Filing at a Glance

Company:	Excellus Health Plan, Inc.
Product Name:	Prior Approval 2015 Small Group On Exchange
State:	New York
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15G.003 Small Group Only
Filing Type:	Prior Approval Exchange Form & Rate Filing
Date Submitted:	06/13/2014
SERFF Tr Num:	EXHP-129573829
SERFF Status:	Pending Industry Response
State Tr Num:	2014060230
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: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *Prior Approval 2015 Small Group On Exchange*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 06/18/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

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

Deemer Date:
Submitted By: [redacted]

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: Included plans are to be available on the SHOP exchange

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 quarterly rolling rate changes effective for plan years beginning 1/1/2015. This filing applies to Small Group On Exchange Qualified Health Plans.

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-129572324, 2014060065

State: New York **Filing Company:** Excellus Health Plan, Inc.
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Prior Approval 2015 Small Group On 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: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *Prior Approval 2015 Small Group On 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 Small Group On Exchange 2015		Revised	Previous State Filing Number: Percent Rate Change Request:	Rate Manual Small Group On 2015.pdf,

Excellus Health Plans, Inc
dba

Excellus BCBS, Univera Healthcare

Small Group Market
On-Exchange

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

Rate Manual
Effective January 1, 2015

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Rate Manual Pages

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Rochester Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980026	508.95	1,017.90	865.22	1,450.51	519.13	1,038.26	882.52	1,479.52	529.51	1,059.02	900.17	1,509.10	540.10	1,080.20	918.17	1,539.29
SimplyBlue Plus Gold 9	78124NY1000074	407.39	814.78	692.56	1,161.06	415.54	831.08	706.42	1,184.29	423.85	847.70	720.55	1,207.97	432.33	864.66	734.96	1,232.14
SimplyBlue Plus Silver 3	78124NY1000090	347.88	695.75	591.39	991.45	354.84	709.68	603.23	1,011.29	361.94	723.88	615.30	1,031.53	369.18	738.36	627.61	1,052.16
SimplyBlue Plus Bronze 3	78124NY1000154	282.38	564.77	480.05	804.79	288.03	576.06	489.65	820.89	293.79	587.58	499.44	837.30	299.67	599.34	509.44	854.06
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980018	518.62	1,037.24	881.66	1,478.07	528.99	1,057.98	899.28	1,507.62	539.57	1,079.14	917.27	1,537.77	550.36	1,100.72	935.61	1,568.53
SimplyBlue Plus Gold 9	78124NY1000066	415.13	830.26	705.72	1,183.12	423.43	846.86	719.83	1,206.78	431.90	863.80	734.23	1,230.92	440.54	881.08	748.92	1,255.54
SimplyBlue Plus Silver 3	78124NY1000082	354.49	708.97	602.63	1,010.29	361.58	723.16	614.69	1,030.50	368.81	737.62	626.98	1,051.11	376.19	752.38	639.52	1,072.14
SimplyBlue Plus Bronze 3	78124NY1000146	287.75	575.50	489.17	820.08	293.51	587.02	498.97	836.50	299.38	598.76	508.95	853.23	305.37	610.74	519.13	870.30
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980028	508.95	1,017.90	865.22	1,450.51	519.13	1,038.26	882.52	1,479.52	529.51	1,059.02	900.17	1,509.10	540.10	1,080.20	918.17	1,539.29
SimplyBlue Plus Gold 9	78124NY1000076	407.39	814.78	692.56	1,161.06	415.54	831.08	706.42	1,184.29	423.85	847.70	720.55	1,207.97	432.33	864.66	734.96	1,232.14
