to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.148	1.148	1.148	1.148	1.148	1.148	1.147	1.147	1.147	1.147	1.166	1.166	1.166	1.166	1.166	1.166	1.188	1.188	1.188	1.188	1.188	1.188	1.165	1.165	1.165	1.165	1.235	1.235	1.235
37	Profit/Contribution to surplus margins	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
42	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	1.193	1.193	1.193	1.193	1.193	1.193	1.195	1.195	1.195	1.195	1.034	1.034	1.034	1.034	1.034	1.034	0.896	0.896	0.896	0.896	0.896	0.896	1.037	1.037	1.037	1.037	0.703	0.703	0.703

\# 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)**	583.51	583.51	583.51	583.51	583.51	583.51	584.29	584.29	584.29	584.29	505.85	505.85	505.85	505.85	505.85	505.85	438.15	438.15	438.15	438.15	438.15	438.15	507.07	507.07	507.07	507.07	343.93	343.93	343.93

ExcelsBCRSEPOHDHP 78124NY090										
Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
0.620	0.620	0.620	0.684	0.684	0.684	0.684	0.592	0.592	0.592	0.592
0.578	0.578	0.578	0.679	0.679	0.679	0.679	0.537	0.537	0.537	0.537
EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
BronzeStandard	BronzeStandard	BronzeStandard	SilverSelect	SilverSelect	SilverSelect	SilverSelect	BronzeSelect	BronzeSelect	BronzeSelect	BronzeSelect
78124NY0900004	78124NY0900005	78124NY0900006	78124NY0900007	78124NY0900008	78124NY0900009	78124NY0900010	78124NY0900011	78124NY0900012	78124NY0900013	78124NY0900014
No	No	No	No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.570	0.570	0.570	0.669	0.669	0.669	0.669	0.529	0.529	0.529	0.529
1.000	1.000	1.000	1.030	1.030	1.030	1.030	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.235	1.235	1.235	1.201	1.201	1.201	1.201	1.250	1.250	1.250	1.250
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.703	0.703	0.703	0.828	0.828	0.828	0.828	0.661	0.661	0.661	0.661
343.93	343.93	343.93	404.82	404.82	404.82	404.82	323.42	323.42	323.42	323.42

BassettEPO 78124NY092							
Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver
0.805	0.805	0.805	0.805	0.713	0.713	0.713	0.713
0.842	0.842	0.842	0.842	0.759	0.759	0.759	0.759
EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Bassett PreferredGold	Bassett PreferredGold	Bassett PreferredGold	Bassett PreferredGold	Bassett PreferredSilver	Bassett PreferredSilver	Bassett PreferredSilver	Bassett PreferredSilver
78124NY0920001	78124NY0920002	78124NY0920003	78124NY0920004	78124NY0920005	78124NY0920006	78124NY0920007	78124NY0920008
No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.842	0.842	0.842	0.842	0.759	0.759	0.759	0.759
1.080	1.080	1.080	1.080	1.030	1.030	1.030	1.030
0.831	0.831	0.831	0.831	0.831	0.831	0.831	0.831
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.187	1.187	1.187	1.187	1.211	1.211	1.211	1.211
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.898	0.898	0.898	0.898	0.786	0.786	0.786	0.786
438.99	438.99	438.99	438.99	384.55	384.55	384.55	384.55

ExcelsPPOCopay 78124NY109						CNYPreferredGold 78124NY113				UniversalE 78124NY093				
Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum
0.881	0.881	0.881	0.881	0.881	0.881	0.794	0.794	0.794	0.794	0.881	0.881	0.881	0.881	0.881
0.913	0.913	0.913	0.913	0.913	0.913	0.827	0.827	0.827	0.827	0.917	0.917	0.917	0.917	0.917
PPO	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	CNYPreferredGold	CNYPreferredGold	CNYPreferredGold	CNYPreferredGold	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard
78124NY1090001	78124NY1090002	78124NY1090003	78124NY1090004	78124NY1090005	78124NY1090006	78124NY1130001	78124NY1130002	78124NY1130003	78124NY1130004	78124NY0930001	78124NY0930002	78124NY0930003	78124NY0930004	78124NY0930005
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.900	0.900	0.900	0.900	0.900	0.900	0.827	0.827	0.827	0.827	0.904	0.904	0.904	0.904	0.904
1.150	1.150	1.150	1.150	1.150	1.150	1.080	1.080	1.080	1.080	1.150	1.150	1.150	1.150	1.150
1.000	1.000	1.000	1.000	1.000	1.000	0.909	0.909	0.909	0.909	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.149	1.149	1.149	1.149	1.149	1.149	1.177	1.177	1.177	1.177	1.148	1.148	1.148	1.148	1.148
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.012	1.012	1.012	1.012	1.012	1.012	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.204	1.204	1.204	1.204	1.204	1.204	0.956	0.956	0.956	0.956	1.193	1.193	1.193	1.193	1.193
588.53	588.53	588.53	588.53	588.53	588.53	467.58	467.58	467.58	467.58	583.51	583.51	583.51	583.51	583.51

POCopay					UnkeraEPOHybrd					
NY093					78124NY094					
Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold
0.881	0.890	0.890	0.890	0.890	0.791	0.791	0.791	0.791	0.791	0.791
0.917	0.919	0.919	0.919	0.919	0.833	0.833	0.833	0.833	0.833	0.833
EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Platinum Standard	Platinum Select	Platinum Select	Platinum Select	Platinum Select	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard
78124NY0930006	78124NY0930007	78124NY0930008	78124NY0930009	78124NY0930010	78124NY0940001	78124NY0940002	78124NY0940003	78124NY0940004	78124NY0940005	78124NY0940006
No	No	No	No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.904	0.905	0.905	0.905	0.905	0.822	0.822	0.822	0.822	0.822	0.822
1.150	1.150	1.150	1.150	1.150	1.080	1.080	1.080	1.080	1.080	1.080
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.148	1.147	1.147	1.147	1.147	1.166	1.166	1.166	1.166	1.166	1.166
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.193	1.195	1.195	1.195	1.195	1.034	1.034	1.034	1.034	1.034	1.034
583.51	584.29	584.29	584.29	584.29	505.85	505.85	505.85	505.85	505.85	505.85

UnkeraEPOHybrd									
78124NY094									
Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold
0.707	0.707	0.707	0.707	0.707	0.707	0.797	0.797	0.797	0.797
0.743	0.743	0.743	0.743	0.743	0.743	0.836	0.836	0.836	0.836
EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Gold Select	Gold Select	Gold Select	Gold Select
78124NY0940007	78124NY0940008	78124NY0940009	78124NY0940010	78124NY0940011	78124NY0940012	78124NY0940013	78124NY0940014	78124NY0940015	78124NY0940016
No	No	No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.732	0.732	0.732	0.732	0.732	0.732	0.824	0.824	0.824	0.824
1.030	1.030	1.030	1.030	1.030	1.030	1.080	1.080	1.080	1.080
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.188	1.188	1.188	1.188	1.188	1.188	1.165	1.165	1.165	1.165
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.896	0.896	0.896	0.896	0.896	0.896	1.037	1.037	1.037	1.037
438.15	438.15	438.15	438.15	438.15	438.15	507.07	507.07	507.07	507.07

UnkeraEPOHDHP												
78124NY095												
Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
0.620	0.620	0.620	0.620	0.620	0.620	0.684	0.684	0.684	0.684	0.592	0.592	0.592
0.578	0.578	0.578	0.578	0.578	0.578	0.679	0.679	0.679	0.679	0.537	0.537	0.537
EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Silver Select	Silver Select	Silver Select	Silver Select	Bronze Select	Bronze Select	Bronze Select
78124NY0950001	78124NY0950002	78124NY0950003	78124NY0950004	78124NY0950005	78124NY0950006	78124NY0950007	78124NY0950008	78124NY0950009	78124NY0950010	78124NY0950011	78124NY0950012	78124NY0950013
No	No	No	No	No	No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.570	0.570	0.570	0.570	0.570	0.570	0.669	0.669	0.669	0.669	0.529	0.529	0.529
1.000	1.000	1.000	1.000	1.000	1.000	1.030	1.030	1.030	1.030	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.235	1.235	1.235	1.235	1.235	1.235	1.201	1.201	1.201	1.201	1.250	1.250	1.250
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.703	0.703	0.703	0.703	0.703	0.703	0.828	0.828	0.828	0.828	0.661	0.661	0.661
343.93	343.93	343.93	343.93	343.93	343.93	404.82	404.82	404.82	404.82	323.42	323.42	323.42

	Univera PPO Copay 78124NY110						Univera Preferred Gold 78124NY114			
Bronze	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold
0.592	0.881	0.881	0.881	0.881	0.881	0.881	0.805	0.805	0.805	0.805
0.537	0.913	0.913	0.913	0.913	0.913	0.913	0.842	0.842	0.842	0.842
EPO	PPO	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO
BronzeSelect	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	Platinum Standard INDPPO	UniveraPreferred Gold	UniveraPreferred Gold	UniveraPreferred Gold	UniveraPreferred Gold
78124NY0950014	78124NY1100001	78124NY1100002	78124NY1100003	78124NY1100004	78124NY1100005	78124NY1100006	78124NY1140001	78124NY1140002	78124NY1140003	78124NY1140004
No	No	No	No	No	No	No	No	No	No	No
353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80	353.80
1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382	1.382
0.529	0.900	0.900	0.900	0.900	0.900	0.900	0.842	0.842	0.842	0.842
1.000	1.150	1.150	1.150	1.150	1.150	1.150	1.080	1.080	1.080	1.080
1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.956	0.956	0.956	0.956
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.250	1.149	1.149	1.149	1.149	1.149	1.149	1.168	1.168	1.168	1.168
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.012	1.012	1.012	1.012	1.012	1.012	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.661	1.204	1.204	1.204	1.204	1.204	1.204	1.016	1.016	1.016	1.016
323.42	588.53	588.53	588.53	588.53	588.53	588.53	496.94	496.94	496.94	496.94

EXHIBIT 19 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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 04/30/2014		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	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross	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 component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10
Platinum	On Std	702	XX	01/01/15	12/31/15	7.43%	0.88%	0.24%	1.81%	0.00%	3.81%	6.04%	12.78%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	12.78%
Platinum	Off Std	2208	XX	01/01/15	12/31/15	7.43%	0.88%	0.24%	1.81%	0.00%	3.80%	6.02%	12.76%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	12.76%
Platinum	On Non Std	734	XX	01/01/15	12/31/15	7.43%	0.88%	0.24%	1.81%	0.00%	3.81%	6.03%	12.77%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	12.77%
Platinum	Off Non Std	1184	XX	01/01/15	12/31/15	7.43%	0.88%	0.24%	1.81%	0.00%	3.81%	6.03%	12.77%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	12.77%
Gold	On Std	456	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	2.09%	0.00%	3.91%	6.96%	14.12%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	14.12%
Gold	Off Std	403	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	2.09%	0.00%	3.91%	6.96%	14.12%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	14.12%
Gold	On Non Std	1029	XX	01/01/15	12/31/15	7.43%	0.88%	0.29%	2.17%	0.00%	3.94%	7.22%	14.50%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	14.50%
Gold	Off Non Std	676	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	2.12%	0.00%	3.92%	7.06%	14.26%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	14.26%
Silver	On Std	4584	XX	01/01/15	12/31/15	7.43%	0.88%	0.32%	2.41%	0.00%	4.02%	8.03%	15.66%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	15.66%
Silver	Off Std	1282	XX	01/01/15	12/31/15	7.43%	0.88%	0.32%	2.41%	0.00%	4.02%	8.02%	15.66%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	15.66%
Silver	On Non Std	3294	XX	01/01/15	12/31/15	7.43%	0.88%	0.34%	2.61%	0.00%	4.10%	8.68%	16.61%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	16.61%
Silver	Off Non Std	1398	XX	01/01/15	12/31/15	7.43%	0.88%	0.34%	2.61%	0.00%	4.10%	8.68%	16.60%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	16.60%
Bronze	On Std	892	XX	01/01/15	12/31/15	7.43%	0.88%	0.41%	3.08%	0.00%	4.27%	10.25%	18.88%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	18.88%
Bronze	Off Std	2919	XX	01/01/15	12/31/15	7.43%	0.88%	0.41%	3.08%	0.00%	4.27%	10.25%	18.88%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	18.88%
Bronze	On Non Std	875	XX	01/01/15	12/31/15	7.43%	0.88%	0.43%	3.25%	0.00%	4.33%	10.83%	19.73%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	19.73%
Bronze	Off Non Std	1451	XX	01/01/15	12/31/15	7.43%	0.88%	0.43%	3.25%	0.00%	4.33%	10.83%	19.72%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	19.72%
Catastrophic	On Std	6	XX	01/01/15	12/31/15	7.43%	0.88%	0.62%	4.69%	0.00%	4.86%	15.62%	26.67%	0.00%	0.00%	N/A	0.00%	N/A	0.00%	26.67%

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 04/30/2014		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	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a %	16.3 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	702	XX	01/01/14	12/31/14	6.68%	0.88%	0.22%	0.62%	0.00%	2.97%	4.94%	9.63%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	10.63%
Platinum	Off Std	2208	XX	01/01/14	12/31/14	6.68%	0.88%	0.22%	0.62%	0.00%	2.97%	4.93%	9.62%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	10.62%
Platinum	On Non Std	734	XX	01/01/14	12/31/14	6.68%	0.88%	0.22%	0.62%	0.00%	2.97%	4.94%	9.62%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	10.62%
Platinum	Off Non Std	1184	XX	01/01/14	12/31/14	6.68%	0.88%	0.22%	0.62%	0.00%	2.97%	4.94%	9.62%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	10.62%
Gold	On Std	456	XX	01/01/14	12/31/14	6.68%	0.88%	0.25%	0.62%	0.00%	3.14%	5.72%	10.61%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	11.61%
Gold	Off Std	403	XX	01/01/14	12/31/14	6.68%	0.88%	0.25%	0.62%	0.00%	3.14%	5.72%	10.61%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	11.61%
Gold	On Non Std	1029	XX	01/01/14	12/31/14	6.68%	0.88%	0.25%	0.62%	0.00%	3.14%	5.71%	10.60%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	11.60%
Gold	Off Non Std	676	XX	01/01/14	12/31/14	6.68%	0.88%	0.25%	0.62%	0.00%	3.14%	5.71%	10.60%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	11.60%
Silver	On Std	4584	XX	01/01/14	12/31/14	6.68%	0.88%	0.29%	0.62%	0.00%	3.34%	6.62%	11.75%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	12.75%
Silver	Off Std	1282	XX	01/01/14	12/31/14	6.68%	0.88%	0.29%	0.62%	0.00%	3.34%	6.62%	11.75%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	12.75%
Silver	On Non Std	3294	XX	01/01/14	12/31/14	6.68%	0.88%	0.32%	0.62%	0.00%	3.46%	7.19%	12.46%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	13.46%
Silver	Off Non Std	1398	XX	01/01/14	12/31/14	6.68%	0.88%	0.32%	0.62%	0.00%	3.46%	7.19%	12.46%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	13.46%
Bronze	On Std	892	XX	01/01/14	12/31/14	6.68%	0.88%	0.38%	0.62%	0.00%	3.76%	8.56%	14.19%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.19%
Bronze	Off Std	2919	XX	01/01/14	12/31/14	6.68%	0.88%	0.38%	0.62%	0.00%	3.76%	8.56%	14.19%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.19%
Bronze	On Non Std	875	XX	01/01/14	12/31/14	6.68%	0.88%	0.40%	0.62%	0.00%	3.86%	9.05%	14.82%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.82%
Bronze	Off Non Std	1451	XX	01/01/14	12/31/14	6.68%	0.88%	0.40%	0.62%	0.00%	3.86%	9.05%	14.82%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.82%
Catastrophic	On Std	6	XX	01/01/14	12/31/14	6.68%	0.88%	0.38%	0.62%	0.00%	3.78%	8.68%	14.34%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.34%

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Excellus Health Plan, Inc
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individual Off 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)
78124NY0880001	Excellus BCBS Platinum Standard	Platinum	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0880002	Excellus BCBS Platinum Standard	Platinum	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0880003	Excellus BCBS Platinum Standard	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0880004	Excellus BCBS Platinum Standard	Platinum	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0880005	Excellus BCBS Platinum Standard	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0880006	Excellus BCBS Platinum Standard	Platinum	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0880007	Excellus BCBS Platinum Select	Platinum	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0880008	Excellus BCBS Platinum Select	Platinum	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0880009	Excellus BCBS Platinum Select	Platinum	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0880010	Excellus BCBS Platinum Select	Platinum	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0890001	Excellus BCBS Gold Standard	Gold	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0890002	Excellus BCBS Gold Standard	Gold	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0890003	Excellus BCBS Gold Standard	Gold	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0890004	Excellus BCBS Gold Standard	Gold	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0890005	Excellus BCBS Gold Standard	Gold	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0890006	Excellus BCBS Gold Standard	Gold	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0890007	Excellus BCBS Silver Standard	Silver	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0890008	Excellus BCBS Silver Standard	Silver	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0890009	Excellus BCBS Silver Standard	Silver	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0890010	Excellus BCBS Silver Standard	Silver	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0890011	Excellus BCBS Silver Standard	Silver	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0890012	Excellus BCBS Silver Standard	Silver	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0890013	Excellus BCBS Gold Select	Gold	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0890014	Excellus BCBS Gold Select	Gold	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0890015	Excellus BCBS Gold Select	Gold	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0890016	Excellus BCBS Gold Select	Gold	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0900001	Excellus BCBS Bronze Standard	Bronze	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0900002	Excellus BCBS Bronze Standard	Bronze	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0900003	Excellus BCBS Bronze Standard	Bronze	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0900004	Excellus BCBS Bronze Standard	Bronze	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0900005	Excellus BCBS Bronze Standard	Bronze	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0900006	Excellus BCBS Bronze Standard	Bronze	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0900007	Excellus BCBS Silver Select	Silver	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0900008	Excellus BCBS Silver Select	Silver	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0900009	Excellus BCBS Silver Select	Silver	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0900010	Excellus BCBS Silver Select	Silver	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0900011	Excellus BCBS Bronze Select	Bronze	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0900012	Excellus BCBS Bronze Select	Bronze	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0900013	Excellus BCBS Bronze Select	Bronze	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0900014	Excellus BCBS Bronze Select	Bronze	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0920001	Bassett Bassett Preferred Gold	Gold	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0920002	Bassett Bassett Preferred Gold	Gold	Both	No	29	Yes	INCLUDED	No	NO	NO

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)
78124NY0920003	Bassett Bassett Preferred Gold	Gold	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0920004	Bassett Bassett Preferred Gold	Gold	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0920005	Bassett Bassett Preferred Silver	Silver	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0920006	Bassett Bassett Preferred Silver	Silver	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0920007	Bassett Bassett Preferred Silver	Silver	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0920008	Bassett Bassett Preferred Silver	Silver	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0930001	Univera Healthcare Platinum Standard	Platinum	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0930002	Univera Healthcare Platinum Standard	Platinum	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0930003	Univera Healthcare Platinum Standard	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0930004	Univera Healthcare Platinum Standard	Platinum	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0930005	Univera Healthcare Platinum Standard	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0930006	Univera Healthcare Platinum Standard	Platinum	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0930007	Univera Healthcare Platinum Select	Platinum	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0930008	Univera Healthcare Platinum Select	Platinum	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0930009	Univera Healthcare Platinum Select	Platinum	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0930010	Univera Healthcare Platinum Select	Platinum	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0940001	Univera Healthcare Gold Standard	Gold	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0940002	Univera Healthcare Gold Standard	Gold	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0940003	Univera Healthcare Gold Standard	Gold	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0940004	Univera Healthcare Gold Standard	Gold	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0940005	Univera Healthcare Gold Standard	Gold	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0940006	Univera Healthcare Gold Standard	Gold	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0940007	Univera Healthcare Silver Standard	Silver	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0940008	Univera Healthcare Silver Standard	Silver	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0940009	Univera Healthcare Silver Standard	Silver	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0940010	Univera Healthcare Silver Standard	Silver	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0940011	Univera Healthcare Silver Standard	Silver	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0940012	Univera Healthcare Silver Standard	Silver	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0940013	Univera Healthcare Gold Select	Gold	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0940014	Univera Healthcare Gold Select	Gold	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0940015	Univera Healthcare Gold Select	Gold	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0940016	Univera Healthcare Gold Select	Gold	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0950001	Univera Healthcare Bronze Standard	Bronze	Off	Yes	29	Yes	INCLUDED	Yes	NO	NO
78124NY0950002	Univera Healthcare Bronze Standard	Bronze	Both	Yes	29	Yes	INCLUDED	No	NO	NO
78124NY0950003	Univera Healthcare Bronze Standard	Bronze	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0950004	Univera Healthcare Bronze Standard	Bronze	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0950005	Univera Healthcare Bronze Standard	Bronze	Off	Yes	26	Yes	INCLUDED	Yes	NO	NO
78124NY0950006	Univera Healthcare Bronze Standard	Bronze	Both	Yes	26	Yes	INCLUDED	No	NO	NO
78124NY0950007	Univera Healthcare Silver Select	Silver	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0950008	Univera Healthcare Silver Select	Silver	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0950009	Univera Healthcare Silver Select	Silver	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0950010	Univera Healthcare Silver Select	Silver	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY0950011	Univera Healthcare Bronze Select	Bronze	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY0950012	Univera Healthcare Bronze Select	Bronze	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY0950013	Univera Healthcare Bronze Select	Bronze	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY0950014	Univera Healthcare Bronze Select	Bronze	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY1090001	Excellus BCBS Platinum Standard IND PPC	Platinum	Off	Yes	29	Yes	INCLUDED	Yes	YES	NO
78124NY1090002	Excellus BCBS Platinum Standard IND PPC	Platinum	Off	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1090003	Excellus BCBS Platinum Standard IND PPC	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	YES	NO
78124NY1090004	Excellus BCBS Platinum Standard IND PPC	Platinum	Off	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1090005	Excellus BCBS Platinum Standard IND PPC	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	YES	NO
78124NY1090006	Excellus BCBS Platinum Standard IND PPC	Platinum	Off	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1100001	Univera Healthcare Platinum Standard IND PPO	Platinum	Off	Yes	29	Yes	INCLUDED	Yes	YES	NO
78124NY1100002	Univera Healthcare Platinum Standard IND PPO	Platinum	Off	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1100003	Univera Healthcare Platinum Standard IND PPO	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	YES	NO
78124NY1100004	Univera Healthcare Platinum Standard IND PPO	Platinum	Off	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1100005	Univera Healthcare Platinum Standard IND PPO	Platinum	Off	Yes	26	Yes	INCLUDED	Yes	YES	NO
78124NY1100006	Univera Healthcare Platinum Standard IND PPO	Platinum	Off	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1130001	St. Joseph's Hospital Healthcare CNY Preferred G	Gold	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY1130002	St. Joseph's Hospital Healthcare CNY Preferred G	Gold	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY1130003	St. Joseph's Hospital Healthcare CNY Preferred G	Gold	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY1130004	St. Joseph's Hospital Healthcare CNY Preferred G	Gold	Both	No	26	Yes	INCLUDED	No	NO	NO
78124NY1140001	Catholic Medical Partners / LTHMG Univera Prefer	Gold	Off	No	29	Yes	INCLUDED	Yes	NO	NO
78124NY1140002	Catholic Medical Partners / LTHMG Univera Prefer	Gold	Both	No	29	Yes	INCLUDED	No	NO	NO
78124NY1140003	Catholic Medical Partners / LTHMG Univera Prefer	Gold	Off	No	26	Yes	INCLUDED	Yes	NO	NO
78124NY1140004	Catholic Medical Partners / LTHMG Univera Prefer	Gold	Both	No	26	Yes	INCLUDED	No	NO	NO