SimplyBlue Plus Silver 3	78124NY1000092	347.88	695.75	591.39	991.45	354.84	709.68	603.23	1,011.29	361.94	723.88	615.30	1,031.53	369.18	738.36	627.61	1,052.16
SimplyBlue Plus Bronze 3	78124NY1000156	282.38	564.77	480.05	804.79	288.03	576.06	489.65	820.89	293.79	587.58	499.44	837.30	299.67	599.34	509.44	854.06
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980020	518.62	1,037.24	881.66	1,478.07	528.99	1,057.98	899.28	1,507.62	539.57	1,079.14	917.27	1,537.77	550.36	1,100.72	935.61	1,568.53
SimplyBlue Plus Gold 9	78124NY1000068	415.13	830.26	705.72	1,183.12	423.43	846.86	719.83	1,206.78	431.90	863.80	734.23	1,230.92	440.54	881.08	748.92	1,255.54
SimplyBlue Plus Silver 3	78124NY1000084	354.49	708.97	602.63	1,010.29	361.58	723.16	614.69	1,030.50	368.81	737.62	626.98	1,051.11	376.19	752.38	639.52	1,072.14
SimplyBlue Plus Bronze 3	78124NY1000148	287.75	575.50	489.17	820.08	293.51	587.02	498.97	836.50	299.38	598.76	508.95	853.23	305.37	610.74	519.13	870.30
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980030	508.95	1,017.90	865.22	1,450.51	519.13	1,038.26	882.52	1,479.52	529.51	1,059.02	900.17	1,509.10	540.10	1,080.20	918.17	1,539.29
SimplyBlue Plus Gold 9	78124NY1000078	407.39	814.78	692.56	1,161.06	415.54	831.08	706.42	1,184.29	423.85	847.70	720.55	1,207.97	432.33	864.66	734.96	1,232.14
SimplyBlue Plus Silver 3	78124NY1000094	347.88	695.75	591.39	991.45	354.84	709.68	603.23	1,011.29	361.94	723.88	615.30	1,031.53	369.18	738.36	627.61	1,052.16
SimplyBlue Plus Bronze 3	78124NY1000158	282.38	564.77	480.05	804.79	288.03	576.06	489.65	820.89	293.79	587.58	499.44	837.30	299.67	599.34	509.44	854.06
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980022	518.62	1,037.24	881.66	1,478.07	528.99	1,057.98	899.28	1,507.62	539.57	1,079.14	917.27	1,537.77	550.36	1,100.72	935.61	1,568.53
SimplyBlue Plus Gold 9	78124NY1000070	415.13	830.26	705.72	1,183.12	423.43	846.86	719.83	1,206.78	431.90	863.80	734.23	1,230.92	440.54	881.08	748.92	1,255.54
SimplyBlue Plus Silver 3	78124NY1000086	354.49	708.97	602.63	1,010.29	361.58	723.16	614.69	1,030.50	368.81	737.62	626.98	1,051.11	376.19	752.38	639.52	1,072.14
SimplyBlue Plus Bronze 3	78124NY1000150	287.75	575.50	489.17	820.08	293.51	587.02	498.97	836.50	299.38	598.76	508.95	853.23	305.37	610.74	519.13	870.30
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980032	508.95	1,017.90	865.22	1,450.51	519.13	1,038.26	882.52	1,479.52	529.51	1,059.02	900.17	1,509.10	540.10	1,080.20	918.17	1,539.29
SimplyBlue Plus Gold 9	78124NY1000080	407.39	814.78	692.56	1,161.06	415.54	831.08	706.42	1,184.29	423.85	847.70	720.55	1,207.97	432.33	864.66	734.96	1,232.14
SimplyBlue Plus Silver 3	78124NY1000096	347.88	695.75	591.39	991.45	354.84	709.68	603.23	1,011.29	361.94	723.88	615.30	1,031.53	369.18	738.36	627.61	1,052.16
SimplyBlue Plus Bronze 3	78124NY1000160	282.38	564.77	480.05	804.79	288.03	576.06	489.65	820.89	293.79	587.58	499.44	837.30	299.67	599.34	509.44	854.06
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980024	518.62	1,037.24	881.66	1,478.07	528.99	1,057.98	899.28	1,507.62	539.57	1,079.14	917.27	1,537.77	550.36	1,100.72	935.61	1,568.53
SimplyBlue Plus Gold 9	78124NY1000072	415.13	830.26	705.72	1,183.12	423.43	846.86	719.83	1,206.78	431.90	863.80	734.23	1,230.92	440.54	881.08	748.92	1,255.54
SimplyBlue Plus Silver 3	78124NY1000088	354.49	708.97	602.63	1,010.29	361.58	723.16	614.69	1,030.50	368.81	737.62	626.98	1,051.11	376.19	752.38	639.52	1,072.14
SimplyBlue Plus Bronze 3	78124NY1000152	287.75	575.50	489.17	820.08	293.51	587.02	498.97	836.50	299.38	598.76	508.95	853.23	305.37	610.74	519.13	870.30

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Rochester Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980010	508.31	1,016.62	864.12	1,448.68	518.48	1,036.96	881.42	1,477.67	528.85	1,057.70	899.05	1,507.22	539.43	1,078.86	917.03	1,537.38
SimplyBlue Plus Standard Silver	78124NY0990010	381.19	762.38	648.02	1,086.39	388.81	777.62	660.98	1,108.11	396.59	793.18	674.20	1,130.28	404.52	809.04	687.68	1,152.88
SimplyBlue Plus Standard Gold	78124NY0990042	440.38	880.75	748.64	1,255.07	449.19	898.38	763.62	1,280.19	458.17	916.34	778.89	1,305.78	467.33	934.66	794.46	1,331.89
SimplyBlue Plus Standard Bronze	78124NY1000010	299.47	598.94	509.10	853.48	305.46	610.92	519.28	870.56	311.57	623.14	529.67	887.97	317.80	635.60	540.26	905.73
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980002	517.97	1,035.94	880.54	1,476.20	528.33	1,056.66	898.16	1,505.74	538.90	1,077.80	916.13	1,535.87	549.68	1,099.36	934.46	1,566.59
SimplyBlue Plus Standard Silver	78124NY0990002	388.43	776.87	660.33	1,107.03	396.20	792.40	673.54	1,129.17	404.12	808.24	687.00	1,151.74	412.20	824.40	700.74	1,174.77
SimplyBlue Plus Standard Gold	78124NY0990034	448.75	897.48	762.86	1,278.92	457.73	915.46	778.14	1,304.53	466.88	933.76	793.70	1,330.61	476.22	952.44	809.57	1,357.23
SimplyBlue Plus Standard Bronze	78124NY1000002	305.16	610.32	518.77	869.70	311.26	622.52	529.14	887.09	317.49	634.98	539.73	904.85	323.84	647.68	550.53	922.94
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980012	508.31	1,016.62	864.12	1,448.68	518.48	1,036.96	881.42	1,477.67	528.85	1,057.70	899.05	1,507.22	539.43	1,078.86	917.03	1,537.38
SimplyBlue Plus Standard Silver	78124NY0990012	381.19	762.38	648.02	1,086.39	388.81	777.62	660.98	1,108.11	396.59	793.18	674.20	1,130.28	404.52	809.04	687.68	1,152.88
SimplyBlue Plus Standard Gold	78124NY0990044	440.38	880.75	748.64	1,255.07	449.19	898.38	763.62	1,280.19	458.17	916.34	778.89	1,305.78	467.33	934.66	794.46	1,331.89
SimplyBlue Plus Standard Bronze	78124NY1000012	299.47	598.94	509.10	853.48	305.46	610.92	519.28	870.56	311.57	623.14	529.67	887.97	317.80	635.60	540.26	905.73
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980004	517.97	1,035.94	880.54	1,476.20	528.33	1,056.66	898.16	1,505.74	538.90	1,077.80	916.13	1,535.87	549.68	1,099.36	934.46	1,566.59
SimplyBlue Plus Standard Silver	78124NY0990004	388.43	776.87	660.33	1,107.03	396.20	792.40	673.54	1,129.17	404.12	808.24	687.00	1,151.74	412.20	824.40	700.74	1,174.77
SimplyBlue Plus Standard Gold	78124NY0990036	448.75	897.48	762.86	1,278.92	457.73	915.46	778.14	1,304.53	466.88	933.76	793.70	1,330.61	476.22	952.44	809.57	1,357.23
SimplyBlue Plus Standard Bronze	78124NY1000004	305.16	610.32	518.77	869.70	311.26	622.52	529.14	887.09	317.49	634.98	539.73	904.85	323.84	647.68	550.53	922.94