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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 provider 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
1154482628	160743209	Strong Memorial Hospital - EHP				
1508815333	150532254	St. Joseph's Hospital Health Center				
1144288531	150622506	University Hospital at Syracuse				
1174620629	160743134	Rochester General Hospital				
1033107743	160960470	Crouse Hospital				
1972548568	160743037	Highland Hospital of Rochester - EHP				
1114959327	161165049	United Health Services Hospitals, Inc.				
1336366822	237221763	Unity Hospital				
1164436283	160762843	CHS				
1184717837	161576637	Faxton - St. Luke's Healthcare				
1639209596	161533232	Kaleida				
1477641892	150532245	St. Elizabeth Medical Center				
1083605661	160743905	Arnot-Ogden Medical Center				
1205873486	030219309	Fletcher Allen Health Care - (Vermont)				
1629087580	150532221	Our Lady of Lourdes Memorial Hospital				
1033270699	141338471	Champlain Valley Physicians Hospital Medical Cente				
1144397100	222325405	Cayuga Medical Center at Ithaca				
1598713745	150533577	Samaritan Medical Center				
1194776351	160743024	F.F. Thompson Hospital				

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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 provider 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 in Small Group Market allowed charges for calendar year 2013; Charges should be 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 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
1154482628	160743209	Strong Memorial Hospital - EHP	[redacted]	[redacted]	[redacted]	[redacted]
1114959327	161165049	United Health Services Hospitals, Inc.	[redacted]	[redacted]	[redacted]	[redacted]
1174620629	160743134	Rochester General Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1629087580	150532221	Our Lady of Lourdes Memorial Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1033270699	141338471	Champlain Valley Physicians Hospital Medical Cente	[redacted]	[redacted]	[redacted]	[redacted]
1144397100	222325405	Cayuga Medical Center at Ithaca	[redacted]	[redacted]	[redacted]	[redacted]
1508815333	150532254	St. Joseph's Hospital Health Center	[redacted]	[redacted]	[redacted]	[redacted]
1144288531	150622506	University Hospital at Syracuse	[redacted]	[redacted]	[redacted]	[redacted]
1336366822	237221763	Unity Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1033107743	160960470	Crouse Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1598713745	150533577	Samaritan Medical Center	[redacted]	[redacted]	[redacted]	[redacted]
1083605661	160743905	Arnot-Ogden Medical Center	[redacted]	[redacted]	[redacted]	[redacted]
1194776351	160743024	F.F. Thompson Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1184717837	161576637	Faxton - St. Luke's Healthcare	[redacted]	[redacted]	[redacted]	[redacted]
1063572733	135596796	Bassett Healthcare-The Mary Imogene	[redacted]	[redacted]	[redacted]	[redacted]
1568548782	161012691	Canton-Potsdam Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1972548568	160743037	Highland Hospital of Rochester - EHP	[redacted]	[redacted]	[redacted]	[redacted]
1093712911	150532054	Auburn Memorial Hospital	[redacted]	[redacted]	[redacted]	[redacted]
1427119486	150559686	Claxton-Hepburn Medical Center	[redacted]	[redacted]	[redacted]	[redacted]

EXHIBIT 21B

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
1699709576	141731786	Adirondack Medical Center				
1477641892	150532245	St. Elizabeth Medical Center				
1033117635	150532079	Cortland Regional Medical Center				
1205873486	030219309	Fletcher Allen Health Care - (Vermont)				
1962408203	161492011	Oneida Healthcare Center				
1770671182	150584188	ViaHealth of Wayne				
1871678458	150532220	Oswego Hospital				
1346241973	160393490	Corning Hospital				
1366585184	160743032	Geneva General Hospital				
1639209596	161533232	Kaleida				
1548315401	146013200	Roswell Park Cancer Institute Corp				
1164436283	160762843	CHS				
1255315305	161471634	Rome Memorial Hospital				

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: **Excellus Health Plan, Inc.**
NAIC Code: **55107**
SERFF Number: **EXHP-129573698**
Market Segment: **Individuals Off 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]
[redacted]																		

Unified Rate Review v2.0.2

Company Legal Name:	**Excellus Health Plan, Inc**	State:	**NY**
HIOS Issuer ID:	**78124**	Market:	**Individual**
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:	$823,186,168	$337.57	100.00%
Incurred Claims in Experience Period	$745,791,826	305.83	90.60%
Allowed Claims:	$903,058,052	370.32	109.70%
Index Rate of Experience Period		$353.80	
Experience Period Member Months	2,438,559		

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	Admits	78.89	$11,274.87	$74.12	1.296	0.986	1.032	1.030	108.58	$11,845.77	$107.18	83.76	$11,845.77	$82.69
Outpatient Hospital	Services	2,394.82	517.84	103.34	1.296	0.986	1.032	1.030	3,296.13	544.06	149.44	2542.80	544.06	115.29
Professional	Services	9,065.88	158.07	119.42	1.296	0.986	1.032	1.030	12,477.88	166.08	172.69	9626.06	166.08	133.22
Other Medical	Services	528.83	142.70	6.29	1.296	0.986	1.032	1.030	727.86	149.93	9.09	561.51	149.93	7.02
Capitation	Services	14.32	158.07	0.19	1.296	0.986	1.032	1.030	19.71	166.08	0.27	15.21	166.08	0.21
Prescription Drug	Prescriptions	11,102.52	72.37	66.96	1.296	0.986	1.095	1.028	15,222.82	85.57	108.56	11743.64	85.57	83.75
Total				$370.32							$547.24			$422.17

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$547.24	$75,656,493
Paid to Allowed Average Factor in Projection Period			0.864	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$473.04	$65,398,705
Projected Risk Adjustments PMPM			0.08	11,060
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$472.96	$65,387,645
Projected ACA reinsurance recoveries, net of rein prem, PMPM			-13.33	(1,842,899)
Projected Incurred Claims			$486.29	$67,230,544
Administrative Expense Load		10.82%	61.83	8,548,176
Profit & Risk Load		0.00%	0.00	0
Taxes & Fees		4.06%	23.20	3,206,973
Single Risk Pool Gross Premium Avg. Rate, PMPM			$571.32	$78,985,694
Index Rate for Projection Period			$494.88	
% increase over Experience Period			69.24%	
% Increase, annualized:			30.09%	
Projected Member Months				138,252

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:	**Excellus Health Plan, Inc**	State:	**NY**
HIOS Issuer ID:	**78124**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Blue Choice 25	Blue Choice 30	HealthyBlue Roch	SimplyBlue Roch	ealthyBlue HDHP Ro	mplyBlue HDHP Roc	HMO Blue 25 CNY	HMO Blue 30 CNY	HealthyBlue CNY	SimplyBlue CNY	ealthyBlue HDHP CN	mplyBlue HDHP CN
Product ID:		78124NY003	78124NY004	78124NY011	78124NY012	78124NY009	78124NY010	78124NY005	78124NY006	78124NY040	78124NY041	78124NY038	78124NY039
Metal:		Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value		0.847	0.751	0.863	0.863	0.729	0.729	0.853	0.847	0.862	0.862	0.710	0.710
AV Pricing Value		0.782	0.673	0.823	0.823	0.557	0.557	0.778	0.762	0.811	0.811	0.540	0.540
Plan Type:		HMO	HMO	PPO	PPO	PPO	PPO	HMO	HMO	PPO	PPO	PPO	PPO
Plan Name		Blue Choice 25	Blue Choice 30	HealthyBlue Roch	SimplyBlue Roch	HealthyBlue HDHP Roch	SimplyBlue HDHP Roch	HMO Blue 25 CNY	HMO Blue 30 CNY	HealthyBlue CNY	SimplyBlue CNY	HealthyBlue HDHP CNY	SimplyBlue HDHP CNY
Plan ID (Standard Component ID):		78124NY0030001	78124NY0040001	78124NY0110001	78124NY0120001	78124NY0090001	78124NY0100001	78124NY0050001	78124NY0060001	78124NY0400001	78124NY0410001	78124NY0380001	78124NY0390001
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		12.50%	12.50%	11.00%	11.00%	19.55%	19.55%	9.86%	9.86%	8.98%	8.98%	15.02%	15.02%
Historical Rate Increase - Calendar Year - 1		12.50%	12.50%	9.61%	9.61%	16.97%	16.97%	12.30%	12.30%	11.48%	11.48%	14.32%	14.32%
Historical Rate Increase - Calendar Year 0		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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
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%
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%
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%
Product Threshold Rate Increase %		#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 II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	78124NY0030001	78124NY0040001	78124NY0110001	78124NY0120001	78124NY0090001	78124NY0100001	78124NY0050001	78124NY0060001	78124NY0400001	78124NY0410001	78124NY0380001	78124NY0390001
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
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
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
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
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
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
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
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
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
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
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

Average Current Rate PMPM	$388.34	$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	138,252	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Product-Plan Data Collection

Company Legal Name:	**Excellus Health Plan, Inc**	State:	**NY**
HIOS Issuer ID:	**78124**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	78124NY0030001	78124NY0040001	78124NY0110001	78124NY0120001	78124NY0090001	78124NY0100001	78124NY0050001	78124NY0060001	78124NY0400001	78124NY0410001	78124NY0380001	78124NY0390001
Premium Information	Average Rate PMPM	$338.66	$491.19	$469.86	$398.95	$376.48	$228.94	$218.66	$644.04	$587.36	$446.15	$424.49	$278.96	$268.80
	Member Months	2,326,994	20,649	724	186,055	209,582	159,409	374,233	1,402	274	160,674	317,917	92,292	231,985
	Total Premium (TP)	$788,059,270	$10,142,576	$340,182	$74,226,465	$78,902,640	$36,494,941	$81,830,139	$902,938	$160,936	$71,684,264	$134,952,863	$25,746,014	$62,356,989
	EHB Percent of TP, [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%
	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%
	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	$854,108,551	$8,715,487	$0	$82,310,275	$84,632,278	$43,328,794	$102,473,667	$766,755	$117,898	$72,385,630	$138,215,232	$29,789,748	$75,016,242
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation:	$148,322,183	$1,015,504	$0	$7,191,140	$8,359,520	$12,735,774	$30,489,746	$78,732	$16,855	$6,990,177	$14,873,415	$8,094,129	$20,959,310
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0											
	Portion of above payable by HHS on behalf of insured person, as %	0.00%												
	Total Incurred claims, payable with issuer funds	$705,786,368	$7,699,983	$0	$75,119,135	$76,272,758	$30,593,019	$71,983,921	$688,023	$101,043	$65,395,453	$123,341,816	$21,695,619	$54,056,932
	Net Amt of Rein	$0.00												
	Net Amt of Risk Adj	$0.00												
	Incurred Claims PMPM	$303.30	$372.90	$0.00	$403.75	$363.93	$191.92	$192.35	$490.74	$368.77	$407.01	$387.97	$235.08	$233.02
	Allowed Claims PMPM	$367.04	$422.08	$0.00	$442.40	$403.81	$271.81	$273.82	$546.90	$430.28	$450.51	$434.75	$322.78	$323.37
	EHB portion of Allowed Claims, PMPM	$367.04	$422.08	$0.00	$442.40	$403.81	$271.81	$273.82	$546.90	$430.28	$450.51	$434.75	$322.78	$323.37

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	78124NY0030001	78124NY0040001	78124NY0110001	78124NY0120001	78124NY0090001	78124NY0100001	78124NY0050001	78124NY0060001	78124NY0400001	78124NY0410001	78124NY0380001	78124NY0390001
Premium Information	Plan Adjusted Index Rate	$465.57												
	Member Months	138,252	-	-	-	-	-	-	-	-	-	-	-	-
	Total Premium (TP)	$64,366,394	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]	99.84%												
	state mandated benefits portion of TP that are other than EHB	0.00%												
	Other benefits portion of TP	0.16%	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)	$73,660,586												
	EHB Percent of TAC, [see instructions]	100.00%												
	state mandated benefits portion of TAC that are other than EHB	0.00%												
	Other benefits portion of TAC	0.00%	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	$19,518,005												
	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%												
	Total Incurred claims, payable with issuer funds	$54,142,581	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Net Amt of Rein	$0												
	Net Amt of Risk Adj	$0												
	Incurred Claims PMPM	$391.62	#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	$532.80	#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	$532.80	#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	HMO Blue 25 UW	HMO Blue 30 UW	HealthyBlue UW	SimplyBlue UW	ealthyBlue HDHP UV	implyBlue HDHP UV	SSA PPO	SSA Indemnity	HealthyNY HMO	HealthyNY EPO			
Product ID:	78124NY034	78124NY035	78124NY069	78124NY070	78124NY067	78124NY068	78124NY013	78124NY019	78124NY007	78124NY016			
Metal:	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Platinum	Platinum	Platinum
AV Metal Value	0.852	0.847	0.855	0.855	0.695	0.695	0.745	0.729	0.943	0.818	0.881	0.881	0.881
AV Pricing Value	0.778	0.762	0.801	0.801	0.525	0.525	0.615	0.522	0.794	0.659	0.917	0.917	0.917
Plan Type:	HMO	HMO	PPO	PPO	PPO	PPO	PPO	Indemnity	HMO	EPO	EPO	EPO	EPO
Plan Name	HMO Blue 25 UW	HMO Blue 30 UW	HealthyBlue UW	SimplyBlue UW	HealthyBlue HDHP UW	SimplyBlue HDHP UW	SSA PPO	SSA Indemnity	HealthyNY HMO	HealthyNY EPO	Platinum Standard	Platinum Standard	Platinum Standard
Plan ID (Standard Component ID):	78124NY0340001	78124NY0350001	78124NY0690001	78124NY0700001	78124NY0670001	78124NY0680001	78124NY0130001	78124NY0190001	78124NY0070001	78124NY0160001	78124NY0880001	78124NY0880002	78124NY0880003
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	12.50%	12.50%	8.35%	8.35%	16.80%	16.80%	12.50%	12.50%	0.31%	0.31%			
Historical Rate Increase - Calendar Year - 1	12.50%	12.50%	11.07%	11.07%	15.60%	15.60%	14.10%	14.10%	3.61%	3.61%			
Historical Rate Increase - Calendar Year 0	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	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
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%	18.55%	18.74%	18.55%
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%	18.55%	18.74%	18.55%
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%	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!			

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0340001	78124NY0350001	78124NY0690001	78124NY0700001	78124NY0670001	78124NY0680001	78124NY0130001	78124NY0190001	78124NY0070001	78124NY0160001	78124NY0880001	78124NY0880002	78124NY0880003
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$14.32	$12.82	$12.94
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.96	$17.88	$18.04
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$23.07	$20.66	$20.85
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$14.50	$12.99	$13.11
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.25	$1.12	$1.13
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
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.61	$9.50	$9.59
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
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$4.36	$3.91	$3.94
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$88.07	$78.89	$79.61
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

Average Current Rate PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$474.82	$421.00	$429.15
Projected Member Months	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	48	132	1,104

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0340001	78124NY0350001	78124NY0690001	78124NY0700001	78124NY0670001	78124NY0680001	78124NY0130001	78124NY0190001	78124NY0070001	78124NY0160001	78124NY0880001	78124NY0880002	78124NY0880003
Premium Information	Average Rate PMPM	$609.91	$485.97	$519.61	$492.67	$311.06	$294.79	$292.79	$433.84	$270.70	$169.87			
	Member Months	1,449	96	65,907	157,744	36,680	162,368	35,834	12,764	52,705	46,251			
	Total Premium (TP)	$883,765	$46,653	$34,245,746	$77,715,072	$11,409,596	$47,864,272	$10,491,953	$5,537,480	$14,267,206	$7,856,580	$0	$0	$0
	EHB Percent of TP, [see instructions]	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 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%			
	Other benefits portion of TP	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%
Claims Information	Total Allowed Claims (TAC)	$511,045	$33,790	$33,695,245	$75,850,519	$12,912,064	$56,172,788	$15,029,143	$9,482,230	$7,665,036	$5,004,689			
	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%			
	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%			
	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%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:	$64,178	$3,625	$2,998,881	$7,709,855	$3,687,813	$15,946,762	$3,383,353	$1,432,323	$1,364,498	$926,594			
	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 %													
	Total Incurred claims, payable with issuer funds	$446,867	$30,164	$30,696,363	$68,140,664	$9,224,250	$40,226,026	$11,645,791	$8,049,907	$6,300,538	$4,078,095	$0	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$308.40	$314.21	$465.75	$431.97	$251.48	$247.75	$324.99	$630.67	$119.54	$88.17	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	$352.69	$351.98	$511.25	$480.85	$352.02	$345.96	$419.41	$742.89	$145.43	$108.21	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	$352.69	$351.98	$511.25	$480.85	$352.02	$345.96	$419.41	$742.89	$145.43	$108.21	#DIV/0!	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0340001	78124NY0350001	78124NY0690001	78124NY0700001	78124NY0670001	78124NY0680001	78124NY0130001	78124NY0190001	78124NY0070001	78124NY0160001	78124NY0880001	78124NY0880002	78124NY0880003
Premium Information	Plan Adjusted Index Rate											$562.89	$499.89	$508.76
	Member Months	-	-	-	-	-	-	-	-	-	-	48	132	1,104
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$27,018	$65,985	$561,671
	EHB Percent of TP, [see instructions]											99.87%	99.85%	99.86%
	state mandated benefits portion of TP that are other than EHB											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%	0.13%	0.15%	0.14%
Claims Information	Total Allowed Claims (TAC)											$25,782	$61,772	$533,149
	EHB Percent of TAC, [see instructions]											100.00%	100.00%	100.00%
	state mandated benefits portion of TAC that are other than EHB											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%	0.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation											$2,136	$5,117	$44,162
	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 %													
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$23,646	$56,656	$488,987
	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!	$492.63	$429.21	$442.92
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$537.12	$467.97	$482.93
	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!	$537.12	$467.97	$482.93

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	ExcellusBCBS EPO Copay												
Product ID:	78124NY088												
Metal:	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.881	0.881	0.881	0.890	0.890	0.890	0.890	0.791	0.791	0.791	0.791	0.791	0.791
AV Pricing Value	0.917	0.917	0.917	0.919	0.919	0.919	0.919	0.833	0.833	0.833	0.833	0.833	0.833
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Select	Platinum Select	Platinum Select	Platinum Select	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard
Plan ID (Standard Component ID):	78124NY0880004	78124NY0880005	78124NY0880006	78124NY0880007	78124NY0880008	78124NY0880009	78124NY0880010	78124NY0890001	78124NY0890002	78124NY0890003	78124NY0890004	78124NY0890005	78124NY0890006
Exchange Plan?	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
Rate Change % (over prior filing)	18.74%	18.55%	18.74%	18.56%	18.74%	18.57%	18.74%	19.07%	19.28%	19.07%	19.28%	19.07%	19.28%
Cum'tive Rate Change % (over 12 mos prior)	18.74%	18.55%	18.74%	18.56%	18.74%	18.57%	18.74%	19.07%	19.28%	19.07%	19.28%	19.07%	19.28%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %	18.72%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0880004	78124NY0880005	78124NY0880006	78124NY0880007	78124NY0880008	78124NY0880009	78124NY0880010	78124NY0890001	78124NY0890002	78124NY0890003	78124NY0890004	78124NY0890005	78124NY0890006
Inpatient	$15.71	$0.00	$0.00	$6.33	$12.20	$13.44	$15.71	$7.86	$12.86	$12.01	$14.24	$0.00	$0.00
Outpatient	$21.91	$0.00	$0.00	$8.82	$17.01	$18.74	$21.91	$10.96	$17.93	$16.75	$19.85	$0.00	$0.00
Professional	$25.32	$0.00	$0.00	$10.19	$19.65	$21.66	$25.32	$12.66	$20.71	$19.35	$22.94	$0.00	$0.00
Prescription Drug	$15.92	$0.00	$0.00	$6.41	$12.35	$13.61	$15.91	$7.96	$13.02	$12.17	$14.42	$0.00	$0.00
Other	$1.37	$0.00	$0.00	$0.55	$1.07	$1.17	$1.37	$0.69	$1.12	$1.05	$1.24	$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
Administration	$11.65	$0.00	$0.00	$4.69	$9.04	$9.96	$11.65	$5.82	$9.53	$8.90	$10.55	$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
Risk & Profit Charge	$4.79	$0.00	$0.00	$1.93	$3.72	$4.10	$4.79	$2.39	$3.92	$3.66	$4.34	$0.00	$0.00
Total Rate Increase	$96.67	$0.00	$0.00	$38.92	$75.03	$82.69	$96.66	$48.33	$79.09	$73.89	$87.58	$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

Average Current Rate PMPM	$515.90	$238.26	$250.19	$209.65	$400.45	$445.39	$515.86	$253.43	$410.24	$387.42	$454.27	$179.76	$196.73
Projected Member Months	16,992	132	24	84	156	1,500	11,292	60	84	1,020	2,988	12	24

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0880004	78124NY0880005	78124NY0880006	78124NY0880007	78124NY0880008	78124NY0880009	78124NY0880010	78124NY0890001	78124NY0890002	78124NY0890003	78124NY0890004	78124NY0890005	78124NY0890006
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0880004	78124NY0880005	78124NY0880006	78124NY0880007	78124NY0880008	78124NY0880009	78124NY0880010	78124NY0890001	78124NY0890002	78124NY0890003	78124NY0890004	78124NY0890005	78124NY0890006
Premium Information	Plan Adjusted Index Rate	$612.57	$282.46	$297.07	$248.57	$475.48	$528.08	$612.51	$301.76	$489.33	$461.31	$541.85	$214.05	$234.66
	Member Months	16,992	132	24	84	156	1,500	11,292	60	84	1,020	2,988	12	24
	Total Premium (TP)	$10,408,762	$37,284	$7,130	$20,880	$74,175	$792,116	$6,916,500	$18,106	$41,104	$470,538	$1,619,045	$2,569	$5,632
	EHB Percent of TP, [see instructions]	99.88%	99.74%	99.75%	99.73%	99.86%	99.87%	99.89%	99.80%	99.88%	99.87%	99.89%	99.72%	99.75%
	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%
	Other benefits portion of TP	0.12%	0.26%	0.25%	0.27%	0.14%	0.13%	0.11%	0.20%	0.12%	0.13%	0.11%	0.28%	0.25%
Claims Information	Total Allowed Claims (TAC)	$9,841,688	$35,395	$6,803	$19,539	$70,074	$751,199	$6,535,695	$18,385	$42,115	$484,503	$1,661,905	$2,608	$5,772
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$815,216	$2,932	$564	$1,592	$5,709	$61,199	$532,454	$3,062	$7,014	$80,696	$276,798	$434	$961
	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 %													
	Total Incurred claims, payable with issuer funds	$9,026,472	$32,463	$6,240	$17,947	$64,365	$690,000	$6,003,241	$15,323	$35,100	$403,807	$1,385,107	$2,174	$4,811
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$531.22	$245.93	$259.99	$213.65	$412.60	$460.00	$531.64	$255.38	$417.86	$395.89	$463.56	$181.15	$200.45
	Allowed Claims PMPM	$579.20	$268.14	$283.47	$232.60	$449.19	$500.80	$578.79	$306.41	$501.37	$475.00	$556.19	$217.35	$240.51
	EHB portion of Allowed Claims, PMPM	$579.20	$268.14	$283.47	$232.60	$449.19	$500.80	$578.79	$306.41	$501.37	$475.00	$556.19	$217.35	$240.51

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	ExcellusBCBS EPO Hybrid												
Product ID:	78124NY089												
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Bronze	Bronze	Bronze
AV Metal Value	0.707	0.707	0.707	0.707	0.707	0.707	0.797	0.797	0.797	0.797	0.620	0.620	0.620
AV Pricing Value	0.743	0.743	0.743	0.743	0.743	0.743	0.836	0.836	0.836	0.836	0.578	0.578	0.578
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Gold Select	Gold Select	Gold Select	Gold Select	Bronze Standard	Bronze Standard	Bronze Standard
Plan ID (Standard Component ID):	78124NY0890007	78124NY0890008	78124NY0890009	78124NY0890010	78124NY0890011	78124NY0890012	78124NY0890013	78124NY0890014	78124NY0890015	78124NY0890016	78124NY0900001	78124NY0900002	78124NY0900003
Exchange Plan?	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
Rate Change % (over prior filing)	19.66%	19.90%	19.66%	19.90%	19.66%	19.90%	19.07%	19.28%	19.07%	19.27%	21.02%	21.23%	21.01%
Cum'tive Rate Change % (over 12 mos prior)	19.66%	19.90%	19.66%	19.90%	19.66%	19.90%	19.07%	19.28%	19.07%	19.27%	21.02%	21.23%	21.01%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %	19.56%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0890007	78124NY0890008	78124NY0890009	78124NY0890010	78124NY0890011	78124NY0890012	78124NY0890013	78124NY0890014	78124NY0890015	78124NY0890016	78124NY0900001	78124NY0900002	78124NY0900003
Inpatient	$6.99	$8.72	$10.23	$11.94	$0.00	$0.00	$10.13	$12.51	$13.52	$14.33	$8.80	$8.00	$8.72
Outpatient	$9.74	$12.16	$14.26	$16.65	$0.00	$0.00	$14.13	$17.44	$18.85	$19.98	$12.26	$11.16	$12.16
Professional	$11.26	$14.05	$16.48	$19.23	$0.00	$0.00	$16.32	$20.16	$21.78	$23.08	$14.17	$12.90	$14.05
Prescription Drug	$7.08	$8.83	$10.36	$12.09	$0.00	$0.00	$10.26	$12.67	$13.69	$14.51	$8.91	$8.11	$8.83
Other	$0.61	$0.76	$0.89	$1.04	$0.00	$0.00	$0.89	$1.09	$1.18	$1.25	$0.77	$0.70	$0.76
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
Administration	$5.18	$6.46	$7.58	$8.85	$0.00	$0.00	$7.51	$9.27	$10.02	$10.62	$6.52	$5.93	$6.46
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
Risk & Profit Charge	$2.13	$2.66	$3.12	$3.64	$0.00	$0.00	$3.09	$3.81	$4.12	$4.37	$2.68	$2.44	$2.66
Total Rate Increase	$42.99	$53.65	$62.90	$73.44	$0.00	$0.00	$62.32	$76.96	$83.17	$88.13	$54.10	$49.24	$53.65
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

Average Current Rate PMPM	$218.65	$269.63	$319.97	$369.08	$51.70	$0.00	$326.83	$399.27	$436.15	$457.27	$257.45	$231.93	$255.29
Projected Member Months	60	48	996	12,468	36	0	36	168	900	5,460	48	96	900

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0890007	78124NY0890008	78124NY0890009	78124NY0890010	78124NY0890011	78124NY0890012	78124NY0890013	78124NY0890014	78124NY0890015	78124NY0890016	78124NY0900001	78124NY0900002	78124NY0900003
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0890007	78124NY0890008	78124NY0890009	78124NY0890010	78124NY0890011	78124NY0890012	78124NY0890013	78124NY0890014	78124NY0890015	78124NY0890016	78124NY0900001	78124NY0900002	78124NY0900003
Premium Information	Plan Adjusted Index Rate	$261.64	$323.28	$382.87	$442.52	$61.87	$0.00	$389.16	$476.23	$519.31	$545.40	$311.55	$281.16	$308.94
	Member Months	60	48	996	12,468	36	-	36	168	900	5,460	48	96	900
	Total Premium (TP)	$15,699	$15,517	$381,341	$5,517,314	$2,227	$0	$14,010	$80,006	$467,383	$2,977,882	$14,954	$26,992	$278,049
	EHB Percent of TP, [see instructions]	99.75%	99.80%	99.83%	99.85%	98.96%	98.96%	99.83%	99.86%	99.87%	99.88%	99.74%	99.71%	99.74%
	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%
	Other benefits portion of TP	0.25%	0.20%	0.17%	0.15%	1.04%	1.04%	0.17%	0.14%	0.13%	0.12%	0.26%	0.29%	0.26%
Claims Information	Total Allowed Claims (TAC)	$17,558	$17,328	$432,083	$6,218,104	$2,491	$0	$14,450	$81,945	$480,350	$3,053,228	$21,090	$37,674	$390,255
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$4,512	$4,453	$111,032	$1,597,865	$640	$0	$2,374	$13,463	$78,920	$501,633	$8,905	$15,908	$164,789
	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 %													
	Total Incurred claims, payable with issuer funds	$13,046	$12,875	$321,051	$4,620,239	$1,851	$0	$12,076	$68,482	$401,431	$2,551,596	$12,184	$21,766	$225,465
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$217.44	$268.23	$322.34	$370.57	$51.41	#DIV/0!	$335.44	$407.63	$446.03	$467.33	$253.84	$226.73	$250.52
	Allowed Claims PMPM	$292.64	$360.99	$433.82	$498.73	$69.19	#DIV/0!	$401.39	$487.77	$533.72	$559.20	$439.37	$392.44	$433.62
	EHB portion of Allowed Claims, PMPM	$292.64	$360.99	$433.82	$498.73	$69.19	#DIV/0!	$401.39	$487.77	$533.72	$559.20	$439.37	$392.44	$433.62

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	ExcellusBCBS EPO HDHP												
Product ID:	78124NY090												
Metal:	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Gold	Gold
AV Metal Value	0.620	0.620	0.620	0.684	0.684	0.684	0.684	0.592	0.592	0.592	0.592	0.805	0.805
AV Pricing Value	0.578	0.578	0.578	0.679	0.679	0.679	0.679	0.537	0.537	0.537	0.537	0.842	0.842
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Bronze Standard	Bronze Standard	Bronze Standard	Silver Select	Silver Select	Silver Select	Silver Select	Bronze Select	Bronze Select	Bronze Select	Bronze Select	Bassett Preferred Gold	Bassett Preferred Gold
Plan ID (Standard Component ID):	78124NY0900004	78124NY0900005	78124NY0900006	78124NY0900007	78124NY0900008	78124NY0900009	78124NY0900010	78124NY0900011	78124NY0900012	78124NY0900013	78124NY0900014	78124NY0920001	78124NY0920002
Exchange Plan?	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
Rate Change % (over prior filing)	21.23%	21.02%	21.23%	20.03%	20.31%	20.03%	20.31%	21.25%	21.62%	21.25%	21.62%	20.44%	20.69%
Cum'tive Rate Change % (over 12 mos prior)	21.23%	21.02%	21.23%	20.03%	20.31%	20.03%	20.31%	21.25%	21.62%	21.25%	21.62%	20.44%	20.69%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %	21.03%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0900004	78124NY0900005	78124NY0900006	78124NY0900007	78124NY0900008	78124NY0900009	78124NY0900010	78124NY0900011	78124NY0900012	78124NY0900013	78124NY0900014	78124NY0920001	78124NY0920002
Inpatient	$10.37	$0.00	$0.00	$13.31	$7.58	$9.69	$11.40	$7.11	$8.84	$8.58	$9.83	$0.00	$11.72
Outpatient	$14.46	$0.00	$0.00	$18.56	$10.57	$13.52	$15.90	$9.92	$12.33	$11.96	$13.71	$0.00	$16.35
Professional	$16.71	$0.00	$0.00	$21.44	$12.21	$15.62	$18.37	$11.46	$14.25	$13.82	$15.84	$0.00	$18.89
Prescription Drug	$10.51	$0.00	$0.00	$13.48	$7.68	$9.82	$11.55	$7.20	$8.96	$8.69	$9.96	$0.00	$11.87
Other	$0.91	$0.00	$0.00	$1.16	$0.66	$0.85	$1.00	$0.62	$0.77	$0.75	$0.86	$0.00	$1.02
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
Administration	$7.69	$0.00	$0.00	$9.86	$5.62	$7.19	$8.45	$5.27	$6.55	$6.36	$7.29	$0.00	$8.69
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
Risk & Profit Charge	$3.16	$0.00	$0.00	$4.06	$2.31	$2.95	$3.47	$2.17	$2.70	$2.61	$3.00	$0.00	$3.57
Total Rate Increase	$63.82	$0.00	$0.00	$81.87	$46.63	$59.64	$70.13	$43.76	$54.40	$52.78	$60.47	$0.00	$72.12
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

Average Current Rate PMPM	$300.61	$134.69	$118.78	$408.68	$229.65	$297.69	$345.35	$205.90	$251.59	$248.32	$279.66	$0.00	$348.54
Projected Member Months	27,252	72	24	36	240	2,424	12,612	36	180	1,392	13,800	0	48

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0900004	78124NY0900005	78124NY0900006	78124NY0900007	78124NY0900008	78124NY0900009	78124NY0900010	78124NY0900011	78124NY0900012	78124NY0900013	78124NY0900014	78124NY0920001	78124NY0920002
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0900004	78124NY0900005	78124NY0900006	78124NY0900007	78124NY0900008	78124NY0900009	78124NY0900010	78124NY0900011	78124NY0900012	78124NY0900013	78124NY0900014	78124NY0920001	78124NY0920002
Premium Information	Plan Adjusted Index Rate	$364.43	$162.99	$144.00	$490.55	$276.28	$357.33	$415.48	$249.65	$305.99	$301.10	$340.14	$0.00	$420.66
	Member Months	27,252	72	24	36	240	2,424	12,612	36	180	1,392	13,800	-	48
	Total Premium (TP)	$9,931,427	$11,735	$3,456	$17,660	$66,308	$866,168	$5,240,044	$8,988	$55,079	$419,127	$4,693,872	$0	$20,192
	EHB Percent of TP, [see instructions]	99.78%	99.50%	99.44%	99.88%	99.79%	99.84%	99.86%	99.74%	99.79%	99.79%	99.81%	99.81%	99.83%
	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%
	Other benefits portion of TP	0.22%	0.50%	0.56%	0.12%	0.21%	0.16%	0.14%	0.26%	0.21%	0.21%	0.19%	0.19%	0.17%
Claims Information	Total Allowed Claims (TAC)	$13,852,994	$16,408	$4,773	$21,799	$80,952	$1,064,304	$6,414,979	$13,484	$81,686	$626,450	$6,979,663	$0	$20,186
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$5,849,577	$6,928	$2,016	$7,006	$26,017	$342,055	$2,061,701	$6,245	$37,828	$290,106	$3,232,250	$0	$3,179
	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 %													
	Total Incurred claims, payable with issuer funds	$8,003,417	$9,479	$2,758	$14,793	$54,935	$722,249	$4,353,277	$7,240	$43,858	$336,344	$3,747,412	$0	$17,006
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$293.68	$131.66	$114.90	$410.92	$228.90	$297.96	$345.17	$201.11	$243.65	$241.63	$271.55	#DIV/0!	$354.30
	Allowed Claims PMPM	$508.33	$227.88	$198.88	$605.53	$337.30	$439.07	$508.64	$374.56	$453.81	$450.04	$505.77	#DIV/0!	$420.54
	EHB portion of Allowed Claims, PMPM	$508.33	$227.88	$198.88	$605.53	$337.30	$439.07	$508.64	$374.56	$453.81	$450.04	$505.77	#DIV/0!	$420.54

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	Bassett EPO						Excellus PPO Copay						
Product ID:	78124NY092						78124NY109						
Metal:	Gold	Gold	Silver	Silver	Silver	Silver	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold
AV Metal Value	0.805	0.805	0.713	0.713	0.713	0.713	0.881	0.881	0.881	0.881	0.881	0.881	0.794
AV Pricing Value	0.842	0.842	0.759	0.759	0.759	0.759	0.913	0.913	0.913	0.913	0.913	0.913	0.827
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	EPO
Plan Name	Bassett Preferred Gold	Bassett Preferred Gold	Bassett Preferred Silver	Bassett Preferred Silver	Bassett Preferred Silver	Bassett Preferred Silver	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	CNY Preferred Gold
Plan ID (Standard Component ID):	78124NY0920003	78124NY0920004	78124NY0920005	78124NY0920006	78124NY0920007	78124NY0920008	78124NY1090001	78124NY1090002	78124NY1090003	78124NY1090004	78124NY1090005	78124NY1090006	78124NY1130001
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%						0.00%						
Historical Rate Increase - Calendar Year - 1	0.00%						0.00%						
Historical Rate Increase - Calendar Year 0	0.00%						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
Rate Change % (over prior filing)	20.44%	20.69%	0.00%	0.00%	0.00%	0.00%	18.53%	18.71%	18.53%	18.71%	18.53%	18.72%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	20.44%	20.69%	0.00%	0.00%	0.00%	0.00%	18.53%	18.71%	18.53%	18.71%	18.53%	18.72%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %	20.66%						18.67%						

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0920003	78124NY0920004	78124NY0920005	78124NY0920006	78124NY0920007	78124NY0920008	78124NY1090001	78124NY1090002	78124NY1090003	78124NY1090004	78124NY1090005	78124NY1090006	78124NY1130001
Inpatient	$12.04	$15.95	$0.00	$0.00	$0.00	$0.00	$11.12	$8.90	$15.05	$17.05	$0.00	$0.00	$0.00
Outpatient	$16.79	$22.24	$0.00	$0.00	$0.00	$0.00	$15.51	$12.41	$20.99	$23.77	$0.00	$0.00	$0.00
Professional	$19.40	$25.70	$0.00	$0.00	$0.00	$0.00	$17.92	$14.34	$24.25	$27.47	$0.00	$0.00	$0.00
Prescription Drug	$12.20	$16.16	$0.00	$0.00	$0.00	$0.00	$11.27	$9.02	$15.25	$17.27	$0.00	$0.00	$0.00
Other	$1.05	$1.39	$0.00	$0.00	$0.00	$0.00	$0.97	$0.78	$1.32	$1.49	$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
Administration	$8.93	$11.82	$0.00	$0.00	$0.00	$0.00	$8.24	$6.60	$11.16	$12.64	$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
Risk & Profit Charge	$3.67	$4.86	$0.00	$0.00	$0.00	$0.00	$3.39	$2.71	$4.59	$5.20	$0.00	$0.00	$0.00
Total Rate Increase	$74.08	$98.14	$0.00	$0.00	$0.00	$0.00	$68.43	$54.76	$92.60	$104.89	$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

Average Current Rate PMPM	$362.43	$474.25	$0.00	$0.00	$0.00	$0.00	$369.38	$292.63	$499.85	$560.48	$255.31	$0.00	$0.00
Projected Member Months	108	744	0	0	0	0	72	120	1,284	4,620	12	0	0

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0920003	78124NY0920004	78124NY0920005	78124NY0920006	78124NY0920007	78124NY0920008	78124NY1090001	78124NY1090002	78124NY1090003	78124NY1090004	78124NY1090005	78124NY1090006	78124NY1130001
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0920003	78124NY0920004	78124NY0920005	78124NY0920006	78124NY0920007	78124NY0920008	78124NY1090001	78124NY1090002	78124NY1090003	78124NY1090004	78124NY1090005	78124NY1090006	78124NY1130001
Premium Information	Plan Adjusted Index Rate	$436.51	$572.39	$0.00	$0.00	$0.00	$0.00	$437.81	$347.39	$592.45	$665.37	$302.63	$0.00	$0.00
	Member Months	108	744	-	-	-	-	72	120	1,284	4,620	12	-	-
	Total Premium (TP)	$47,143	$425,859	$0	$0	$0	$0	$31,523	$41,687	$760,702	$3,073,987	$3,632	$0	$0
	EHB Percent of TP, [see instructions]	99.83%	99.87%	99.87%	99.87%	99.87%	99.87%	99.83%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%
	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%
	Other benefits portion of TP	0.17%	0.13%	0.13%	0.13%	0.13%	0.13%	0.17%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%
Claims Information	Total Allowed Claims (TAC)	$47,208	$425,731	$0	$0	$0	$0	$30,267	$39,250	$727,902	$2,930,855	$3,489	$0	$0
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$7,436	$67,057	$0	$0	$0	$0	$2,642	$3,426	$63,534	$255,814	$305	$0	$0
	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 %													
	Total Incurred claims, payable with issuer funds	$39,772	$358,674	$0	$0	$0	$0	$27,625	$35,824	$664,369	$2,675,041	$3,184	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$368.26	$482.09	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$383.68	$298.54	$517.42	$579.01	$265.35	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	$437.11	$572.22	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$420.37	$327.08	$566.90	$634.38	$290.72	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	$437.11	$572.22	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$420.37	$327.08	$566.90	$634.38	$290.72	#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	CNY Preferred Gold			Univera EPO Copay									
Product ID:	78124NY113			78124NY093									
Metal:	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
AV Metal Value	0.794	0.794	0.794	0.881	0.881	0.881	0.881	0.881	0.881	0.890	0.890	0.890	0.890
AV Pricing Value	0.827	0.827	0.827	0.917	0.917	0.917	0.917	0.917	0.917	0.919	0.919	0.919	0.919
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	CNY Preferred Gold	CNY Preferred Gold	CNY Preferred Gold	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Select	Platinum Select	Platinum Select	Platinum Select
Plan ID (Standard Component ID):	78124NY1130002	78124NY1130003	78124NY1130004	78124NY0930001	78124NY0930002	78124NY0930003	78124NY0930004	78124NY0930005	78124NY0930006	78124NY0930007	78124NY0930008	78124NY0930009	78124NY0930010
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%			0.00%									
Historical Rate Increase - Calendar Year - 1	0.00%			0.00%									
Historical Rate Increase - Calendar Year 0	0.00%			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
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	19.01%	19.20%	19.01%	19.20%	19.01%	19.20%	19.03%	19.20%	19.03%	19.20%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	19.01%	19.20%	19.01%	19.20%	19.01%	19.20%	19.03%	19.20%	19.03%	19.20%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %	#DIV/0!			19.19%									

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1130002	78124NY1130003	78124NY1130004	78124NY0930001	78124NY0930002	78124NY0930003	78124NY0930004	78124NY0930005	78124NY0930006	78124NY0930007	78124NY0930008	78124NY0930009	78124NY0930010
Inpatient	$0.00	$0.00	$0.00	$0.00	$17.57	$0.00	$17.98	$0.00	$0.00	$0.00	$0.00	$11.14	$17.52
Outpatient	$0.00	$0.00	$0.00	$0.00	$24.50	$0.00	$25.07	$0.00	$0.00	$0.00	$0.00	$15.53	$24.43
Professional	$0.00	$0.00	$0.00	$0.00	$28.31	$0.00	$28.97	$0.00	$0.00	$0.00	$0.00	$17.95	$28.23
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$17.80	$0.00	$18.21	$0.00	$0.00	$0.00	$0.00	$11.28	$17.74
Other	$0.00	$0.00	$0.00	$0.00	$1.54	$0.00	$1.57	$0.00	$0.00	$0.00	$0.00	$0.97	$1.53
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
Administration	$0.00	$0.00	$0.00	$0.00	$13.02	$0.00	$13.33	$0.00	$0.00	$0.00	$0.00	$8.25	$12.98
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
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$5.36	$0.00	$5.48	$0.00	$0.00	$0.00	$0.00	$3.39	$5.34
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$108.11	$0.00	$110.62	$0.00	$0.00	$0.00	$0.00	$68.52	$107.77
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

Average Current Rate PMPM	$0.00	$0.00	$0.00	$0.00	$563.19	$0.00	$576.28	$0.00	$0.00	$0.00	$0.00	$360.12	$561.38
Projected Member Months	0	0	0	0	60	0	1,572	0	0	0	0	36	1,140

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY1130002	78124NY1130003	78124NY1130004	78124NY0930001	78124NY0930002	78124NY0930003	78124NY0930004	78124NY0930005	78124NY0930006	78124NY0930007	78124NY0930008	78124NY0930009	78124NY0930010
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY1130002	78124NY1130003	78124NY1130004	78124NY0930001	78124NY0930002	78124NY0930003	78124NY0930004	78124NY0930005	78124NY0930006	78124NY0930007	78124NY0930008	78124NY0930009	78124NY0930010
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$0.00	$0.00	$671.29	$0.00	$686.90	$0.00	$0.00	$0.00	$0.00	$428.63	$669.14
	Member Months	-	-	-	-	60	-	1,572	-	-	-	-	36	1,140
	Total Premium (TP)	$0	$0	$0	$0	$40,278	$0	$1,079,808	$0	$0	$0	$0	$15,431	$762,823
	EHB Percent of TP, [see instructions]	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%
	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%
	Other benefits portion of TP	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$0	$0	$38,266	$0	$1,025,867	$0	$0	$0	$0	$14,653	$723,739
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$3,170	$0	$84,976	$0	$0	$0	$0	$1,194	$58,962
	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 %													
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$35,096	$0	$940,891	$0	$0	$0	$0	$13,459	$664,777
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$584.94	#DIV/0!	$598.53	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$373.87	$583.14
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$637.76	#DIV/0!	$652.59	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$407.03	$634.86
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$637.76	#DIV/0!	$652.59	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$407.03	$634.86

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	Univera EPO Hybrid												
Product ID:	78124NY094												
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Gold
AV Metal Value	0.791	0.791	0.791	0.791	0.791	0.791	0.707	0.707	0.707	0.707	0.707	0.707	0.797
AV Pricing Value	0.833	0.833	0.833	0.833	0.833	0.833	0.743	0.743	0.743	0.743	0.743	0.743	0.836
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Gold Select
Plan ID (Standard Component ID):	78124NY0940001	78124NY0940002	78124NY0940003	78124NY0940004	78124NY0940005	78124NY0940006	78124NY0940007	78124NY0940008	78124NY0940009	78124NY0940010	78124NY0940011	78124NY0940012	78124NY0940013
Exchange Plan?	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
Rate Change % (over prior filing)	19.53%	19.74%	19.53%	19.74%	19.54%	19.74%	20.12%	20.36%	20.12%	20.36%	20.13%	20.36%	19.53%
Cum'tive Rate Change % (over 12 mos prior)	19.53%	19.74%	19.53%	19.74%	19.54%	19.74%	20.12%	20.36%	20.12%	20.36%	20.13%	20.36%	19.53%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %	20.07%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0940001	78124NY0940002	78124NY0940003	78124NY0940004	78124NY0940005	78124NY0940006	78124NY0940007	78124NY0940008	78124NY0940009	78124NY0940010	78124NY0940011	78124NY0940012	78124NY0940013
Inpatient	$0.00	$0.00	$9.93	$15.13	$0.00	$0.00	$0.00	$0.00	$11.03	$13.66	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$13.85	$21.09	$0.00	$0.00	$0.00	$0.00	$15.38	$19.04	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$16.00	$24.37	$0.00	$0.00	$0.00	$0.00	$17.78	$22.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$10.06	$15.32	$0.00	$0.00	$0.00	$0.00	$11.18	$13.83	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.87	$1.32	$0.00	$0.00	$0.00	$0.00	$0.96	$1.19	$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
Administration	$0.00	$0.00	$7.36	$11.21	$0.00	$0.00	$0.00	$0.00	$8.18	$10.12	$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
Risk & Profit Charge	$0.00	$0.00	$3.03	$4.61	$0.00	$0.00	$0.00	$0.00	$3.36	$4.16	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$61.09	$93.06	$0.00	$0.00	$0.00	$0.00	$67.88	$84.00	$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

Average Current Rate PMPM	$0.00	$0.00	$312.77	$471.42	$0.00	$223.30	$0.00	$0.00	$337.32	$412.54	$0.00	$0.00	$0.00
Projected Member Months	0	0	120	516	0	12	0	0	48	1,728	0	0	0