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980014	508.31	1,016.62	864.12	1,448.68	518.48	1,036.96	881.42	1,477.67	528.85	1,057.70	899.05	1,507.22	539.43	1,078.86	917.03	1,537.38
SimplyBlue Plus Standard Silver	78124NY0990014	381.19	762.38	648.02	1,086.39	388.81	777.62	660.98	1,108.11	396.59	793.18	674.20	1,130.28	404.52	809.04	687.68	1,152.88
SimplyBlue Plus Standard Gold	78124NY0990046	440.38	880.75	748.64	1,255.07	449.19	898.38	763.62	1,280.19	458.17	916.34	778.89	1,305.78	467.33	934.66	794.46	1,331.89
SimplyBlue Plus Standard Bronze	78124NY1000014	299.47	598.94	509.10	853.48	305.46	610.92	519.28	870.56	311.57	623.14	529.67	887.97	317.80	635.60	540.26	905.73
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980006	517.97	1,035.94	880.54	1,476.20	528.33	1,056.66	898.16	1,505.74	538.90	1,077.80	916.13	1,535.87	549.68	1,099.36	934.46	1,566.59
SimplyBlue Plus Standard Silver	78124NY0990006	388.43	776.87	660.33	1,107.03	396.20	792.40	673.54	1,129.17	404.12	808.24	687.00	1,151.74	412.20	824.40	700.74	1,174.77
SimplyBlue Plus Standard Gold	78124NY0990038	448.75	897.48	762.86	1,278.92	457.73	915.46	778.14	1,304.53	466.88	933.76	793.70	1,330.61	476.22	952.44	809.57	1,357.23
SimplyBlue Plus Standard Bronze	78124NY1000006	305.16	610.32	518.77	869.70	311.26	622.52	529.14	887.09	317.49	634.98	539.73	904.85	323.84	647.68	550.53	922.94
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980016	508.31	1,016.62	864.12	1,448.68	518.48	1,036.96	881.42	1,477.67	528.85	1,057.70	899.05	1,507.22	539.43	1,078.86	917.03	1,537.38
SimplyBlue Plus Standard Silver	78124NY0990016	381.19	762.38	648.02	1,086.39	388.81	777.62	660.98	1,108.11	396.59	793.18	674.20	1,130.28	404.52	809.04	687.68	1,152.88
SimplyBlue Plus Standard Gold	78124NY0990048	440.38	880.75	748.64	1,255.07	449.19	898.38	763.62	1,280.19	458.17	916.34	778.89	1,305.78	467.33	934.66	794.46	1,331.89
SimplyBlue Plus Standard Bronze	78124NY1000016	299.47	598.94	509.10	853.48	305.46	610.92	519.28	870.56	311.57	623.14	529.67	887.97	317.80	635.60	540.26	905.73
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980008	517.97	1,035.94	880.54	1,476.20	528.33	1,056.66	898.16	1,505.74	538.90	1,077.80	916.13	1,535.87	549.68	1,099.36	934.46	1,566.59
SimplyBlue Plus Standard Silver	78124NY0990008	388.43	776.87	660.33	1,107.03	396.20	792.40	673.54	1,129.17	404.12	808.24	687.00	1,151.74	412.20	824.40	700.74	1,174.77
SimplyBlue Plus Standard Gold	78124NY0990040	448.75	897.48	762.86	1,278.92	457.73	915.46	778.14	1,304.53	466.88	933.76	793.70	1,330.61	476.22	952.44	809.57	1,357.23
SimplyBlue Plus Standard Bronze	78124NY1000008	305.16	610.32	518.77	869.70	311.26	622.52	529.14	887.09	317.49	634.98	539.73	904.85	323.84	647.68	550.53	922.94