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0940001	78124NY0940002	78124NY0940003	78124NY0940004	78124NY0940005	78124NY0940006	78124NY0940007	78124NY0940008	78124NY0940009	78124NY0940010	78124NY0940011	78124NY0940012	78124NY0940013
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0940001	78124NY0940002	78124NY0940003	78124NY0940004	78124NY0940005	78124NY0940006	78124NY0940007	78124NY0940008	78124NY0940009	78124NY0940010	78124NY0940011	78124NY0940012	78124NY0940013
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$373.86	$564.47	$0.00	$267.38	$0.00	$0.00	$405.19	$496.55	$0.00	$0.00	$0.00
	Member Months	-	-	120	516	-	12	-	-	48	1,728	-	-	-
	Total Premium (TP)	$0	$0	$44,863	$291,268	$0	$3,209	$0	$0	$19,449	$858,034	$0	$0	$0
	EHB Percent of TP, [see instructions]	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%
	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%
	Other benefits portion of TP	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$46,230	$299,768	$0	$3,302	$0	$0	$22,076	$972,331	$0	$0	$0
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$0	$0	$7,700	$49,928	$0	$550	$0	$0	$5,673	$249,860	$0	$0	$0
	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 %													
	Total Incurred claims, payable with issuer funds	$0	$0	$38,530	$249,840	$0	$2,752	$0	$0	$16,403	$722,471	$0	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	#DIV/0!	$321.08	$484.19	#DIV/0!	$229.35	#DIV/0!	#DIV/0!	$341.73	$418.10	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	$385.25	$580.95	#DIV/0!	$275.18	#DIV/0!	#DIV/0!	$459.91	$562.69	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	$385.25	$580.95	#DIV/0!	$275.18	#DIV/0!	#DIV/0!	$459.91	$562.69	#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				Univera EPO HDHP									
Product ID:				78124NY095									
Metal:	Gold	Gold	Gold	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver
AV Metal Value	0.797	0.797	0.797	0.620	0.620	0.620	0.620	0.620	0.620	0.684	0.684	0.684	0.684
AV Pricing Value	0.836	0.836	0.836	0.578	0.578	0.578	0.578	0.578	0.578	0.679	0.679	0.679	0.679
Plan Type:	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Gold Select	Gold Select	Gold Select	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Silver Select	Silver Select	Silver Select	Silver Select
Plan ID (Standard Component ID):	78124NY0940014	78124NY0940015	78124NY0940016	78124NY0950001	78124NY0950002	78124NY0950003	78124NY0950004	78124NY0950005	78124NY0950006	78124NY0950007	78124NY0950008	78124NY0950009	78124NY0950010
Exchange Plan?	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
Rate Change % (over prior filing)	19.73%	19.53%	19.73%	21.48%	21.70%	21.48%	21.70%	21.48%	21.70%	20.50%	20.77%	20.50%	20.77%
Cum'tive Rate Change % (over 12 mos prior)	19.73%	19.53%	19.73%	21.48%	21.70%	21.48%	21.70%	21.48%	21.70%	20.50%	20.77%	20.50%	20.77%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %				21.61%									

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0940014	78124NY0940015	78124NY0940016	78124NY0950001	78124NY0950002	78124NY0950003	78124NY0950004	78124NY0950005	78124NY0950006	78124NY0950007	78124NY0950008	78124NY0950009	78124NY0950010
Inpatient	$0.00	$6.22	$16.24	$0.00	$0.00	$7.30	$12.16	$0.00	$0.00	$0.00	$12.58	$9.22	$12.21
Outpatient	$0.00	$8.67	$22.64	$0.00	$0.00	$10.18	$16.95	$0.00	$0.00	$0.00	$17.54	$12.85	$17.02
Professional	$0.00	$10.02	$26.16	$0.00	$0.00	$11.76	$19.59	$0.00	$0.00	$0.00	$20.27	$14.85	$19.67
Prescription Drug	$0.00	$6.30	$16.44	$0.00	$0.00	$7.39	$12.31	$0.00	$0.00	$0.00	$12.74	$9.33	$12.36
Other	$0.00	$0.54	$1.42	$0.00	$0.00	$0.64	$1.06	$0.00	$0.00	$0.00	$1.10	$0.81	$1.07
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
Administration	$0.00	$4.61	$12.03	$0.00	$0.00	$5.41	$9.01	$0.00	$0.00	$0.00	$9.32	$6.83	$9.05
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
Risk & Profit Charge	$0.00	$1.90	$4.95	$0.00	$0.00	$2.22	$3.70	$0.00	$0.00	$0.00	$3.83	$2.81	$3.72
Total Rate Increase	$0.00	$38.26	$99.88	$0.00	$0.00	$44.90	$74.78	$0.00	$0.00	$0.00	$77.38	$56.69	$75.10
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

Average Current Rate PMPM	$0.00	$195.91	$506.13	$0.00	$0.00	$209.04	$344.66	$151.10	$149.38	$0.00	$372.49	$276.54	$361.54
Projected Member Months	0	96	552	0	0	60	6,540	24	12	0	24	216	1,224

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0940014	78124NY0940015	78124NY0940016	78124NY0950001	78124NY0950002	78124NY0950003	78124NY0950004	78124NY0950005	78124NY0950006	78124NY0950007	78124NY0950008	78124NY0950009	78124NY0950010
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
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!
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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0940014	78124NY0940015	78124NY0940016	78124NY0950001	78124NY0950002	78124NY0950003	78124NY0950004	78124NY0950005	78124NY0950006	78124NY0950007	78124NY0950008	78124NY0950009	78124NY0950010
Premium Information	Plan Adjusted Index Rate	$0.00	$234.17	$606.01	$0.00	$0.00	$253.95	$419.44	$183.56	$181.80	$0.00	$449.86	$333.23	$436.64
	Member Months	-	96	552	-	-	60	6,540	24	12	-	24	216	1,224
	Total Premium (TP)	$0	$22,481	$334,518	$0	$0	$15,237	$2,743,132	$4,405	$2,182	$0	$10,797	$71,977	$534,441
	EHB Percent of TP, [see instructions]	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%
	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%
	Other benefits portion of TP	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%
Claims Information	Total Allowed Claims (TAC)	$0	$23,109	$343,450	$0	$0	$21,394	$3,844,718	$6,186	$3,058	$0	$13,242	$88,454	$655,489
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$0	$3,797	$56,427	$0	$0	$9,034	$1,623,474	$2,612	$1,291	$0	$4,256	$28,428	$210,667
	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 %													
	Total Incurred claims, payable with issuer funds	$0	$19,312	$287,022	$0	$0	$12,360	$2,221,244	$3,574	$1,767	$0	$8,986	$60,026	$444,822
	Net Amt of Rein													
	Net Amt of Risk Adj													

Incurred Claims PMPM	#DIV/0!	$201.17	$519.97	#DIV/0!	#DIV/0!	$206.00	$339.64	$148.90	$147.21	#DIV/0!	$374.42	$277.90	$363.42
Allowed Claims PMPM	#DIV/0!	$240.72	$622.19	#DIV/0!	#DIV/0!	$356.56	$587.88	$257.73	$254.81	#DIV/0!	$551.75	$409.51	$535.53
EHB portion of Allowed Claims, PMPM	#DIV/0!	$240.72	$622.19	#DIV/0!	#DIV/0!	$356.56	$587.88	$257.73	$254.81	#DIV/0!	$551.75	$409.51	$535.53

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					Univera PPO Copay						Univera Preferred Gold		
Product ID:					78124NY110						78124NY114		
Metal:	Bronze	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold
AV Metal Value	0.592	0.592	0.592	0.592	0.881	0.881	0.881	0.881	0.881	0.881	0.805	0.805	0.805
AV Pricing Value	0.537	0.537	0.537	0.537	0.913	0.913	0.913	0.913	0.913	0.913	0.842	0.842	0.842
Plan Type:	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO
Plan Name	Bronze Select	Bronze Select	Bronze Select	Bronze Select	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Platinum Standard IND PPO	Univera Preferred Gold	Univera Preferred Gold	Univera Preferred Gold
Plan ID (Standard Component ID):	78124NY0950011	78124NY0950012	78124NY0950013	78124NY0950014	78124NY1100001	78124NY1100002	78124NY1100003	78124NY1100004	78124NY1100005	78124NY1100006	78124NY1140001	78124NY1140002	78124NY1140003
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2					0.00%						0.00%		
Historical Rate Increase - Calendar Year - 1					0.00%						0.00%		
Historical Rate Increase - Calendar Year 0					0.00%						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
Rate Change % (over prior filing)	21.73%	22.10%	21.73%	22.10%	18.98%	19.17%	18.98%	19.17%	18.99%	19.17%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	21.73%	22.10%	21.73%	22.10%	18.98%	19.17%	18.98%	19.17%	18.99%	19.17%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#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 Threshold Rate Increase %					19.16%						#DIV/0!		

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0950011	78124NY0950012	78124NY0950013	78124NY0950014	78124NY1100001	78124NY1100002	78124NY1100003	78124NY1100004	78124NY1100005	78124NY1100006	78124NY1140001	78124NY1140002	78124NY1140003
Inpatient	$0.00	$11.82	$8.36	$10.52	$0.00	$0.00	$19.78	$18.72	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$16.48	$11.66	$14.67	$0.00	$0.00	$27.58	$26.10	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$19.04	$13.47	$16.95	$0.00	$0.00	$31.87	$30.16	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$11.97	$8.47	$10.66	$0.00	$0.00	$20.03	$18.96	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$1.03	$0.73	$0.92	$0.00	$0.00	$1.73	$1.64	$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
Administration	$0.00	$8.76	$6.20	$7.80	$0.00	$0.00	$14.66	$13.87	$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
Risk & Profit Charge	$0.00	$3.60	$2.55	$3.21	$0.00	$0.00	$6.03	$5.70	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$72.70	$51.43	$64.73	$0.00	$0.00	$121.67	$115.15	$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

Average Current Rate PMPM	$0.00	$328.99	$236.74	$292.98	$0.00	$0.00	$640.95	$600.65	$264.06	$0.00	$0.00	$0.00	$0.00
Projected Member Months	0	36	180	1,788	0	0	12	300	12	0	0	0	0

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY0950011	78124NY0950012	78124NY0950013	78124NY0950014	78124NY1100001	78124NY1100002	78124NY1100003	78124NY1100004	78124NY1100005	78124NY1100006	78124NY1140001	78124NY1140002	78124NY1140003
Premium Information	Average Rate PMPM													
	Member Months													
	Total Premium (TP)	$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%
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%
	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 %													
	Total Incurred claims, payable with issuer funds	$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!
	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!
	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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY0950011	78124NY0950012	78124NY0950013	78124NY0950014	78124NY1100001	78124NY1100002	78124NY1100003	78124NY1100004	78124NY1100005	78124NY1100006	78124NY1140001	78124NY1140002	78124NY1140003
Premium Information	Plan Adjusted Index Rate	$0.00	$401.69	$288.17	$357.71	$0.00	$0.00	$762.62	$715.80	$314.21	$0.00	$0.00	$0.00	$0.00
	Member Months	-	36	180	1,788	-	-	12	300	12	-	-	-	-
	Total Premium (TP)	$0	$14,461	$51,871	$639,591	$0	$0	$9,151	$214,741	$3,771	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%	99.78%
	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%
	Other benefits portion of TP	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%	0.22%
Claims Information	Total Allowed Claims (TAC)	$0	$21,553	$77,558	$953,277	$0	$0	$8,753	$205,186	$3,606	$0	$0	$0	$0
	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%
	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%
	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%
	Allowed Claims which are not the issuer's obligation	$0	$9,981	$35,917	$441,458	$0	$0	$764	$17,909	$315	$0	$0	$0	$0
	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 %													
	Total Incurred claims, payable with issuer funds	$0	$11,572	$41,641	$511,819	$0	$0	$7,989	$187,277	$3,292	$0	$0	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	$321.44	$231.34	$286.25	#DIV/0!	#DIV/0!	$665.75	$624.26	$274.30	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	$598.69	$430.88	$533.15	#DIV/0!	#DIV/0!	$729.41	$683.95	$300.53	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	$598.69	$430.88	$533.15	#DIV/0!	#DIV/0!	$729.41	$683.95	$300.53	#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:	Gold
AV Metal Value	0.805
AV Pricing Value	0.842
Plan Type:	EPO
Plan Name	Univera Preferred Gold
Plan ID (Standard Component ID):	78124NY1140004
Exchange Plan?	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
Rate Change % (over prior filing)	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!
Product Threshold Rate Increase %	

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1140004
Inpatient	$0.00
Outpatient	$0.00
Professional	$0.00
Prescription Drug	$0.00
Other	$0.00
Capitation	$0.00
Administration	$0.00
Taxes & Fees	$0.00
Risk & Profit Charge	$0.00
Total Rate Increase	$0.00
Member Cost Share Increase	$0.00

Average Current Rate PMPM	$0.00
Projected Member Months	0

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section III: Experience Period Information

	Plan ID (Standard Component ID):	78124NY1140004
Premium Information	Average Rate PMPM	
	Member Months	
	Total Premium (TP)	$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%
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%
	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 %	
	Total Incurred claims, payable with issuer funds	$0
	Net Amt of Rein	
	Net Amt of Risk Adj	

	Incurred Claims PMPM	#DIV/0!
	Allowed Claims PMPM	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY1140004
Premium Information	Plan Adjusted Index Rate	$0.00
	Member Months	-
	Total Premium (TP)	$0
	EHB Percent of TP, [see instructions]	99.78%
	state mandated benefits portion of TP that are other than EHB	0.00%
	Other benefits portion of TP	0.22%
Claims Information	Total Allowed Claims (TAC)	$0
	EHB Percent of TAC, [see instructions]	100.00%
	state mandated benefits portion of TAC that are other than EHB	0.00%
	Other benefits portion of TAC	0.00%
	Allowed Claims which are not the issuer's obligation	$0
	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 %	
	Total Incurred claims, payable with issuer funds	$0
	Net Amt of Rein	
	Net Amt of Risk Adj	

	Incurred Claims PMPM	#DIV/0!
	Allowed Claims PMPM	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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
78124NY0880001	Platinum	IND O	ff	Standard	Yes	792.69	NA	792.69	NA	601.44	745.44	792.69	NA
78124NY0880002	Platinum	IND O	ff	Standard	No	784.77	NA	784.77	NA	595.43	737.99	784.77	NA
78124NY1090001	Platinum	IND O	ff	Standard	Yes	799.45	NA	799.45	NA	606.57	751.79	799.45	NA
78124NY1090002	Platinum	IND O	ff	Standard	No	791.53	NA	791.53	NA	600.56	744.34	791.53	NA
78124NY0890001	Gold	IND O	ff	Standard	Yes	687.56	NA	687.56	NA	521.68	646.57	687.56	NA
78124NY0890002	Gold	IND O	ff	Standard	No	680.33	NA	680.33	NA	516.18	639.77	680.33	NA
78124NY0890007	Silver	IND O	ff	Standard	Yes	596.15	NA	596.15	NA	452.32	560.61	596.15	NA
78124NY0890008	Silver	IND O	ff	Standard	No	589.27	NA	589.27	NA	447.10	554.14	589.27	NA
78124NY0900001	Bronze	IND O	ff	Standard	Yes	467.04	NA	467.04	NA	354.36	439.20	467.04	NA
78124NY0900002	Bronze	IND O	ff	Standard	No	462.56	NA	462.56	NA	350.96	434.99	462.56	NA
78124NY0880007	Platinum	IND O	ff	Non-Standard	Yes	792.91	NA	792.91	NA	601.61	745.65	792.91	NA
78124NY0880008	Platinum	IND O	ff	Non-Standard	No	785.82	NA	785.82	NA	596.23	738.98	785.82	NA
78124NY0890013	Gold	IND O	ff	Non-Standard	Yes	689.07	NA	689.07	NA	522.81	647.99	689.07	NA
78124NY0890014	Gold	IND O	ff	Non-Standard	No	681.98	NA	681.98	NA	517.43	641.32	681.98	NA
78124NY0900007	Silver	IND O	ff	Non-Standard	Yes	551.54	NA	551.54	NA	418.47	518.67	551.54	NA
78124NY0900008	Silver	IND O	ff	Non-Standard	No	544.45	NA	544.45	NA	413.09	512.00	544.45	NA
78124NY0900011	Bronze	IND O	ff	Non-Standard	Yes	442.07	NA	442.07	NA	335.41	415.72	442.07	NA
78124NY0900012	Bronze	IND O	ff	Non-Standard	No	434.98	NA	434.98	NA	330.03	409.05	434.98	NA
78124NY0920001	Gold	IND O	ff	Non-Standard	Yes	597.50	NA	597.50	NA	NA	NA	597.50	NA
78124NY0920002	Gold	IND O	ff	Non-Standard	No	590.41	NA	590.41	NA	NA	NA	590.41	NA
78124NY0920005	Silver	IND O	ff	Non-Standard	Yes	524.29	NA	524.29	NA	NA	NA	524.29	NA
78124NY0920006	Silver	IND O	ff	Non-Standard	No	517.19	NA	517.19	NA	NA	NA	517.19	NA
78124NY1130001	Gold	IND O	ff	Non-Standard	Yes	NA	NA	NA	NA	NA	598.04	NA	NA
78124NY1130002	Gold	IND O	ff	Non-Standard	No	NA	NA	NA	NA	NA	591.37	NA	NA

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573698
Market Segment: Individuals Off 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
78124NY0930001	Platinum	IND O	ff	Standard	Yes	NA	770.54	NA	NA	NA	NA	NA	NA
78124NY0930002	Platinum	IND O	ff	Standard	No	NA	762.84	NA	NA	NA	NA	NA	NA
78124NY1100001	Platinum	IND O	ff	Standard	Yes	NA	777.11	NA	NA	NA	NA	NA	NA
78124NY1100002	Platinum	IND O	ff	Standard	No	NA	769.42	NA	NA	NA	NA	NA	NA
78124NY0940001	Gold	IND O	ff	Standard	Yes	NA	668.35	NA	NA	NA	NA	NA	NA
78124NY0940002	Gold	IND O	ff	Standard	No	NA	661.32	NA	NA	NA	NA	NA	NA
78124NY0940007	Silver	IND O	ff	Standard	Yes	NA	579.51	NA	NA	NA	NA	NA	NA
78124NY0940008	Silver	IND O	ff	Standard	No	NA	572.81	NA	NA	NA	NA	NA	NA
78124NY0950001	Bronze	IND O	ff	Standard	Yes	NA	454.00	NA	NA	NA	NA	NA	NA
78124NY0950002	Bronze	IND O	ff	Non-Standard	No	NA	449.64	NA	NA	NA	NA	NA	NA
78124NY0930007	Platinum	IND O	ff	Non-Standard	Yes	NA	770.77	NA	NA	NA	NA	NA	NA
78124NY0930008	Platinum	IND O	ff	Non-Standard	No	NA	763.87	NA	NA	NA	NA	NA	NA
78124NY0940013	Gold	IND O	ff	Non-Standard	Yes	NA	669.82	NA	NA	NA	NA	NA	NA
78124NY0940014	Gold	IND O	ff	Non-Standard	No	NA	662.92	NA	NA	NA	NA	NA	NA
78124NY0950007	Silver	IND O	ff	Non-Standard	Yes	NA	536.15	NA	NA	NA	NA	NA	NA
78124NY0950008	Silver	IND O	ff	Non-Standard	No	NA	529.25	NA	NA	NA	NA	NA	NA
78124NY0950011	Bronze	IND O	ff	Non-Standard	Yes	NA	429.72	NA	NA	NA	NA	NA	NA
78124NY0950012	Bronze	IND O	ff	Non-Standard	No	NA	422.82	NA	NA	NA	NA	NA	NA
78124NY1140001	Gold	IND O	ff	Non-Standard	Yes	NA	656.56	NA	NA	NA	NA	NA	NA
78124NY1140002	Gold	IND O	ff	Non-Standard	No	NA	649.66	NA	NA	NA	NA	NA	NA

Excellus
165 Court Street
Rochester, NY 14647
A nonprofit independent licensee of the Blue Cross Blue Shield Association

June 13, 2014

Re: Notice of Proposed Premium Rate Change
Product Name and HIOS Plan ID: xyz

Dear Xxxx:

Excellus BlueCross BlueShield is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your 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 Change

If approved, the percentage change to your premium is xxx%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, you may qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

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 you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

As you know, rising medical costs, an aging population and other factors continue to drive health care costs higher. To cover these expenses, Excellus BlueCross BlueShield must modify rates. If you look below, you can find links to a more complete explanation of why the rate adjustment is being requested. The links to the health plan's web site and the state Department of Financial Services will connect you to a narrative that is written in plain English.

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.

- Over -

You can contact Excellus BlueCross BlueShield for additional information at:

- Excellus BlueCross BlueShield
  P.O. Box 22999
  Rochester, NY 14692
- 1-877-626-9298
- www.excellusbcbs.com/contactus

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:

- The name of your insurer, which is Excellus BlueCross BlueShield
- The name of your plan as listed on your identification card
- Indicate you have individual coverage
- Your HIOS identification number, which is xyz

Written comments submitted to DFS will be posted on the DFS website with 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:

Excellus BlueCross BlueShield website: http://excellusbcbs.com/member/rates

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.

Sincerely,

James R. Reed
Senior Vice President, Marketing and Sales

univera HEALTHCARE
an excellus company
205 Park Club Lane
Buffalo, NY 14221

June 13, 2014

Re: Notice of Proposed Premium Rate Change
Product Name and HIOS Plan ID: xyz

Dear Xxxx:

Univera Healthcare is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your 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 Change

If approved, the percentage change to your premium is xxx%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, you may qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

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 you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

As you know, rising medical costs, an aging population and other factors continue to drive health care costs higher. To cover these expenses, Univera Healthcare must modify rates. If you look below, you can find links to a more complete explanation of why the rate adjustment is being requested. The links to the health plan's web site and the state Department of Financial Services will connect you to a narrative that is written in plain English.

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.

- Over -

You can contact Univera Healthcare for additional information at:

- Univera Healthcare
  P.O. Box 23000
  Rochester, NY 14692
- 1-877-687-6651
- www.univerahealthcare.com/contactus

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:

- The name of your insurer, which is Univera Healthcare
- The name of your plan as listed on your identification card
- Indicate you have individual coverage
- Your HIOS identification number, which is xyz

Written comments submitted to DFS will be posted on the DFS website with 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:

Univera Healthcare website: http://univerahealthcare.com/member/rates

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.

Sincerely,

Arthur G. Wingerter
President

Excellus Health Plans, Inc
dba

Excellus BCBS, Univera Healthcare

Individual Market
Off-Exchange

Documentation in Support of
New York State
Section 4308(c) Rate Submission

Rate Manual
Effective January 1, 2015

TABLE OF CONTENTS

Rate Manual Pages	
Rochester	**pages 4-5**
Syracuse	**pages 6-7**
Utica/Watertown	**pages 8-9**
Albany	**pages 10-11**
Mid-Hudson	**pages 12-13**
Buffalo	**pages 14-15**
Outline of Benefits	**pages 16-68**
Commission Schedule	**pages 69-73**
Underwriting Guidelines	
Excellus BCBS	**pages 75-77**
Univera Healthcare	**pages 78-80**
Expected Loss Ratio	**page 82**
Rating Regions	**page 84**

Rate Manual Pages

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	584.33	1,168.65	993.35	1,665.33	NA
Excellus BCBS Platinum Select	78124NY0880010	585.11	1,170.23	994.69	1,667.58	NA
Excellus BCBS Gold Standard	78124NY0890004	506.56	1,013.12	861.15	1,443.69	NA
Excellus BCBS Silver Standard	78124NY0890010	438.76	877.52	745.90	1,250.47	NA
Excellus BCBS Gold Select	78124NY0890016	507.78	1,015.57	863.23	1,447.18	NA
Excellus BCBS Bronze Standard	78124NY0900004	344.42	688.84	585.52	981.60	NA
Excellus BCBS Silver Select	78124NY0900010	405.39	810.78	689.17	1,155.37	NA
Excellus BCBS Bronze Select	78124NY0900014	323.88	647.76	550.59	923.05	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	595.43	1,190.85	1,012.22	1,696.97	NA
Excellus BCBS Platinum Select	78124NY0880008	596.23	1,192.46	1,013.59	1,699.26	NA
Excellus BCBS Gold Standard	78124NY0890002	516.18	1,032.37	877.51	1,471.12	NA
Excellus BCBS Silver Standard	78124NY0890008	447.10	894.19	760.07	1,274.23	NA
Excellus BCBS Gold Select	78124NY0890014	517.43	1,034.87	879.63	1,474.68	NA
Excellus BCBS Bronze Standard	78124NY0900002	350.96	701.93	596.64	1,000.25	NA
Excellus BCBS Silver Select	78124NY0900008	413.09	826.18	702.26	1,177.32	NA
Excellus BCBS Bronze Select	78124NY0900012	330.03	660.07	561.05	940.59	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	590.23	1,180.44	1,003.37	1,682.14	NA
Excellus BCBS Platinum Select	78124NY0880009	590.39	1,180.80	1,003.67	1,682.64	NA
Excellus BCBS Gold Standard	78124NY0890003	511.95	1,023.89	870.30	1,459.04	NA
Excellus BCBS Silver Standard	78124NY0890009	443.89	887.77	754.62	1,265.07	NA
Excellus BCBS Gold Select	78124NY0890015	513.06	1,026.14	872.21	1,462.24	NA
Excellus BCBS Bronze Standard	78124NY0900003	347.75	695.50	591.18	991.09	NA
Excellus BCBS Silver Select	78124NY0900009	410.67	821.35	698.15	1,170.43	NA
Excellus BCBS Bronze Select	78124NY0900013	329.16	658.33	559.57	938.11	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	601.44	1,202.87	1,022.43	1,714.10	NA
Excellus BCBS Platinum Select	78124NY0880007	601.61	1,203.24	1,022.74	1,714.61	NA
Excellus BCBS Gold Standard	78124NY0890001	521.68	1,043.34	886.84	1,486.76	NA
Excellus BCBS Silver Standard	78124NY0890007	452.32	904.64	768.96	1,289.11	NA
Excellus BCBS Gold Select	78124NY0890013	522.81	1,045.64	888.78	1,490.02	NA
Excellus BCBS Bronze Standard	78124NY0900001	354.36	708.71	602.41	1,009.92	NA
Excellus BCBS Silver Select	78124NY0900007	418.47	836.96	711.41	1,192.67	NA
Excellus BCBS Bronze Select	78124NY0900011	335.41	670.84	570.20	955.93	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	240.74
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	208.70
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	180.77
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	141.90
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	243.17
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	210.92
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	182.88
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	143.28
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	589.36	1,178.72	1,001.91	1,679.67	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	600.56	1,201.12	1,020.95	1,711.58	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	595.26	1,190.51	1,011.93	1,696.48	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Rochester Region

Option	HIOS Plan ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	606.57	1,213.13	1,031.16	1,728.71	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	242.82
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	245.25

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Syracuse Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	724.23	1,448.45	1,231.18	2,064.05	NA
Excellus BCBS Platinum Select	78124NY0880010	725.20	1,450.41	1,232.84	2,066.83	NA
Excellus BCBS Gold Standard	78124NY0890004	627.84	1,255.68	1,067.33	1,789.35	NA
Excellus BCBS Silver Standard	78124NY0890010	543.81	1,087.62	924.48	1,549.86	NA
Excellus BCBS Gold Select	78124NY0890016	629.36	1,258.72	1,069.91	1,793.67	NA
Excellus BCBS Bronze Standard	78124NY0900004	426.88	853.76	725.70	1,216.61	NA
Excellus BCBS Silver Select	78124NY0900010	502.45	1,004.90	854.17	1,431.99	NA
Excellus BCBS Bronze Select	78124NY0900014	401.42	802.84	682.41	1,144.05	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	737.99	1,475.97	1,254.57	2,103.27	NA
Excellus BCBS Platinum Select	78124NY0880008	738.98	1,477.97	1,256.26	2,106.10	NA
Excellus BCBS Gold Standard	78124NY0890002	639.77	1,279.54	1,087.61	1,823.35	NA
Excellus BCBS Silver Standard	78124NY0890008	554.14	1,108.28	942.05	1,579.31	NA
Excellus BCBS Gold Select	78124NY0890014	641.32	1,282.64	1,090.24	1,827.75	NA
Excellus BCBS Bronze Standard	78124NY0900002	434.99	869.98	739.49	1,239.73	NA
Excellus BCBS Silver Select	78124NY0900008	512.00	1,023.99	870.40	1,459.20	NA
Excellus BCBS Bronze Select	78124NY0900012	409.05	818.09	695.38	1,165.79	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	731.54	1,463.07	1,243.60	2,084.88	NA
Excellus BCBS Platinum Select	78124NY0880009	731.75	1,463.51	1,243.97	2,085.50	NA
Excellus BCBS Gold Standard	78124NY0890003	634.51	1,269.03	1,078.67	1,808.38	NA
Excellus BCBS Silver Standard	78124NY0890009	550.16	1,100.32	935.28	1,567.96	NA
Excellus BCBS Gold Select	78124NY0890015	635.91	1,271.82	1,081.04	1,812.34	NA
Excellus BCBS Bronze Standard	78124NY0900003	431.01	862.01	732.72	1,228.37	NA
Excellus BCBS Silver Select	78124NY0900009	509.00	1,018.00	865.30	1,450.66	NA
Excellus BCBS Bronze Select	78124NY0900013	407.97	815.94	693.54	1,162.72	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	745.44	1,490.87	1,267.23	2,124.49	NA
Excellus BCBS Platinum Select	78124NY0880007	745.65	1,491.32	1,267.61	2,125.12	NA
Excellus BCBS Gold Standard	78124NY0890001	646.57	1,293.14	1,099.16	1,842.74	NA
Excellus BCBS Silver Standard	78124NY0890007	560.61	1,121.23	953.05	1,597.75	NA
Excellus BCBS Gold Select	78124NY0890013	647.99	1,295.98	1,101.58	1,846.77	NA
Excellus BCBS Bronze Standard	78124NY0900001	439.20	878.39	746.64	1,251.71	NA
Excellus BCBS Silver Select	78124NY0900007	518.67	1,037.34	881.74	1,478.22	NA
Excellus BCBS Bronze Select	78124NY0900011	415.72	831.44	706.72	1,184.81	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	298.38
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	258.67
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	224.05
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	175.87
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	301.39
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	261.43
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	226.67
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	177.57
EXEC-4 (Rev.1)[no Pediatric Dental]						
Excellus BCBS CNY Preferred Gold	78124NY1130004	580.34	1,160.68	986.58	1,653.98	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS CNY Preferred Gold	78124NY1130002	591.37	1,182.73	1,005.33	1,685.41	NA
EXEC-4 (Rev.1)[with Pediatric Dental]						
Excellus BCBS CNY Preferred Gold	78124NY1130003	586.89	1,173.78	997.71	1,672.65	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Syracuse Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS CNY Preferred Gold	78124NY1130001	598.04	1,196.08	1,016.67	1,704.43	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	730.46	1,460.93	1,241.78	2,081.82	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	744.34	1,488.69	1,265.37	2,121.37	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	737.77	1,475.55	1,254.20	2,102.65	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	751.79	1,503.59	1,278.03	2,142.60	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	300.95
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	303.96

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Utica/Watertown Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	770.14	1,540.27	1,309.23	2,194.89	NA
Excellus BCBS Platinum Select	78124NY0880010	771.17	1,542.35	1,310.99	2,197.85	NA
Excellus BCBS Gold Standard	78124NY0890004	667.64	1,335.28	1,134.99	1,902.77	NA
Excellus BCBS Silver Standard	78124NY0890010	578.28	1,156.56	983.08	1,648.10	NA
Excellus BCBS Gold Select	78124NY0890016	669.26	1,338.51	1,137.74	1,907.37	NA
Excellus BCBS Bronze Standard	78124NY0900004	453.94	907.88	771.70	1,293.74	NA
Excellus BCBS Silver Select	78124NY0900010	534.30	1,068.61	908.32	1,522.77	NA
Excellus BCBS Bronze Select	78124NY0900014	426.87	853.74	725.67	1,216.57	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	784.77	1,569.54	1,334.11	2,236.59	NA
Excellus BCBS Platinum Select	78124NY0880008	785.82	1,571.65	1,335.90	2,239.61	NA
Excellus BCBS Gold Standard	78124NY0890002	680.33	1,360.65	1,156.55	1,938.92	NA
Excellus BCBS Silver Standard	78124NY0890008	589.27	1,178.53	1,001.76	1,679.41	NA
Excellus BCBS Gold Select	78124NY0890014	681.98	1,363.94	1,159.36	1,943.61	NA
Excellus BCBS Bronze Standard	78124NY0900002	462.56	925.13	786.36	1,318.32	NA
Excellus BCBS Silver Select	78124NY0900008	544.45	1,088.91	925.58	1,551.70	NA
Excellus BCBS Bronze Select	78124NY0900012	434.98	869.96	739.46	1,239.68	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	777.91	1,555.81	1,322.44	2,217.04	NA
Excellus BCBS Platinum Select	78124NY0880009	778.13	1,556.28	1,322.83	2,217.71	NA
Excellus BCBS Gold Standard	78124NY0890003	674.74	1,349.48	1,147.05	1,923.00	NA
Excellus BCBS Silver Standard	78124NY0890009	585.03	1,170.07	994.57	1,667.35	NA
Excellus BCBS Gold Select	78124NY0890015	676.22	1,352.44	1,149.58	1,927.23	NA
Excellus BCBS Bronze Standard	78124NY0900003	458.33	916.66	779.16	1,306.24	NA
Excellus BCBS Silver Select	78124NY0900009	541.26	1,082.54	920.16	1,542.63	NA
Excellus BCBS Bronze Select	78124NY0900013	433.83	867.67	737.51	1,236.43	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	792.69	1,585.37	1,347.57	2,259.16	NA
Excellus BCBS Platinum Select	78124NY0880007	792.91	1,585.85	1,347.96	2,259.85	NA
Excellus BCBS Gold Standard	78124NY0890001	687.56	1,375.12	1,168.84	1,959.54	NA
Excellus BCBS Silver Standard	78124NY0890007	596.15	1,192.30	1,013.47	1,699.03	NA
Excellus BCBS Gold Select	78124NY0890013	689.07	1,378.14	1,171.42	1,963.85	NA
Excellus BCBS Bronze Standard	78124NY0900001	467.04	934.08	793.96	1,331.06	NA
Excellus BCBS Silver Select	78124NY0900007	551.54	1,103.11	937.64	1,571.94	NA
Excellus BCBS Bronze Select	78124NY0900011	442.07	884.16	751.52	1,259.92	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	317.30
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	275.07
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	238.25
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	187.02
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	320.51
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	278.00
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	241.04
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	188.83
EXEC-4 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920004	579.40	1,158.80	984.97	1,651.29	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920008	507.55	1,015.10	862.83	1,446.52	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920002	590.41	1,180.82	1,003.68	1,682.66	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920006	517.19	1,034.39	879.22	1,474.00	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Utica/Watertown Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920003	586.36	1,172.73	996.81	1,671.15	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920007	514.51	1,029.03	874.67	1,466.38	NA
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920001	597.50	1,195.01	1,015.75	1,702.90	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920005	524.29	1,048.58	891.29	1,494.24	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	776.77	1,553.54	1,320.50	2,213.79	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	791.53	1,583.06	1,345.59	2,255.85	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	784.54	1,569.08	1,333.71	2,235.94	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	799.45	1,598.89	1,359.05	2,278.42	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	320.03
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	323.24

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Albany Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	770.14	1,540.27	1,309.23	2,194.89	NA
Excellus BCBS Platinum Select	78124NY0880010	771.17	1,542.35	1,310.99	2,197.85	NA
Excellus BCBS Gold Standard	78124NY0890004	667.64	1,335.28	1,134.99	1,902.77	NA
Excellus BCBS Silver Standard	78124NY0890010	578.28	1,156.56	983.08	1,648.10	NA
Excellus BCBS Gold Select	78124NY0890016	669.26	1,338.51	1,137.74	1,907.37	NA
Excellus BCBS Bronze Standard	78124NY0900004	453.94	907.88	771.70	1,293.74	NA
Excellus BCBS Silver Select	78124NY0900010	534.30	1,068.61	908.32	1,522.77	NA
Excellus BCBS Bronze Select	78124NY0900014	426.87	853.74	725.67	1,216.57	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	784.77	1,569.54	1,334.11	2,236.59	NA
Excellus BCBS Platinum Select	78124NY0880008	785.82	1,571.65	1,335.90	2,239.61	NA
Excellus BCBS Gold Standard	78124NY0890002	680.33	1,360.65	1,156.55	1,938.92	NA
Excellus BCBS Silver Standard	78124NY0890008	589.27	1,178.53	1,001.76	1,679.41	NA
Excellus BCBS Gold Select	78124NY0890014	681.98	1,363.94	1,159.36	1,943.61	NA
Excellus BCBS Bronze Standard	78124NY0900002	462.56	925.13	786.36	1,318.32	NA
Excellus BCBS Silver Select	78124NY0900008	544.45	1,088.91	925.58	1,551.70	NA
Excellus BCBS Bronze Select	78124NY0900012	434.98	869.96	739.46	1,239.68	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	777.91	1,555.81	1,322.44	2,217.04	NA
Excellus BCBS Platinum Select	78124NY0880009	778.13	1,556.28	1,322.83	2,217.71	NA
Excellus BCBS Gold Standard	78124NY0890003	674.74	1,349.48	1,147.05	1,923.00	NA
Excellus BCBS Silver Standard	78124NY0890009	585.03	1,170.07	994.57	1,667.35	NA
Excellus BCBS Gold Select	78124NY0890015	676.22	1,352.44	1,149.58	1,927.23	NA
Excellus BCBS Bronze Standard	78124NY0900003	458.33	916.66	779.16	1,306.24	NA
Excellus BCBS Silver Select	78124NY0900009	541.26	1,082.54	920.16	1,542.63	NA
Excellus BCBS Bronze Select	78124NY0900013	433.83	867.67	737.51	1,236.43	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	792.69	1,585.37	1,347.57	2,259.16	NA
Excellus BCBS Platinum Select	78124NY0880007	792.91	1,585.85	1,347.96	2,259.85	NA
Excellus BCBS Gold Standard	78124NY0890001	687.56	1,375.12	1,168.84	1,959.54	NA
Excellus BCBS Silver Standard	78124NY0890007	596.15	1,192.30	1,013.47	1,699.03	NA
Excellus BCBS Gold Select	78124NY0890013	689.07	1,378.14	1,171.42	1,963.85	NA
Excellus BCBS Bronze Standard	78124NY0900001	467.04	934.08	793.96	1,331.06	NA
Excellus BCBS Silver Select	78124NY0900007	551.54	1,103.11	937.64	1,571.94	NA
Excellus BCBS Bronze Select	78124NY0900011	442.07	884.16	751.52	1,259.92	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	317.30
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	275.07
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	238.25
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	187.02
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	320.51
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	278.00
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	241.04
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	188.83
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	776.77	1,553.54	1,320.50	2,213.79	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	791.53	1,583.06	1,345.59	2,255.85	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	784.54	1,569.08	1,333.71	2,235.94	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates -Albany Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	799.45	1,598.89	1,359.05	2,278.42	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	320.03
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	323.24

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Mid-Hudson Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880004	770.14	1,540.27	1,309.23	2,194.89	NA
Excellus BCBS Platinum Select	78124NY0880010	771.17	1,542.35	1,310.99	2,197.85	NA
Excellus BCBS Gold Standard	78124NY0890004	667.64	1,335.28	1,134.99	1,902.77	NA
Excellus BCBS Silver Standard	78124NY0890010	578.28	1,156.56	983.08	1,648.10	NA
Excellus BCBS Gold Select	78124NY0890016	669.26	1,338.51	1,137.74	1,907.37	NA
Excellus BCBS Bronze Standard	78124NY0900004	453.94	907.88	771.70	1,293.74	NA
Excellus BCBS Silver Select	78124NY0900010	534.30	1,068.61	908.32	1,522.77	NA
Excellus BCBS Bronze Select	78124NY0900014	426.87	853.74	725.67	1,216.57	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880002	784.77	1,569.54	1,334.11	2,236.59	NA
Excellus BCBS Platinum Select	78124NY0880008	785.82	1,571.65	1,335.90	2,239.61	NA
Excellus BCBS Gold Standard	78124NY0890002	680.33	1,360.65	1,156.55	1,938.92	NA
Excellus BCBS Silver Standard	78124NY0890008	589.27	1,178.53	1,001.76	1,679.41	NA
Excellus BCBS Gold Select	78124NY0890014	681.98	1,363.94	1,159.36	1,943.61	NA
Excellus BCBS Bronze Standard	78124NY0900002	462.56	925.13	786.36	1,318.32	NA
Excellus BCBS Silver Select	78124NY0900008	544.45	1,088.91	925.58	1,551.70	NA
Excellus BCBS Bronze Select	78124NY0900012	434.98	869.96	739.46	1,239.68	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880003	777.91	1,555.81	1,322.44	2,217.04	NA
Excellus BCBS Platinum Select	78124NY0880009	778.13	1,556.28	1,322.83	2,217.71	NA
Excellus BCBS Gold Standard	78124NY0890003	674.74	1,349.48	1,147.05	1,923.00	NA
Excellus BCBS Silver Standard	78124NY0890009	585.03	1,170.07	994.57	1,667.35	NA
Excellus BCBS Gold Select	78124NY0890015	676.22	1,352.44	1,149.58	1,927.23	NA
Excellus BCBS Bronze Standard	78124NY0900003	458.33	916.66	779.16	1,306.24	NA
Excellus BCBS Silver Select	78124NY0900009	541.26	1,082.54	920.16	1,542.63	NA
Excellus BCBS Bronze Select	78124NY0900013	433.83	867.67	737.51	1,236.43	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Platinum Standard	78124NY0880001	792.69	1,585.37	1,347.57	2,259.16	NA
Excellus BCBS Platinum Select	78124NY0880007	792.91	1,585.85	1,347.96	2,259.85	NA
Excellus BCBS Gold Standard	78124NY0890001	687.56	1,375.12	1,168.84	1,959.54	NA
Excellus BCBS Silver Standard	78124NY0890007	596.15	1,192.30	1,013.47	1,699.03	NA
Excellus BCBS Gold Select	78124NY0890013	689.07	1,378.14	1,171.42	1,963.85	NA
Excellus BCBS Bronze Standard	78124NY0900001	467.04	934.08	793.96	1,331.06	NA
Excellus BCBS Silver Select	78124NY0900007	551.54	1,103.11	937.64	1,571.94	NA
Excellus BCBS Bronze Select	78124NY0900011	442.07	884.16	751.52	1,259.92	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880006	NA	NA	NA	NA	317.30
Excellus BCBS Gold Standard	78124NY0890006	NA	NA	NA	NA	275.07
Excellus BCBS Silver Standard	78124NY0890012	NA	NA	NA	NA	238.25
Excellus BCBS Bronze Standard	78124NY0900006	NA	NA	NA	NA	187.02
EXEC-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Platinum Standard	78124NY0880005	NA	NA	NA	NA	320.51
Excellus BCBS Gold Standard	78124NY0890005	NA	NA	NA	NA	278.00
Excellus BCBS Silver Standard	78124NY0890011	NA	NA	NA	NA	241.04
Excellus BCBS Bronze Standard	78124NY0900005	NA	NA	NA	NA	188.83
EXEC-4 (Rev.1)[no Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920004	579.40	1,158.80	984.97	1,651.29	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920008	507.55	1,015.10	862.83	1,446.52	NA
Excellus BCBS CNY Preferred Gold	78124NY1130004	NA	NA	NA	NA	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920002	590.41	1,180.82	1,003.68	1,682.66	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920006	517.19	1,034.39	879.22	1,474.00	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Mid-Hudson Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental]						
Excellus BCBS Bassett Preferred Gold	78124NY0920003	586.36	1,172.73	996.81	1,671.15	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920007	514.51	1,029.03	874.67	1,466.38	NA
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS Bassett Preferred Gold	78124NY0920001	597.50	1,195.01	1,015.75	1,702.90	NA
Excellus BCBS Bassett Preferred Silver	78124NY0920005	524.29	1,048.58	891.29	1,494.24	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	776.77	1,553.54	1,320.50	2,213.79	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	791.53	1,583.06	1,345.59	2,255.85	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	784.54	1,569.08	1,333.71	2,235.94	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	799.45	1,598.89	1,359.05	2,278.42	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	NA	NA	NA	NA	320.03
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	NA	NA	NA	NA	323.24

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Buffalo Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-1 (Rev.1)[no Pediatric Dental]						
Univera Platinum Standard	78124NY0930004	748.62	1,497.24	1,272.65	2,133.57	NA
Univera Platinum Select	78124NY0930010	749.63	1,499.26	1,274.37	2,136.45	NA
Univera Gold Standard	78124NY0940004	648.99	1,297.98	1,103.28	1,849.61	NA
Univera Silver Standard	78124NY0940010	562.13	1,124.25	955.62	1,602.06	NA
Univera Gold Select	78124NY0940016	650.56	1,301.12	1,105.95	1,854.08	NA
Univera Bronze Standard	78124NY0950004	441.26	882.52	750.15	1,257.59	NA
Univera Silver Select	78124NY0950010	519.38	1,038.75	882.94	1,480.23	NA
Univera Bronze Select	78124NY0950014	414.94	829.88	705.40	1,182.58	NA
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Univera Platinum Standard	78124NY0930002	762.84	1,525.69	1,296.83	2,174.11	NA
Univera Platinum Select	78124NY0930008	763.87	1,527.75	1,298.58	2,177.04	NA
Univera Gold Standard	78124NY0940002	661.32	1,322.64	1,124.24	1,884.75	NA
Univera Silver Standard	78124NY0940008	572.81	1,145.61	973.78	1,632.50	NA
Univera Gold Select	78124NY0940014	662.92	1,325.84	1,126.96	1,889.31	NA
Univera Bronze Standard	78124NY0950002	449.64	899.29	764.40	1,281.48	NA
Univera Silver Select	78124NY0950008	529.25	1,058.49	899.72	1,508.35	NA
Univera Bronze Select	78124NY0950012	422.82	845.65	718.80	1,205.05	NA
EXEC-1 (Rev.1)[with Pediatric Dental]						
Univera Platinum Standard	78124NY0930003	756.17	1,512.35	1,285.49	2,155.11	NA
Univera Platinum Select	78124NY0930009	756.40	1,512.80	1,285.88	2,155.75	NA
Univera Gold Standard	78124NY0940003	655.89	1,311.78	1,115.00	1,869.28	NA
Univera Silver Standard	78124NY0940009	568.70	1,137.38	966.79	1,620.77	NA
Univera Gold Select	78124NY0940015	657.33	1,314.66	1,117.46	1,873.38	NA
Univera Bronze Standard	78124NY0950003	445.53	891.05	757.40	1,269.74	NA
Univera Silver Select	78124NY0950009	526.15	1,052.29	894.45	1,499.53	NA
Univera Bronze Select	78124NY0950013	421.71	843.42	716.91	1,201.88	NA
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Univera Platinum Standard	78124NY0930001	770.54	1,541.08	1,309.91	2,196.06	NA
Univera Platinum Select	78124NY0930007	770.77	1,541.54	1,310.31	2,196.71	NA
Univera Gold Standard	78124NY0940001	668.35	1,336.70	1,136.19	1,904.80	NA
Univera Silver Standard	78124NY0940007	579.51	1,158.99	985.16	1,651.56	NA
Univera Gold Select	78124NY0940013	669.82	1,339.64	1,138.69	1,908.97	NA
Univera Bronze Standard	78124NY0950001	454.00	907.98	771.79	1,293.87	NA
Univera Silver Select	78124NY0950007	536.15	1,072.28	911.44	1,528.02	NA
Univera Bronze Select	78124NY0950011	429.72	859.44	730.53	1,224.72	NA
EXEC-2 (Rev.1)[no Pediatric Dental]						
Univera Platinum Standard	78124NY0930006	NA	NA	NA	NA	308.43
Univera Gold Standard	78124NY0940006	NA	NA	NA	NA	267.38
Univera Silver Standard	78124NY0940012	NA	NA	NA	NA	231.60
Univera Bronze Standard	78124NY0950006	NA	NA	NA	NA	181.80
EXEC-2 (Rev.1)[with Pediatric Dental]						
Univera Platinum Standard	78124NY0930005	NA	NA	NA	NA	311.55
Univera Gold Standard	78124NY0940005	NA	NA	NA	NA	270.23
Univera Silver Standard	78124NY0940011	NA	NA	NA	NA	234.31
Univera Bronze Standard	78124NY0950005	NA	NA	NA	NA	183.56
EXEC-4 (Rev.1)[no Pediatric Dental]						
Univera Preferred Gold	78124NY1140004	637.55	1,275.11	1,083.84	1,817.03	NA
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Univera Preferred Gold	78124NY1140002	649.66	1,299.34	1,104.43	1,851.55	NA
EXEC-4 (Rev.1)[with Pediatric Dental]						
Univera Preferred Gold	78124NY1140003	644.32	1,288.65	1,095.35	1,836.33	NA

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Premium Rates - Buffalo Region

Option	HIOS ID	Single	Sub & Spouse	Sub & Child(ren)	Family	Per Child (3x Max)
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Univera Preferred Gold	78124NY1140001	656.56	1,313.13	1,116.16	1,871.22	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100004	755.07	1,510.13	1,283.61	2,151.94	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)						
Univera IND Platinum Standard IND PPO	78124NY1100002	769.42	1,538.82	1,308.00	2,192.83	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100003	762.62	1,525.24	1,296.45	2,173.48	NA
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)						
Univera IND Platinum Standard IND PPO	78124NY1100001	777.11	1,554.22	1,321.08	2,214.78	NA
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100006	NA	NA	NA	NA	311.09
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]						
Univera IND Platinum Standard IND PPO	78124NY1100005	NA	NA	NA	NA	314.21

Outline of Benefits

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Off Exchange - All Regions

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-1 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Platinum Select	78124NY0880010	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Excellus BCBS Gold Standard	78124NY0890004	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890010	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Gold Select	78124NY0890016	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900004	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Excellus BCBS Silver Select	78124NY0900010	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Excellus BCBS Bronze Select	78124NY0900014	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Excellus BCBS Platinum Select	78124NY0880008	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Excellus BCBS Gold Standard	78124NY0890002	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Excellus BCBS Silver Standard	78124NY0890008	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Excellus BCBS Gold Select	78124NY0890014	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bronze Standard	78124NY0900002	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Excellus BCBS Silver Select	78124NY0900008	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Excellus BCBS Bronze Select	78124NY0900012	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-1 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Platinum Select	78124NY0880009	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Excellus BCBS Gold Standard	78124NY0890003	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890009	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Gold Select	78124NY0890015	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900003	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Excellus BCBS Silver Select	78124NY0900009	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Excellus BCBS Bronze Select	78124NY0900013	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Excellus BCBS Platinum Select	78124NY0880007	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Excellus BCBS Gold Standard	78124NY0890001	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Excellus BCBS Silver Standard	78124NY0890007	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Excellus BCBS Gold Select	78124NY0890013	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bronze Standard	78124NY0900001	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Excellus BCBS Silver Select	78124NY0900007	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Excellus BCBS Bronze Select	78124NY0900011	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Gold Standard	78124NY0890006	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890012	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900006	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Platinum Standard	78124NY0880005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Excellus BCBS Gold Standard	78124NY0890005	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Excellus BCBS Silver Standard	78124NY0890011	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Excellus BCBS Bronze Standard	78124NY0900005	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-4 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920004	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bassett Preferred Silver	78124NY0920008	Hybrid	1250	0%	30	50	6350	$10/$35/$70	To age 26
Excellus BCBS CNY Preferred Gold	78124NY1130004	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015

Community Rated

2015 Individual Off Exchange - All Regions

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920002	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bassett Preferred Silver	78124NY0920006	Hybrid	1250	0%	30	50	6350	$10/$35/$70	Through age 29
Excellus BCBS CNY Preferred Gold	78124NY1130002	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-4 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920003	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
Excellus BCBS Bassett Preferred Silver	78124NY0920007	Hybrid	1250	0%	30	50	6350	$10/$35/$70	To age 26
Excellus BCBS CNY Preferred Gold	78124NY1130003	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS Bassett Preferred Gold	78124NY0920001	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
Excellus BCBS Bassett Preferred Silver	78124NY0920005	Hybrid	1250	0%	30	50	6350	$10/$35/$70	Through age 29
Excellus BCBS CNY Preferred Gold	78124NY1130001	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Preferred Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Excellus BCBS IND Platinum Standard IND PPO	78124NY1090005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26

Excellus Health Plan, Inc.
Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Off Exchange - Buffalo Region

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-1 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Platinum Select	78124NY0930010	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Univera Gold Standard	78124NY0940004	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940010	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Gold Select	78124NY0940016	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Univera Bronze Standard	78124NY0950004	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Univera Silver Select	78124NY0950010	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Univera Bronze Select	78124NY0950014	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Univera Platinum Select	78124NY0930008	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Univera Gold Standard	78124NY0940002	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Univera Silver Standard	78124NY0940008	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Univera Gold Select	78124NY0940014	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Univera Bronze Standard	78124NY0950002	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Univera Silver Select	78124NY0950008	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Univera Bronze Select	78124NY0950012	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-1 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Platinum Select	78124NY0930009	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
Univera Gold Standard	78124NY0940003	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940009	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Gold Select	78124NY0940015	Hybrid	600	n/a	25	40	4000	$5/$35/$70	To age 26
Univera Bronze Standard	78124NY0950003	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
Univera Silver Select	78124NY0950009	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	To age 26
Univera Bronze Select	78124NY0950013	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-1 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
Univera Platinum Select	78124NY0930007	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
Univera Gold Standard	78124NY0940001	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
Univera Silver Standard	78124NY0940007	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
Univera Gold Select	78124NY0940013	Hybrid	600	n/a	25	40	4000	$5/$35/$70	Through age 29
Univera Bronze Standard	78124NY0950001	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
Univera Silver Select	78124NY0950007	HDHP/HSA	2000	20%	ded/coins	ded/coins	5000	$10/$45/$90	Through age 29
Univera Bronze Select	78124NY0950011	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Gold Standard	78124NY0940006	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940012	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Bronze Standard	78124NY0950006	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Platinum Standard	78124NY0930005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
Univera Gold Standard	78124NY0940005	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
Univera Silver Standard	78124NY0940011	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
Univera Bronze Standard	78124NY0950005	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26

Excellus Health Plan, Inc.
Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Individual Off Exchange - Buffalo Region

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-4 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140004	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
EXEC-4 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140002	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-4 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140003	Hybrid	400	0%	25	40	4000	$5/$35/$70	To age 26
EXEC-4 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera Preferred Gold	78124NY1140001	Hybrid	400	0%	25	40	4000	$5/$35/$70	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100004	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental],EXER-1 (Rev.1)									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Preferred Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100003	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-1 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100001	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
EXEC-2 (Rev.1), EXER-2 (Rev.1)[no Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100006	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
EXEC-2 (Rev.1), EXER-2 (Rev.1)[with Pediatric Dental]									
Exclusive Provider Organization Contract									
Univera IND Platinum Standard IND PPO	78124NY1100005	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Single: Platinum: $[0] Gold: $[600] Silver: $[2,000] Silver CSR: $[0; 250; 1,200] Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	Platinum: $[15] PCP/ $[35] SPC Gold: $[25] PCP/ $[40] SPC Silver: $[30] PCP/ $[50] SPC Silver CSR: $[10 PCP/20 SPC; 15 PCP/35 SPC; 30 PCP/50 SPC]	Not Covered
Coinsurance	Platinum, Gold, Silver, Silver CSR: None	Not Covered
Annual Out-of-Pocket Maximum	Single: Platinum: $[2,000] Gold: $[4,000] Silver: $[5,500] Silver CSR: $[1,000; 2,000; 5,200] Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Platinum: $[500] copay per admission Gold: $[1,000] copay per admission Silver: $[1,500] copay per admission Silver CSR: $[100; 250; 1,500] copay per admission	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Implanted Devices **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: $[150] Silver: $[150] Silver CSR: $[50; 75; 150]	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Platinum: Deduct/ $[100] copay Gold:Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/ Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/ Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/ PCP Copay per visit Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: $[30] Silver: $[30] Silver CSR: $[15; 25; 30]	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: $[30] Silver: $[30] Silver CSR: $[15; 25; 30] 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Not Covered
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in Full, no Deductible	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: Deduct/ $[30] Silver: Deduct/ $[30] Silver CSR: Deduct/ $[15; 25; 30] 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] copay per visit Gold: Deduct/ $[30] Silver: Deduct/ $[30] Silver CSR: Deduct/ $[15; 25; 30] 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100] Silver CSR: Deduct/ $[25; 75; 100]	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/ PCP copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/ $0 Copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]	Platinum: $[100] copay Gold: Deduct/ $[150] Silver: Deduct/ $[150] Silver CSR: Deduct/ $[50; 75; 150]
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Platinum: $55 copay Gold: Deduct/ $60 copay Silver: Deduct/ $70 copay Silver CSR: Deduct/ $[30; 50; 70] copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Platinum, Gold, & Silver
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins Silver CSR: Deduct/ [5; 10; 25]% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Preventive - Topical Fluoride Application	Preventive cost share 1 per six months	Preventive cost share 1 per six months
Preventive - Sealants	Preventive cost share	Preventive cost share
Preventive - Space Maintainers	Preventive cost share	Preventive cost share
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Platinum	Copay: $10 /$30/$60	Not Covered
Gold	Copay: $10 /$35/$70	Not Covered
Silver	Copay: $10 /$35/$70	Not Covered
Silver 200-250 FPL	Copay: $10 /$35/$70	Not Covered
Silver 150-200 FPL	Copay: $9 /$20/$40	Not Covered
Silver 100-150 FPL	Copay: $6/$15/$30	Not Covered
Native American 300 FPL	$0 all tiers	Not Covered
Bronze	Deductible Copay: $10 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Single: Bronze: $3,000 Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	Bronze: None	Not Covered
Coinsurance	Bronze: [50]%	Not Covered
Annual Out-of-Pocket Maximum	Single: Bronze: $[6,350] Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited days	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Implanted Devices **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
HOME CARE **NYS & Federal Essential Health Benefit**	**Bronze:** Deduct/Coins **Catastrophic:** Deduct/Coins	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Platinum	Copay: $10 /$30/$60	Not Covered
Gold	Copay: $10 /$35/$70	Not Covered
Silver	Copay: $10 /$35/$70	Not Covered

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Bronze Standard
NYS Benchmark Plan
Individual

Benefit Type	In-Network	Out-of-Network
Silver 200-250 FPL	Copay: $10 /$35/$70	Not Covered
Silver 150-200 FPL	Copay: $9 /$20/$40	Not Covered
Silver 100-150 FPL	Copay: $6/$15/$30	Not Covered
Native American 300 FPL	$0 all tiers	Not Covered
Bronze	Deductible Copay: $10 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	None	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	$15 PCP $25 SPC	Not Covered
Coinsurance	None	Not Covered
Annual Out-of-Pocket Maximum	**Single:** $6,350 **Family:** $12,700	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	$150 copay per admission Unlimited days	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Implanted Devices **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Observation Stay **NYS & Federal Essential Health Benefit**	$75 copay	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	PCP Copay 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	$75 Copay	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Covered in Full	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	PCP Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP Copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	PCP Copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Covered in full	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Covered in full	Not Covered
Office Surgery **NYS Essential Health Benefit**	PCP/Specialist Copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	PCP copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit 10 visits per calendar yr
Mental Health Care **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Specialist Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Specialist Copay Excludes family therapy.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Specialist Copay	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive PCP/Specialist Copay	Not Covered
ADDITIONAL BENEFITS		

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	PCP copay	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Specialist Copay	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	$75 copay	Covered same as INN
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Covered in full	Covered same as INN
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	$75 copay	Covered same as INN
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Specialist Copay	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Specialist Copay 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	50% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	20% Coins	Not Covered

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization);
EXEC-2 (Rev.1) (Exclusive Provider Organization Child Only);
EXER-2 (Rev.1) (Out of Network Rider)
Copay Plan Non-Standard
Individual - Platinum

Benefit Type	In-Network	Out-of-Network
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90	
Platinum	Copay: $5 /$25/$50	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming.**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	**Single:** $0 **Family = 2X single**	**Single:** $1,000 **Family:** $2,000
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	$15 PCP/ $35 SPC	None
Coinsurance	None	20%
Annual Out-of-Pocket Maximum	**Single:** $2,000 **Family = 2X single**	**Single:** $3,000 **Family:** $5,000
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	$500 copay per admission	Deduct/Coins
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Deduct/ 10% Coins Unlimited days
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Deduct/ 10% Coins Unlimited days
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Inpatient Hospital cost share applies. 200 days per contract year
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Covered in Full	Deduct/Coins
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.
Observation Stay **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
HOME CARE **NYS & Federal Essential Health Benefit**	PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Deduct/Coins
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Advanced Imaging Services NYS & Federal Essential Health Benefit	Specialist Copay	Deduct/Coins
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Specialist Copay	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	PCP Copay	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	PCP Copay Unlimited visits	Deduct/ 10% Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	PCP Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Deduct/ 10% Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay per visit	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	$100 Copay	Deduct/Coins
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	$100 Copay	Deduct/Coins
Office Surgery **NYS Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in Full	Deduct/Coins

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	$25 copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	PCP copay	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	PCP Copay Unlimited visits	Deduct/ 10% Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	PCP Copay Excludes family therapy.	Deduct/ 10% Coins Unlimited visits, Excludes family therapy.
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Medications Administered in Office **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Chiropractic Care **NYS & Federal Essential Health Benefit**	Specialist copay	Deduct/Coins
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
Allergy Testing **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay	Deduct/Coins
Hearing Evaluations Routine **NYS Essential Health Benefit**	Specialist Copay	Deduct/Coins
Hearing Aids **NYS & Federal Essential Health Benefit**	10% Coins Single purchase once every 3 years	Deduct/Coins Single purchase once every 3 years
Cochlear Implants	10% Coins One Per Ear Per Time Covered	Deduct/Coins One Per Ear Per Time Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Deduct/Coins 1 per contract year
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	PCP/Specialist Copay	Deduct/Coins
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Deduct/Coins
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Deduct/Coins
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive PCP/Specialist Copay	Deduct/Coins
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive PCP/Specialist Copay	Deduct/Coins
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Diabetic Education **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Diabetic Equipment **NYS & Federal Essential Health Benefit**	PCP copay	Deduct/Coins
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	PCP copay	Deduct/Coins
Autologous Blood Banking **NYS Essential Health Benefit**	10% Coins	Deduct/Coins
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	10% Coins	Deduct/Coins

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
External Prosthetics **NYS & Federal Essential Health Benefit**	10% Coins 1 external prosthetic device per limb per lifetime	Deduct/Coins 1 external prosthetic device per limb per lifetime
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	10% Coins	Deduct/Coins
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	$100 copay	$100 copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	$100 copay	Deduct/Coins
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	$55 copay	Deduct/Coins
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	See office visit benefit
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	PCP Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	10% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
PRESCRIPTION DRUGS **Closed Formulary**		

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [no Pediatric Dental]
EXEC-1 (Rev.1), EXEC-2 (Rev.1), EXER-1 (Rev.1), EXER-2 (Rev.1), [with Pediatric Dental]
Platinum Individual PPO Standard
Out of Network Rider
Individual - OFF Exchange

Benefit Type	In-Network	Out-of-Network
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Platinum	Copay: $10 /$30/$60	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming;**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Single: $600 Family: $1,200	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	$25 PCP $40 SPC	Not Covered
Coinsurance	None	Not Covered
Annual Out-of-Pocket Maximum	Single: $4,000 Family: $8,000 Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/ $750 copay per admission	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Internal Prosthetic (Implanted Devices) NYS & Federal Essential Health Benefit	Deduct/ $0 Copay	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/$250 copay	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/ PCP Copay 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/ $250 Copay	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/ Specialist Copay	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/PCP Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/PCP Copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Not Covered
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1) (Exclusive Provider Organization)
Hybrid A Plans Non-Standard
Individual - Gold

Benefit Type	In-Network	Out-of-Network
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/$250 copay	Deduct/$250 copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/ $0 Copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/$250 copay	Deduct/$250 copay
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Gold	Copay: $5 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
PROVIDER NETWORK & SERVICE AREA		
Provider Network Counties - BCBS	BCBS 31 counties only	
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8	
BCBS Service Area	**Monroe; Wayne; Livingston; Seneca; Yates; Ontario; Steuben; Schuyler; Chemung; Tioga; Tompkins; Cortland; Broome; Cayuga; Onondaga; Oswego; Chenango; Madison; Delaware; Otsego; Herkimer; Montgomery; Fulton; Oneida; Lewis; Hamilton; Essex; Clinton; Franklin; St. Lawrence; and Jefferson**	
Univera Service Area	**Allegany; Cattaraugus; Chautauqua; Erie; Genesee; Niagara; Orleans; Wyoming;**	
WHO IS COVERED		
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday	
Dependents through age 29 **State Mandate**	Dependent Make Available	
Domestic Partner Coverage	Covered - standard	
COST SHARING EXPENSES		
Contract Year	Calendar Year	
Deductible **· Single/ Family**	Bronze Select: Single: $[4,500] Silver Select:Single: $[2,000] Silver CSR: $[0, 250,1200] Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	None	Not Covered
Coinsurance	Silver Select: 20% Bronze Select: 50% Silver CSR: %[5, 20, 20]	Not Covered
Annual Out-of-Pocket Maximum	Bronze Select: Single: $[6,350] Silver Select:Single: $[5,000] Silver CSR: $[1,650, 1,650,3,000] Family = 2X single	Not Covered
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited days	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 1 consecutive 60 day stay per condition per lifetime	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Internal Prosthetic (Implanted Devices) **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/Coins 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Deduct/Coins Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology NYS & Federal Essential Health Benefit	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit 10 visits per calendar yr
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Bronze: Deduct/Coins Catastrophic: 3 primary visits CIF, 4th & after Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Bronze: Deduct/Coins Catastrophic: 3 primary visits CIF, 4th & after	Not Covered
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**		
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Covered same as INN
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	Not Covered
VISION BENEFITS		
Eye Exams Routine - Adults	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS		
Adult Dental	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-1 (Rev.1)
HDHP Plans Non-Standard
Individual - [Silver; Bronze]

Benefit Type	In-Network	Out-of-Network
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**		
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Silver	Deductible Silver Select: $10/45/90	Not Covered
Silver 200-250 FPL	Deductible Silver Subsidy #4: $5/45/90	Not Covered
Silver 150-200 FPL	Deductible Silver Subsidy #5: $5/45/90	Not Covered
Silver 100-150 FPL	Deductible Silver Subsidy #6: $5/35/70	Not Covered
Bronze	Deductible Bronze Select: $10/40%/50%	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
PROVIDER NETWORK & SERVICE AREA			
Provider Network Counties - BCBS	BCBS 31 counties only		
Provider Network Counties - Univera	39 Counties: BCBS 31 plus Univera 8		
Bassett Service Area	**Delaware; Herkimer; Otsego; Oneida**		
CNY Service Area	**Onondaga**		
WNY Service Area	**Erie**		
WHO IS COVERED			
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family		
Dependent Coverage **Federal Mandate**	26 to end of month of birthday		
Dependents through age 29 **State Mandate**	Dependent Make Available		
Domestic Partner Coverage	Covered - standard		
COST SHARING EXPENSES			
Contract Year	Calendar Year		
Deductible **· Single/ Family**	**Single:** $400 **Family:** $800	**Single:** $1,500 **Family:** $3,000	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No	No
Copayment	$25 PCP/ $40 SPC	None	Not Covered
Coinsurance	None	20%	Not Covered
Annual Out-of-Pocket Maximum	**Single:** $4000 **Family:** $8000		Not Covered
Annual Benefit Maximum **Federal Mandate**	None		
Lifetime Benefit Maximum **Federal Mandate**	None		
HOSPITAL INPATIENT SERVICES			
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Deduct/ $500 copay per admission	Deduct/Coins	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Internal Prosthetic (Implanted Devices) NYS & Federal Essential Health Benefit	Deduct/$0 copay	Deduct/Coins	Not Covered
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/$100 copay	Deduct/Coins	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Inpatient: Deduct/Coins Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES			
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/ $100 Copay	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	**Not covered except Out of Area only:** Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
PHYSICIAN SERVICES			
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Deduct/Coins	Not Covered
Anesthesia **Includes IP, OP, OV and maternity**	Deduct/Coins	Deduct/Coins	Not Covered
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service**	Covered in full	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES			
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit 10 visits per calendar yr
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Excludes family therapy.	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**			
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS			
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions
EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard
Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**			
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/$100 copay	Deduct/$100 copay	Deduct/$100 copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/$0 copay	Deduct/$0 copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/$100 copay	Deduct/$100 copay	Deduct/$100 copay
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	See office visit benefit	Not Covered
VISION BENEFITS			
Eye Exams Routine - Adults	Not Covered	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS			
Adult Dental	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**			

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1) (Exclusive Provider Organization)

Tiered Network Plans Non-Standard

Individual - Gold

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply	
Gold	Copay: $5 /$35/$70	Copay: $5 /$35/$70	Not Covered
WAITING PERIODS	None		
EXCLUSIONS	Standard Exclusions apply		

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
PROVIDER NETWORK & SERVICE AREA			
Provider Network Counties - BCBS	BCBS 31 counties only		
Bassett Service Area	**Delaware; Herkimer; Otsego; Oneida**		
WHO IS COVERED			
Type of Tiers – 4 Tier	Single - Subscriber or Child only 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family		
Dependent Coverage **Federal Mandate**	26 to end of month of birthday		
Dependents through age 29 **State Mandate**	Dependent Make Available		
Domestic Partner Coverage	Covered - standard		
COST SHARING EXPENSES			
Contract Year	Calendar Year		
Deductible **· Single/ Family**	Silver: $[1,250] Silver CSR: $[0; 250; 1,250] Family = 2X single	Silver: $[3,750] Silver CSR: $[250; 750; 3,750] Family = 2X single	Not Covered
4th Quarter Deductible Carry-Over Y/N	No	No	No
Copayment	Silver: $[30] PCP/ $[50] SPC Silver CSR: $[5 PCP/10 SPC; 15 PCP/25 SPC; 30 PCP/50 SPC]	None	Not Covered
Coinsurance	None	Silver Select: 30% Silver CSR: %[10, 20, 30]	Not Covered
Annual Out-of-Pocket Maximum	Silver: $[6,350] Silver CSR: $[2000; 2000; 4,250] Family = 2X single		Not Covered
Annual Benefit Maximum **Federal Mandate**	None		
Lifetime Benefit Maximum **Federal Mandate**	None		
HOSPITAL INPATIENT SERVICES			
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Per Admission: Deduct/ $[1,250] copay CSR : Deduct/ $[100; 250; 1,250] copay	Deduct/Coins	Not Covered
Mental Health Care Includes Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Substance Use Detoxification, Rehabilitation & Residential Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. Unlimited days	Inpatient Hospital cost share applies. Unlimited days	Not Covered
Skilled Nursing Facility **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies. 200 days per contract year	Inpatient Hospital cost share applies. 200 days per contract year	Not Covered
Physical Rehabilitation **includes habilitative services** **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Maternity Care – Routine Newborn Nursery **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Internal Prosthetic (Implanted Devices) NYS & Federal Essential Health Benefit	Deduct/$0 copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
End of Life Care **State Mandate** **NYS Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.	Not Covered
Observation Stay **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/Coins	Not Covered
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year	Not Covered
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpatient Hospital cost share applies. Hospice facility or Home: Deduct/ PCP copay per visit 210 days per year, 5 family bereavement visits	Inpatient: Deduct/Coins Hospice facility or Home: Deduct/Coins 210 days per year, 5 family bereavement visits	Not Covered
HOSPITAL OUTPATIENT SERVICES			
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/Coins	Not Covered
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/ $0 Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	**Not covered except Out of Area only:** Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
PHYSICIAN SERVICES			
Inpatient Hospital Surgery **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Office Surgery **NYS Essential Health Benefit**	Deduct/ PCP/Specialist	Deduct/Coins	Not Covered
Anesthesia **Includes IP, OP, OV and maternity**	Deduct/Coins	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Covered Therapies - Rehabilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Covered Therapies - Habilitation **Only Physical, Speech, and Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime	Not Covered
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
Prenatal Care **HCR Preventive Service**	Covered in full	Covered in full	Not Covered
In-Hospital Physician Visits **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins	Not Covered
PHYSICIAN OFFICE - OTHER SERVICES			
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins	Not Covered
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Infusion Therapy **NYS Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not covered except Out of Area only: Deduct/ PCP Copay per visit
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits	Not Covered
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year	Not Covered
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay Excludes family therapy.	Deduct/Coins Excludes family therapy.	Not Covered
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/ Specialist Copay	Deduct/Coins	Not Covered
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/ Specialist copay	Deduct/Coins	Not Covered
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Single purchase once every 3 years	Deduct/50% Coins Single purchase once every 3 years	Not Covered
Cochlear Implants	Deduct/50% Coins One Per Ear Per Time Covered	Deduct/50% Coins One Per Ear Per Time Covered	Not Covered
PREVENTIVE SERVICES **Outpatient Facility & Professional Provider**			
Adult Physical Examinations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Adult Immunizations **Federal HCR Preventive Service** **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Well Child Visits and Immunizations **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Routine Gynecological Exams **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Cervical Cytology Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full	Covered in full	Not Covered
Prostate Cancer Screenings Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Deduct/ PCP/Specialist Copay	Deduct/Coins	Not Covered
Mammogram Screening Federal HCR Preventive Service NYS & Federal Essential Health Benefit	Covered in full 1 per contract year	Covered in full 1 per contract year	Not Covered
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
Family Planning **HCR Preventive Service**	Covered in full when HCR Preventive Deduct/ PCP/Specialist Copay	Covered in full when HCR Preventive Deduct/Coins	Not Covered
ADDITIONAL BENEFITS			
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/ PCP copay	Deduct/Coins	Not Covered
Autism Assistive Communication Devices (ACD) **State Mandate** **NYS Essential Health Benefit**	Deduct/Specialist Copay	Deduct/Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Deduct/50% Coins 1 external prosthetic device per limb per lifetime	Not Covered
Orthotics **Foot orthotics included**	Not Covered	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
HEALTH & WELLNESS **Incentive Programs** **NYS & Federal Essential Health Benefit**	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months	Gym Membership Reimbursement $200 for member; $100 for spouse Not subject to Deductible Once every 6 months
EMERGENCY SERVICES **Emergency Condition**			
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/$0 copay	Deduct/$0 copay
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay	Deduct/ $[250] copay CSR : Deduct/ $[25; 75; 250] copay
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay CSR : Deduct/ $[10; 25; 50] copay	Deduct/Coins	Not Covered
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/$0 copay	Deduct/Coins	Not Covered
Physician Urgent Care Office Visit **NYS & Federal Essential Health Benefit**	See office visit benefit	See office visit benefit	Not Covered
VISION BENEFITS			
Eye Exams Routine - Adults	Not Covered	Not Covered	Not Covered
Eyewear - Adults	Not Covered	Not Covered	Not Covered
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Specialist Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period	Not Covered
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/50%Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Not Covered
DENTAL BENEFITS			
Adult Dental	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Deduct/20% Coins	Deduct/20% Coins	Not Covered

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

EXEC-4 (Rev.1), EXER-1 (Rev.1) [no Pediatric Dental]

Tiered Network Plans Non-Standard
Individual - Silver

Benefit Type	Preferred Network	Non-Preferred	Out-of-Network
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins	Deduct/50% Coins	Not Covered
PRESCRIPTION DRUGS **Closed Formulary**			
Generic or Tier 1/Tier 2/Tier 3 **NYS & Federal Essential Health Benefit**	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply		
Silver	$10/$35/$70 No Deductible	$10/$35/$70 No Deductible	Not Covered
Silver 200-250 FPL	$10/$35/$70 No Deductible	$10/$35/$70 No Deductible	Not Covered
Silver 150-200 FPL	$5/$25/$50 No Deductible	$5/$25/$50 No Deductible	Not Covered
Silver 100-150 FPL	$5/$25/$50 No Deductible	$5/$25/$50 No Deductible	Not Covered
Native American 300 FPL	$0 all tiers	N/A	Not Covered
WAITING PERIODS	None		
EXCLUSIONS	Standard Exclusions apply		

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Individual Benefit Descriptions

Benefit Type	EXER-1 (Rev.1) Dependent Coverage through age 29
WHO IS COVERED	
Dependents through age 29 **State Mandate**	Dependent Make Available

Schedule of Commissions

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section A below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **Commissionable Medical Products**

A. Large Group
- (1) [HealthyBlue High Deductible Health Plan; ActiveUnivera High Deductible Health Plan]
- (2) [BluePPO HSA Options 1-4; UniveraPPO HSA Options 1-4]
- (3) [SimplyBlue High Deductible Health Plan; valUcare High Deductible Health Plan]
- (4) [HealthyBlue Copay Plan, SimplyBlue Copay Plan; ActiveUnivera Copay Plan, valUcare Copay Plan]
- (5) [HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan; ActiveUnivera Copay/Deductible Plan, valUcare Copay/Deductible Plan]
- (6) [Excellus BluePPO; UniveraPPO]
- (7) [Blue Point 3; Univera POS Select]
- (8) Blue Preferred PPO
- (9) Excellus BlueEPO
- (10) Blue Point 2]
- (11) [Classic Blue Traditional, Classic Blue Comprehensive, Classic Blue Secure; Classic Univera Traditional, Classic Univera Comprehensive]
- (12) [Blue Choice/HMO Blue $25 and $30]

B. Small Group
- (1) Off- SHOP
  - i. [SimplyBlue+ PPO, valUcare+ PPO]
  - ii. Healthy New York
- (2) SHOP
  - i. [SimplyBlue+ PPO, valUcare+ PPO]

C. Individual
- (1) Off Exchange
  - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
  - ii. [ExchangeBassettEPO]
- (2) On Exchange
  - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
  - ii. [ExchangeBassettEPO]

3. **Commissionable Dental Products**

A. [Dental Blue Options; Univera Dental Select]
B. [Dental Blue Classic; Univera Dental Traditions]
[C. Smile Saver (Growth only)
D. Dental Blue PPO (Growth only)
E. Dental Options I or II (Growth only)
F. Dental Schedule A, B or C (Growth only)
G. Prime Blue Dental (Growth only)]

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.

2. **Existing Medical Business** commissions will be subject to a $150,000 annual maximum per group, with the exception of exclusive business with effective dates on or after January 1, 2014.

3. **Commission Schedules**

   A. Small Group (includes HMO business): 4% of Paid Premium

   B. Large Group (excludes HMO business): % of Paid Premium as follows:

Cumulative YTD Paid Premium	Percent of Paid Premium
First $500,000	4.5%
$500,001 - $1,000,000	4.0%
$1,000,001 - $1,500,000	3.5%
$1,500,001 - $2,000,000	2.5%
$2,000,001-$5,000,000	1.5%
$5,000,001+	1.0%

   C. Individual Market: $25.00 Per Contract Per Month (PCPM)

4. **Medical Business Override Program**

   A. New Medical Business Override

   The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

   Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

New Medical Contracts	New Medical Group Minimum	Payment
100-249	Two	$15,000
250-499	Two	$30,000
500-999	Three	$50,000
1,000-1,499	Four	$100,000
1,500 or more	Five	$150,000

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

% of Medical Contracts Retained	Payment	Maximum Payment
95.0%	0.50% of in force premium	$50,000 per agency
98.0%	0.75% of in force premium	$75,000 per agency

SECTION C – DENTAL BUSINESS

1. **New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in [Dental Blue Options or Dental Blue Classic; Univera Dental Select or Univera Dental Traditions] plans for all Broker of Record Letters in effect on or after 01/01/2014.

Annual Premium Paid by Group	Commission Percentage
Up to $20,000	12%
$20,001-$30,000	10%
$30,001-$40,000	8%
$40,001-$50,000	6%
$50,001-$100,000	5%
Greater than $100,000	2%

2. **Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

Annual Premium Paid by Group	Commission Percentage
Up to $20,000	12%
$20,001-$30,000	10%
$30,001-$40,000	8%
$40,001-$50,000	6%
$50,001-$100,000	5%
Greater than $100,000	2%

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

   Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment. RMSCO business will be included in the qualifying calculation.

New Dental Contracts	New Dental Group Minimum	Payment
100-199	Two	$2,000
200-299	Three	$5,000
300-399	Four	$10,000
400-499	Five	$15,000
500 or more	Six	$30,000

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

   Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation. RMSCO business will be included in the qualifying calculation.

% of Dental Contracts Retained	Payment	Maximum Payment
95.0%	3% of in force premium	$20,000 per agency
98.0%	5% of in force premium	$40,000 per agency

Underwriting Guidelines

Excellus

Medical Commercial Non-Medicare Underwriting Guidelines Applied on an Individual Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Introduction

Commercial direct pay coverage is available on a guaranteed issue and guaranteed renewal basis to subscribers and dependents that meet the requirements as specified in applicable federal and state laws and regulations and the underwriting guidelines of Excellus BlueCross BlueShield. Throughout this document, Excellus BlueCross BlueShield will be referred to as the health plan. Outlined below are the standard criteria that the health plan will follow to qualify direct pay subscribers and dependents for commercial coverage.

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous individual commercial guidelines in use.

I. Effective date:

Individuals can only enroll in a direct pay product during open enrollment each year unless a special enrollment event applies.

II. Renewal date:

The renewal date for direct pay rates and benefits is January 1st of each year.

III. Rates

Direct pay products are community rated. Direct pay rates must be filed with the New York State Department of Financial Services at least 90 days in advance of the date of the rate change. Notification of a rate change must be provided to the direct pay subscriber in accordance with applicable state and federal laws and regulations.

IV. Subscriber Eligibility:

Filed and approved direct pay products are available to any prospective direct pay subscriber subject to the following limitations:

1. The subscriber is 18 years of age or older (except for child only policies), is a citizen of the United States or is in the United States validly and lives or resides within the service area of the health plan and meets applicable state and federal eligibility requirements.
2. For Bassett products, must live or work in Herkimer, Otsego, Chenango and Oneida counties, and meet other standard requirements.
3. Catastrophic coverage is only offered on the New York State of Health and to individuals under the age of 30, unless otherwise permitted by state or federal law or regulation.
4. Child Only plans are only available for children up to the age of 21.
5. A member enrolled in Medicare is not eligible to purchase a direct pay product. These individuals may purchase a Medicare Supplemental or Medicare Advantage product as available in the member's county of residence.

V. Dependent Eligibility:

Dependents are eligible to enroll in accordance with the subscriber certificate and applicable state and federal eligibility requirements.

VI. Special Enrollment

Special enrollment on and off the New York State of Health is in accordance with the subscriber certificate and applicable state and federal requirements.

VII. Changes in coverage:

A direct pay subscriber may change coverage only at open enrollment unless one of the following conditions applies:

1. Loses eligibility for the current product (e.g. moves out of Bassett territory)
2. Individual is a Native American (on the New York State of Health only)
3. Certain special enrollment events occur

VIII. Coverage under this Contract may be terminated as follows:

Coverage under the contact can be terminated in accordance with the subscriber certificate and applicable state and federal requirements.

Note: For products offered on the New York State of Health, all of the above conditions will comply with applicable state and federal requirements.

Medical Commercial Non-Medicare Underwriting Guidelines Applied on an Individual Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

Introduction

Commercial direct pay coverage is available on a guaranteed issue and guaranteed renewal basis to subscribers and dependents that meet the requirements as specified in applicable federal and state laws and regulations and the underwriting guidelines of Univera Healthcare. Throughout this document, Univera Healthcare will be referred to as the health plan. Outlined below are the standard criteria that the health plan will follow to qualify direct pay subscribers and dependents for commercial coverage.

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous individual commercial guidelines in use.

I. Effective date:

Individuals can only enroll in a direct pay product during open enrollment each year unless a special enrollment event applies.

II. Renewal date:

The renewal date for direct pay rates and benefits is January 1st of each year.

III. Rates

Direct pay products are community rated. Direct pay rates must be filed with the New York State Department of Financial Services at least 90 days in advance of the date of the rate change. Notification of a rate change must be provided to the direct pay subscriber in accordance with applicable state and federal laws and regulations.

IV. Subscriber Eligibility:

Filed and approved direct pay products are available to any prospective direct pay subscriber subject to the following limitations:

1. The subscriber is 18 years of age or older (except for child only policies), is a citizen of the United States or is in the United States validly and lives or resides within the service area of the health plan and meets applicable state and federal eligibility requirements.
2. Catastrophic coverage is only offered on the New York State of Health and to individuals under the age of 30, unless otherwise permitted by state or federal law or regulation.
3. Child Only plans are only available for children up to the age of 21.
4. A member enrolled in Medicare is not eligible to purchase a direct pay product. These individuals may purchase a Medicare Supplemental or Medicare Advantage product as available in the member's county of residence.

V. Dependent Eligibility:

Dependents are eligible to enroll in accordance with the subscriber certificate and applicable state and federal eligibility requirements.

VI. Special Enrollment

Special enrollment on and off the New York State of Health is in accordance with the subscriber certificate and applicable state and federal requirements.

VII. Changes in coverage:

A direct pay subscriber may change coverage only at open enrollment unless one of the following conditions applies:

1. Loses eligibility for the current product
2. Individual is a Native American (on the New York State of Health only)
3. Certain special enrollment events occur

VIII. Coverage under this Contract may be terminated as follows:

Coverage under the contact can be terminated in accordance with the subscriber certificate and applicable state and federal requirements.

Note: For products offered on the New York State of Health, all of the above conditions will comply with applicable state and federal requirements.

Expected Loss Ratio

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

Expected Loss Ratio

Individual Pool	84.3%

Rating Regions

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

Rating Regions

Region 1 (Albany Area)
Montgomery
Fulton

Region 2 (Buffalo Area)
Allegany
Cattaraugus
Chautauqua
Erie
Genesee
Niagara
Orleans
Wyoming

Region 3 (Mid-Hudson Area)
Delaware

Region 5 (Rochester Area)
Livingston
Monroe
Ontario
Seneca
Wayne
Yates

Region 6 (Syracuse Area)
Broome
Cayuga
Chemung
Cortland
Onondaga
Schuyler
Steuben
Tioga
Tompkins

Region 7 (Utica/Watertown Area)
Chenango
Clinton
Essex
Franklin
Hamilton
Herkimer
Jefferson
Lewis
Madison
Oneida
Oswego
Otsego
St. Lawrence

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: **Excellus Health Plan, Inc.**
NAIC Code: **55107**
SERFF Tracking #: **EXHP-129573698**
Market Segment: **Individuals Off Exchange**

A. Insurer Information:

Excellus Health Plan, Inc	Not-For-Profit - 43 and HMO-44	Not-for-Profit	55107
Company submitting the rate filing request	Company Type	Org. Type	Company NAIC Code

165 Court Street, Rochester, NY 14647
Company mailing address

B. Contact Person:

[redacted]	[redacted]	[redacted]
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:

January 1, 2015-December 31 2015	1/1/2015	EXHP-129573698
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): Individual

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	This filing contains no contract language. A separate form filing has been submitted to capture changes in model language.
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.	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	Yes, the initial notifications for all subscribers impacted by this filing were mailed on 6/13/2014.
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 the SERFF	Yes, under SERFF # EXHP-129572167

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.

Excellus Health Plan, Inc.

2015 Community Rate Submission
Individual

Actuarial Memorandum

Actuarial Memorandum Table of Contents

Section	Page
Purpose	3
Development of Rates Overview	3-4
Calculation of the Index Rate	4-8
Calculation of all Regions Combined Premium Rates	8-9
Calculation of Premium Rates by Applicable Rating Region	9
Calculation of Final Premium Rates	9-10
Calculation of Rates for Subsequent Quarters	10
Projected Loss Ratios	10
Other Required Information	11
Actuarial Certification	11

Appendix

I: Dental Premium Rates Appendix I: 1

Actuarial Memorandum

Purpose

The purpose of this rate filing is to present for approval premium rates to be offered by Excellus Health Plan ("EHP") on the individual market with effective dates beginning January 1, 2015 through December 31, 2015. Rates have been developed in compliance with Federal ACA requirements as well as New York statute and regulation for non-grandfathered community-rated products. This filing may not be appropriate for other purposes.

EHP is following the procedure outlined in New York State's Department of Financial Services' ("DFS") "Instructions for the filing of 2015 Premium Rates For On-Exchange and Off-Exchange Plans" ("Instructions").

The SERFF numbers of the associated QHP template filings are EXHP-129573508 for individual on exchange and EXHP-129573698 for individual off exchange.

Development of Rates Overview

In general, rate development for all products is outlined as follows:

- Calculate the total projected index rate including the following components:
  - Actuarial value ("AV") adjusted experience period index rate
  - Market-wide adjustments to the AV adjusted experience period index rate such as:
    - Impact of adjusting experience period data to essential health benefit ("EHB") level
    - Impact on claim costs from quality improvement and cost containment initiatives
    - Ratio of individual risk pool to small group risk pool
    - Impact of Federal Risk Adjustment Program
    - Impact of Federal Transitional Reinsurance Program
    - Claim trend projection factor
  - Plan Level Adjustments such as:
    - Pricing AV
    - Induced Demand
    - Impact of Provider Network Characteristics
    - Benefits in addition to EHB
    - Administrative Costs
    - Contribution to Surplus
    - Impact of Eligibility Requirements
    - Addition of Out of Network Benefits
    - Stop Loss on Healthy New York
- Calculate the all regions combined premium rates
- Calculate the premium rates for each applicable rating region

- Calculate the final premium rates
- Calculate premium rates for subsequent quarters

These steps are described in further detail below.

Calculation of the Index Rate

AV Adjusted Experience Period Index Rate

The framework relies on small group data from the experience period that is incurred from 1/1/2013 through 12/31/2013, paid from 1/1/2013 through 3/31/2014 and completed to ultimate. The claims data excludes adjustments for the Regulation 146 risk adjustment pool and adjustments for the current Stop Loss Reimbursement pool. The experience of small group grandfathered plans is included in the data.

The AV adjusted experience period index rate is equal to the incurred claims PMPM adjusted for the average pricing AV in the experience period. The average pricing AV is weighted using experience period member months and reflects an average induced demand adjustment factor of 1.088. Exhibit 18 shows the AV adjusted experience period index rate in line 12.

Market Wide Adjustments

Market wide adjustments are those impacts that do not vary by plan option. Adjustments are applied uniformly.

Impact of adjusting experience period data to EHB level

The AV adjusted experience period index rate requires adjustments in order to align with the EHB benefit level. The incurred claims for adult vision benefits and the healthy rewards program are removed while the estimated incurred claims for the EHB gym benefit are added in. Additionally, prescription drug incurred claims within the experience period are based on an open formulary and have been converted to a closed formulary basis.

The overall impact of adjusting the experience period data to EHB benefit level is shown in Exhibit 18 in line 13.

Impact on claim costs from quality improvement and cost containment initiatives

EHP's quality improvement and cost containment initiatives include:

- Improve health outcomes
- Activities to prevent hospital readmissions
- Improve patient safety and reduce medical errors
- Wellness and health promotion activities

The impact on claims costs is shown in line 17 of Exhibit 18.

Ratio of Individual Risk Pool to Small Group Risk Pool

The individual risk pool relative to the small group risk pool factor is based on the assumed morbidity and demographic differences between the two pools. The relative difference between the average demographic factors of the individual members and small group members is calculated using actual January 2014 enrollment and the claim cost demographic factors by age bucket supplied by Milliman. Note that the relative difference between individual and small group demographics based on very recent enrollment suggests that our factor should be higher than we are proposing.

The individual to small group ratio is represented by line 19 in Exhibit 18.

Impact of Federal Risk Adjustment Program

DFS performed a simulation study with Deloitte consulting company to project the impact of the Federal Risk Adjustment Program to each carrier. The study relied on data from all carriers within the state of New York and was carried out in a short time frame.

EHP is concerned with an approach that is not fully controlled and does not consider the relative impacts between companies from future risk adjustment activities and initiatives. Due to the uncertainty surrounding the simulation project and make-up of the future risk pools, as well as unexplained differences in Deloitte's simulation results from one year to the next, EHP is applying $0.00 per member per month ("PMPM") as the impact of the risk adjustment program. This amount is reflected in Exhibit 18 in line 21.

Impact of Federal Transitional Reinsurance Program

Within the DFS simulation study related to risk adjustment, the potential impacts of the transitional reinsurance program were also analyzed. In order to estimate the reinsurance recovery, EHP is using the DFS PMPM estimates for the individual market using 2015 reinsurance formula parameters with a $70,000 attachment point and an assumed 8% trend. This PMPM is then adjusted for the assumption that the average demographic of the individual pool in 2015 will differ from the average of the 2013 experience period. The expected average reinsurance recovery is calculated as follows:

DFS PMPM estimate * demographics adjustment = $15.57 * 1.088 = $16.95

The figure above represents the 2015 PMPM impact to 2015 premium rates. The reinsurance recovery PMPM that is used in the rate development process is trended from the experience period to the rating period and adjusted for the pricing AV of each plan. In order for the 2015 rates to be adjusted appropriately, the reinsurance recovery PMPMs must be adjusted as follows:

$16.95 / claim trend factor / average pricing AV = $16.95 / 1.154 / .864 = $17.00

Exhibit 18 shows the adjusted figure as a factor in line 22.

Claim Trend Projection Factor

Annual claim trends are determined based on expected cost and utilization by claim type, as well as the effect of deductible leveraging, drug rebate credits, and non-system claims' trends. Also included in the annual trend is an adjustment between the experience and rating periods to account for a change in EHP's pharmacy benefits manager contract and the impact of removing pre-existing condition exclusions for adults. The resulting base trend is 6.8% before applying the impact for deductible leveraging, drug rebate credits, and non-system claims' trends. The claim trend projection factor is calculated by raising the annual trend factor to an exponent determined by months of trend divided by 12. Months of trend is based on the number of months necessary to properly trend the experience period claims to the applicable rating period. In this case, 24 months of trend is applied to project the experience from the experience period to the rating period.

Exhibit 18 shows the claims trend projection factor in line 24.

Other (Impact of Regulation 146)

The Regulation 146 program is being phased out with the redundancy of the new risk adjustment program. EHP will distribute all remaining net payments from previous years with reductions to the 2015 premium rates. The distribution plan results in a reduction of $2.57 million to the individual premiums.

The impact of Regulation 146 distributions is shown on line 25 in Exhibit 18.

Plan Level Adjustments

Plan level adjustments vary by plan option. These impacts are applied in addition to the market wide adjustments.

Pricing Actuarial Value

The pricing actuarial values are based on the Milliman Managed Care Rating Model ("MCRM"). This model allows for the comparison of the expected claim costs for each benefit package on a per member per month basis. There is no impact related to variation in demographics, selection, or regional provider contracting among plan options.

The pricing AV is calculated as the expected claim cost of the plan option from the MCRM relative to that of a plan that covers all benefits with no cost sharing. The impacts of benefits in addition to EHB and adding out of network benefits are not reflected in the pricing AV. These are discussed further in later sections.

The calculated pricing AV for each plan is shown in line 29 of Exhibit 18.

Impact of Induced Demand

Induced demand reflects differences in the standard population's spending pattern attributable to differences in the richness of the plan benefits while not reflecting differences in health status. The experience of EHP indicates that the disparity of the

induced demand factors is far wider than what is allowed by the DFS. Regardless, EHP is not exceeding the maximum induced demand factors currently allowed.

Line 30 of Exhibit 18 shows the induced demand factors for each plan.

Impact of Provider Network Characteristics

EHP offers a few non-standard two-tiered network designs. The two tiers within each plan are a limited hospital network and the standard commercial in network. The following table shows the non-standard designs along with the weighted average network adjustment relative to the commercial population for each custom plan.

Plan Name	HIOS ID	Network Adjustment
Bassett Preferred Gold	78124NY0920003	0.831
Bassett Preferred Silver	78124NY0920007	0.831
CNY Preferred Gold	78124NY1130003	0.909
Univera Preferred Gold	78124NY1140003	0.956

Exhibit 18 shows the provider network adjustments for each plan in line 31.

Benefits in Addition to EHB

There are no covered benefits in addition to EHB in the individual market.

Administrative Costs

Administrative cost components are applied to premium using the fixed cost method and percentage of premium method, as appropriate. The fixed cost method applies the same PMPM to each plan option while the percentage of premium method applies an amount to each plan option in relation to the premium. The following components of administrative costs are applied as a fixed cost: operating expenses, quality improvement, broker commissions, reinsurance fee, risk adjustment fee, and the patient-centered outcomes research institute fee. The administrative cost components applied as a percentage of premium are the health insurance provider fee and the section 206 (formerly section 332) assessment.

Exhibit 18 shows the administrative cost impacts for each plan option in line 36.

Contribution to Surplus

The rates include a contribution to surplus component of 0% of premium for all plan options. Line 37 of Exhibit 18 shows the contribution to surplus for each plan option.

Impact of Eligibility Requirements

Catastrophic plans may only be offered to individuals who are under age 30 before the plan year begins. The expected claim costs of a plan with this age restriction are less than those of a plan without an age restriction. EHP is estimating this value by comparing the average demographic factor of the catastrophic plan relative to that of the

individual pool using the claims cost demographic factors by age bucket supplied by Milliman.

Line 38 of Exhibit 18 shows the selected adjustment for the catastrophic plan.

Addition of Out of Network Benefits

EHP has an extensive provider network within each service region. The addition of out of network benefits is a small impact to premium rates. Out of network benefits are only included in the DFS standard platinum option. Exhibit 18 shows the impact for each applicable plan option in line 39.

Stop Loss on Healthy New York

Healthy New York is not a plan option in the individual market.

Preliminary PMPM Premium Rates

The preliminary PMPM premium rates for each plan are based on the combined impact of the market wide adjustments and the plan level adjustments to the AV adjusted experience period index rate.

The preliminary PMPM premium rates are shown in line 44 of Exhibit 18.

Calculation of all Regions Combined Premium Rates

The all regions combined premium rates are calculated by applying the conversion factor and the standardized census tier factor adjustments to the preliminary PMPM premium rates (Exhibit 18, line 44). The conversion factor and standardized census tier factors are discussed in more detail below.

Conversion Factor

The conversion factor is the adjustment factor that is applied to the PMPM premium rate to calculate the single premium rate. The calculation of the conversion factor is based on January 2014 members and subscribers split into the standard four tier rating structure. The conversion factor is then calculated as the average members per contract divided by the average standardized census tier factor weighted by contract type distribution. The calculated conversion factor is 1.1939.

Census Tier Factors

DFS has required the use of the following census tiers and relativities:

Contract Type	Tier Factor
Single	1.00
Single and Spouse	2.00
Single and Child(ren)	1.70
Single, Spouse and Child(ren)	2.85

For child only plans, DFS has required that the premium rate be set at 41.2% of the corresponding single rate.

Calculation of Premium Rates by Applicable Rating Region

The premium rates for each applicable rating region are determined by adjusting the all regions combined premium rates by each applicable area factor. The calculation of the area factors are discussed further below.

Area Factors

The claim cost area factors applied to 2015 rates are the same as those used for 2014 rates. These area factors were calculated based on insured commercial experience incurred and paid in 2012. The provider reimbursements and distribution of services are split by region. The resulting area factor is the ratio of the applicable area's total allowed claims divided by the services of the applicable region relative to the total allowed claims of all regions divided by the services of all regions combined. These area adjustments represent the relative difference in the claim costs of each region.

In the regional premium rate development process prescribed by the DFS, the area adjustment is applied to the all regions' premium rates instead of only the claims cost components. Due to this, an additional adjustment to the area factors is required to account for the portion of the premium that is represented by fixed PMPM administrative costs which do not vary by region.

Additionally, the Rochester region area factor is reduced to account for various planned region specific provider contracting and utilization management savings.

The following table shows the area factors that are applied in the rate development along with the adjustments to the claim cost area factors:

	A.	B.	C.	A. x B. x C.
Region	**Claim Cost Area Factor (same as 2014 factors)**	**Flat Administrative Cost Adjustment**	**Network Savings**	**Premium Area Factor (Applied)**
Rochester 0.8980		1.0231	0.9129	**0.8388**
Syracuse 1.0450		0.9948	1.0000	**1.0396**
Utica/Watertown 1.1200		0.9871	1.0000	**1.1055**
Buffalo 1.0849		0.9906	1.0000	**1.0746**
Mid-Hudson 1.1200		0.9871	1.0000	**1.1055**
Albany 1.1200		0.9871	1.0000	**1.1055**

Calculation of Final Premium Rates

The premium rates are further adjusted for the additional coverage of the following: pediatric dental, oral contraceptives covered in full, dependents through age 29, and domestic partner. These are discussed in detail below.

Pediatric Dental

The pediatric dental premium rates are calculated using the projected expected utilization per 1,000 members split by dental service along with the 2015 fee schedules for each service. Two different fee schedules are used to represent 2015 allowed costs per service: Blue Shield and Univera. The Blue Shield fee schedule is used to calculate the rates of all regions except for Buffalo. The Univera fee schedule is used to calculate the rates in the Buffalo region. The claims cost PMPM of each plan is calculated based on the average utilization of services per member.

The premium rates for each product are then calculated by applying the following to the claims cost PMPMs: portion of administrative expenses that are based on a percentage of premium, conversion factor, and standardized census tier factors. The standard area factors are not applied as the regional differences in costs are accounted for within the two fee schedules.

The dental premium rates for each product within each region are shown in Appendix I.

Oral Contraceptives Covered in Full

EHP is not applying a premium differential to remove cost sharing for oral contraceptive coverage. Consistent with HHS assumptions, the expectation is that the increased claims due to the enhanced oral contraceptive coverage will be balanced by reduced maternity claims leading to a minimal overall impact.

Dependent through age 29

Current policy forms EXHP-190 and EXHP-191 extend coverage for students and dependents through the age of 29. These are filed and approved with state tracking number 200909112 and SERFF number HNMN-126284396. Consistent with that filing, EHP is applying an impact of 1.9% of premium.

Domestic Partner

The addition of domestic partner coverage will have no impact on the 2015 premium rates. The addition of a domestic partner will be handled similar to the addition of a spouse. The additional coverage will adjust the contract type of the subscriber. For example, a single contract will become a subscriber + spouse contract with the addition of a domestic partner.

<u>Calculation of Final Premium Rates for Subsequent Quarters</u>

The premium rates do not roll for Individual business. The final premium rates of all plans are shown in the rate manual exhibits.

<u>Projected Loss Ratios</u>

Based on the expected expenses and revenues within the small group risk pool, the projected loss ratios meet or exceed minimum requirements of 82%. The projected loss ratio is 84.3%.

Other Required Information

Based on the requirements in the Instructions, this rate application includes:

- Rate manuals for each rating region
- AV calculations from HHS AV calculator for each plan
- Required Exhibits
  - Exhibit 11: General Information about the Rate Filing
  - Exhibit 13: Narrative Summary and Numerical Summary
  - Exhibit 14: Summary of Requested Rate Changes
  - Exhibit 15: Contract Distribution by Rate Adjustment Percentages
  - Exhibit 16: Summary of Policy Form and Product Changes
  - Exhibit 17: Historical Data by each Policy Form Included in Rate Adjustment Filing
  - Exhibit 18: Index Rate/Plan Design Level Adjustment Worksheet
  - Exhibit 19: Summary of Average Claim Trend and Administrative Expenses and Profit Margin
  - Exhibit 20: HIOS ID Mapping to Product Names
  - Exhibit 21: Hospital Unit Cost Development – Outpatient Services
  - Exhibit 22: Medical and Hospital Utilization Data for Small Groups
  - Exhibit 23: Summary of Requested 2015 Premium Rates
  - HHS's Unified Rate Review Template

Actuarial Certification

I am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering opinions with regard to health rate filings. I certify that this rate submission is in compliance with the applicable laws and regulations of the State of New York and that expected loss ratios meet or exceed minimum requirements. I attest that this submission is in compliance with the appropriate Actuarial Standards of Practice documents, specifically ASOP #5, ASOP #8, ASOP #12, ASOP #23, ASOP #25, and ASOP #41.

Based on my review of the underlying experience, expected contracting changes for the rating period and assuming the experience period enrollment distribution between rating pools remains relatively constant in the rating period, it is my opinion that, in aggregate, the proposed rates are adequate to cover total projected expenses, reasonable in relation to the benefits provided and are neither excessive nor unfairly discriminatory.

June 13, 2014

Excellus Health Plan **Appendix I**

2015 Individual Dental Premium Rates

		2015 Dental Premium Rates				
Region	Dental Plan Name	Single	Sub & Spouse	Sub & Child(ren)	Family	Child
Rochester	DFS Standard Platinum	5.90	5.90	5.90	5.90	5.90
Rochester	DFS Standard Gold	5.39	5.39	5.39	5.39	5.39
Rochester	DFS Standard Silver	5.13	5.13	5.13	5.13	5.13
Rochester	DFS Standard Bronze	3.33	3.33	3.33	3.33	3.33
Rochester	DFS Standard Catastophic	3.87	3.87	3.87	3.87	3.87
Rochester	Non-Standard	5.28	5.28	5.28	5.28	5.28
Syracuse	DFS Standard Platinum	7.31	7.31	7.31	7.31	7.31
Syracuse	DFS Standard Gold	6.67	6.67	6.67	6.67	6.67
Syracuse	DFS Standard Silver	6.35	6.35	6.35	6.35	6.35
Syracuse	DFS Standard Bronze	4.13	4.13	4.13	4.13	4.13
Syracuse	DFS Standard Catastophic	4.79	4.79	4.79	4.79	4.79
Syracuse	Non-Standard	6.55	6.55	6.55	6.55	6.55
Utica/Watertown	DFS Standard Platinum	7.77	7.77	7.77	7.77	7.77
Utica/Watertown	DFS Standard Gold	7.10	7.10	7.10	7.10	7.10
Utica/Watertown	DFS Standard Silver	6.75	6.75	6.75	6.75	6.75
Utica/Watertown	DFS Standard Bronze	4.39	4.39	4.39	4.39	4.39
Utica/Watertown	DFS Standard Catastophic	5.10	5.10	5.10	5.10	5.10
Utica/Watertown	Non-Standard	6.96	6.96	6.96	6.96	6.96
Mid-Hudson	DFS Standard Platinum	7.77	7.77	7.77	7.77	7.77
Mid-Hudson	DFS Standard Gold	7.10	7.10	7.10	7.10	7.10
Mid-Hudson	DFS Standard Silver	6.75	6.75	6.75	6.75	6.75
Mid-Hudson	DFS Standard Bronze	4.39	4.39	4.39	4.39	4.39
Mid-Hudson	DFS Standard Catastophic	5.10	5.10	5.10	5.10	5.10
Mid-Hudson	Non-Standard	6.96	6.96	6.96	6.96	6.96
Albany	DFS Standard Platinum	7.77	7.77	7.77	7.77	7.77
Albany	DFS Standard Gold	7.10	7.10	7.10	7.10	7.10
Albany	DFS Standard Silver	6.75	6.75	6.75	6.75	6.75
Albany	DFS Standard Bronze	4.39	4.39	4.39	4.39	4.39
Albany	DFS Standard Catastophic	5.10	5.10	5.10	5.10	5.10
Albany	Non-Standard	6.96	6.96	6.96	6.96	6.96
Buffalo	DFS Standard Platinum	7.55	7.55	7.55	7.55	7.55
Buffalo	DFS Standard Gold	6.90	6.90	6.90	6.90	6.90
Buffalo	DFS Standard Silver	6.57	6.57	6.57	6.57	6.57
Buffalo	DFS Standard Bronze	4.27	4.27	4.27	4.27	4.27
Buffalo	DFS Standard Catastophic	4.95	4.95	4.95	4.95	4.95
Buffalo	Non-Standard	6.77	6.77	6.77	6.77	6.77

Excellus Health Plan, Inc.
Excellus BCBS, Univera Healthcare

Actuarial Value Calculations

Individual Off Exchange

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Platinum Standard	Univera Healthcare Platinum Standard
Associated HIOS IDs:	78124NY0880001-00	78124NY0930001-00
	78124NY0880002-00	78124NY0930002-00
	78124NY0880003-00	78124NY0930003-00
	78124NY0880004-00	78124NY0930004-00
	78124NY0880005-00	78124NY0930005-00
	78124NY0880006-00	78124NY0930006-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Platinum Standard

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	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$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)	☐	☑	96.28%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.75%		☐	☐		
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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.12%
Metal Tier:	Platinum

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Platinum Standard IND PPO	Univera Healthcare Platinum Standard IND PPO
Associated HIOS IDs:	78124NY1090001-00	78124NY1100001-00
	78124NY1090002-00	78124NY1100002-00
	78124NY1090003-00	78124NY1100003-00
	78124NY1090004-00	78124NY1100004-00
	78124NY1090005-00	78124NY1100005-00
	78124NY1090006-00	78124NY1100006-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Platinum Standard IND PPO

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☐
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	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	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$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)	☐	☑	96.28%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	93.75%		☐	☐		
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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.12%
Metal Tier:	Platinum

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Platinum Select	Univera Healthcare Platinum Select
Associated HIOS IDs:	78124NY0880007-00	78124NY0930007-00
	78124NY0880008-00	78124NY0930008-00
	78124NY0880009-00	78124NY0930009-00
	78124NY0880010-00	78124NY0930010-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Platinum Select

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	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$6,350.00					
OOP Maximum if Separate ($)						

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	☐	☐		$75.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$150.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☐	☐		
Specialist Visit	☐	☐		$25.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$25.00	☐	☐		
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	☐	☐		$15.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$25.00	☐	☐		
Skilled Nursing Facility	☐	☐		$150.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	97.21%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	100.00%		☐	☐		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$5.00	☐	☐		
Preferred Brand Drugs	☐	☐		$25.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$50.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$36.35	☐	☐		

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:	89.04%
Metal Tier:	Platinum

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Gold Standard	Univera Healthcare Gold Standard
Associated HIOS IDs:	78124NY0890001-00	78124NY0940001-00
	78124NY0890002-00	78124NY0940002-00
	78124NY0890003-00	78124NY0940003-00
	78124NY0890004-00	78124NY0940004-00
	78124NY0890005-00	78124NY0940005-00
	78124NY0890006-00	78124NY0940006-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Gold Standard

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 ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐		
Specialist Visit	☑	☐		$40.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☐	☐		
Rehabilitative Speech Therapy	☑	☐		$30.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☐	☐		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☐	☐		
Skilled Nursing Facility	☑	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.12%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	93.22%		☐	☐		
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):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.05%
Metal Tier:	Gold

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Gold Select	Univera Healthcare Gold Select
Associated HIOS IDs:	78124NY0890013-00	78124NY0940013-00
	78124NY0890014-00	78124NY0940014-00
	78124NY0890015-00	78124NY0940015-00
	78124NY0890016-00	78124NY0940016-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Gold Select

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 ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$250.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☐	☐		
Specialist Visit	☑	☐		$40.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$40.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☐	☐		
Rehabilitative Speech Therapy	☑	☐		$40.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☐	☐		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☐	☐		
Skilled Nursing Facility	☑	☐		$750.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90.30%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	100.00%		☐	☐		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$5.00	☐	☐		
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$70.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$50.85	☐	☐		

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:	79.67%
Metal Tier:	Gold

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare
Market:	Individual Off Exchange Market
Marketing Name:	Excellus BCBS Bassett Preferred Gold
Associated HIOS IDs:	78124NY0920001-00 78124NY0920002-00 78124NY0920003-00 78124NY0920004-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Bassett Preferred Gold

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$400.00	$0.00		$1,500.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%		80.00%	100.00%	
OOP Maximum ($)	$4,000.00			$5,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$100.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑		
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	☑	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.12%		☑	☑	80%	
Outpatient Surgery Physician/Surgical Services	☑	☑	100.00%		☑	☑	80%	
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$5.00	☐	☐		$5.00
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00
Non-Preferred Brand Drugs	☐	☐		$70.00	☐	☐		$70.00
Specialty Drugs (i.e. high-cost)	☐	☐		$50.85	☐	☐		$50.85

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.46%
Metal Tier:	Gold

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare
Market:	Individual Off Exchange Market
Marketing Name:	Excellus BCBS CNY Preferred Gold
Associated HIOS IDs:	78124NY1130001-00 78124NY1130002-00 78124NY1130003-00 78124NY1130004-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	CNY Preferred Gold

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	66%
		2nd Tier Utilization:	34%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$400.00	$0.00		$1,500.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%		80.00%	100.00%	
OOP Maximum ($)	$4,000.00			$5,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$100.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑		
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	☑	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.12%		☑	☑	80%	
Outpatient Surgery Physician/Surgical Services	☑	☑	100.00%		☑	☑	80%	
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$5.00	☐	☐		$5.00
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00
Non-Preferred Brand Drugs	☐	☐		$70.00	☐	☐		$70.00
Specialty Drugs (i.e. high-cost)	☐	☐		$50.85	☐	☐		$50.85

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:	79.44%
Metal Tier:	Gold

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare
Market:	Individual Off Exchange Market
Marketing Name:	Univera Healthcare Univera Preferred Gold
Associated HIOS IDs:	78124NY1140001-00 78124NY1140002-00 78124NY1140003-00 78124NY1140004-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Univera Preferred Gold

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$400.00	$0.00		$1,500.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%		80.00%	100.00%	
OOP Maximum ($)	$4,000.00			$5,000.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$100.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑		
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	☑	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$40.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$40.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$25.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	96.12%		☑	☑	80%	
Outpatient Surgery Physician/Surgical Services	☑	☑	100.00%		☑	☑	80%	
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$5.00	☐	☐		$5.00
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00
Non-Preferred Brand Drugs	☐	☐		$70.00	☐	☐		$70.00
Specialty Drugs (i.e. high-cost)	☐	☐		$50.85	☐	☐		$50.85

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	80.46%
Metal Tier:	Gold

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Silver Standard	Univera Healthcare Silver Standard
Associated HIOS IDs:	78124NY0890007-00	78124NY0940007-00
	78124NY0890008-00	78124NY0940008-00
	78124NY0890009-00	78124NY0940009-00
	78124NY0890010-00	78124NY0940010-00
	78124NY0890011-00	78124NY0940011-00
	78124NY0890012-00	78124NY0940012-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Silver Standard

User Inputs for Plan Parameters

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$2,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$5,500.00					
OOP Maximum if Separate ($)						

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)	☑	☑	95.57%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.34%		☐	☐		
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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.69%
Metal Tier:	Silver

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Silver Select	Univera Healthcare Silver Select
Associated HIOS IDs:	78124NY0900007-00	78124NY0950007-00
	78124NY0900008-00	78124NY0950008-00
	78124NY0900009-00	78124NY0950009-00
	78124NY0900010-00	78124NY0950010-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Silver Select

User Inputs for Plan Parameters

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑			☐	☐		
Specialist Visit	☑	☑			☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑			☐	☐		
Imaging (CT/PET Scans, MRIs)	☑	☑			☐	☐		
Rehabilitative Speech Therapy	☑	☑			☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☐	☐		
X-rays and Diagnostic Imaging	☑	☑			☐	☐		
Skilled Nursing Facility	☑	☑			☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	80.00%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	80.00%		☐	☐		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$10.00	☐	☐		
Preferred Brand Drugs	☑	☐		$45.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$90.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$65.45	☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.36%
Metal Tier:	Silver

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare
Market:	Individual Off Exchange Market
Marketing Name:	Excellus BCBS Bassett Preferred Silver
Associated HIOS IDs:	78124NY0920005-00 78124NY0920006-00 78124NY0920007-00 78124NY0920008-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Bassett Preferred Silver

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☑
Annual Contribution Amount:		1st Tier Utilization:	80%
		2nd Tier Utilization:	20%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$1,250.00	$0.00		$3,750.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%		70.00%	100.00%	
OOP Maximum ($)	$6,350.00			$6,350.00		
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$250.00	☑	☐		$250.00
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,250.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$50.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$50.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$50.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$30.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,250.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	88.93%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	100.00%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☐	☐		$10.00
Preferred Brand Drugs	☐	☐		$35.00	☐	☐		$35.00
Non-Preferred Brand Drugs	☐	☐		$70.00	☐	☐		$70.00
Specialty Drugs (i.e. high-cost)	☐	☐		$50.95	☐	☐		$50.95

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:	71.33%
Metal Tier:	Silver

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Bronze Standard	Univera Healthcare Bronze Standard
Associated HIOS IDs:	78124NY0900001-00	78124NY0950001-00
	78124NY0900002-00	78124NY0950002-00
	78124NY0900003-00	78124NY0950003-00
	78124NY0900004-00	78124NY0950004-00
	78124NY0900005-00	78124NY0950005-00
	78124NY0900006-00	78124NY0950006-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Bronze Standard

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 ($)			$3,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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)	☑	☑	50.00%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	50.00%		☐	☐		
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):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.99%
Metal Tier:	Bronze

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Individual Off Exchange Market	
Marketing Name:	Excellus BCBS Bronze Select	Univera Healthcare Bronze Select
Associated HIOS IDs:	78124NY0900011-00	78124NY0950011-00
	78124NY0900012-00	78124NY0950012-00
	78124NY0900013-00	78124NY0950013-00
	78124NY0900014-00	78124NY0950014-00

Variant	Variant ID
Off Exchange	-00
On Exchange	-01
NA $0 Cost Share	-02
NA IHS Network Plan	-03
Silver Subsidy 73%	-04
Silver Subsidy 87%	-05
Silver Subsidy 94%	-06

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Individual Off Exchange Market
Marketing Name	Bronze Select

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 ($)			$4,500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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)	☑	☑	50.00%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	50.00%		☐	☐		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$10.00	☐	☐		
Preferred Brand Drugs	☑	☑	60%		☐	☐		
Non-Preferred Brand Drugs	☑	☑	50%		☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑	56%		☐	☐		

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:	59.19%
Metal Tier:	Bronze