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates - Syracuse Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980026	614.62	1,229.24	1,044.85	1,751.66	626.91	1,253.82	1,065.75	1,786.69	639.45	1,278.90	1,087.07	1,822.43	652.24	1,304.48	1,108.81	1,858.88
SimplyBlue Plus Gold 9	78124NY1000074	493.54	987.09	839.02	1,406.60	503.41	1,006.82	855.80	1,434.72	513.48	1,026.96	872.92	1,463.42	523.75	1,047.50	890.38	1,492.69
SimplyBlue Plus Silver 3	78124NY1000090	421.44	842.89	716.46	1,201.11	429.87	859.74	730.78	1,225.13	438.47	876.94	745.40	1,249.64	447.24	894.48	760.31	1,274.63
SimplyBlue Plus Bronze 3	78124NY1000154	342.10	684.20	581.57	974.98	348.94	697.88	593.20	994.48	355.92	711.84	605.06	1,014.37	363.04	726.08	617.17	1,034.66
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980018	626.30	1,252.60	1,064.70	1,784.94	638.83	1,277.66	1,086.01	1,820.67	651.61	1,303.22	1,107.74	1,857.09	664.64	1,329.28	1,129.89	1,894.22
SimplyBlue Plus Gold 9	78124NY1000066	502.92	1,005.84	854.96	1,433.33	512.98	1,025.96	872.07	1,461.99	523.24	1,046.48	889.51	1,491.23	533.70	1,067.40	907.29	1,521.05
SimplyBlue Plus Silver 3	78124NY1000082	429.45	858.90	730.07	1,223.93	438.04	876.08	744.67	1,248.41	446.80	893.60	759.56	1,273.38	455.74	911.48	774.76	1,298.86
SimplyBlue Plus Bronze 3	78124NY1000146	348.60	697.20	592.62	993.50	355.57	711.14	604.47	1,013.37	362.68	725.36	616.56	1,033.64	369.93	739.86	628.88	1,054.30
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980028	614.62	1,229.24	1,044.85	1,751.66	626.91	1,253.82	1,065.75	1,786.69	639.45	1,278.90	1,087.07	1,822.43	652.24	1,304.48	1,108.81	1,858.88
SimplyBlue Plus Gold 9	78124NY1000076	493.54	987.09	839.02	1,406.60	503.41	1,006.82	855.80	1,434.72	513.48	1,026.96	872.92	1,463.42	523.75	1,047.50	890.38	1,492.69
SimplyBlue Plus Silver 3	78124NY1000092	421.44	842.89	716.46	1,201.11	429.87	859.74	730.78	1,225.13	438.47	876.94	745.40	1,249.64	447.24	894.48	760.31	1,274.63
SimplyBlue Plus Bronze 3	78124NY1000156	342.10	684.20	581.57	974.98	348.94	697.88	593.20	994.48	355.92	711.84	605.06	1,014.37	363.04	726.08	617.17	1,034.66
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980020	626.30	1,252.60	1,064.70	1,784.94	638.83	1,277.66	1,086.01	1,820.67	651.61	1,303.22	1,107.74	1,857.09	664.64	1,329.28	1,129.89	1,894.22
SimplyBlue Plus Gold 9	78124NY1000068	502.92	1,005.84	854.96	1,433.33	512.98	1,025.96	872.07	1,461.99	523.24	1,046.48	889.51	1,491.23	533.70	1,067.40	907.29	1,521.05
SimplyBlue Plus Silver 3	78124NY1000084	429.45	858.90	730.07	1,223.93	438.04	876.08	744.67	1,248.41	446.80	893.60	759.56	1,273.38	455.74	911.48	774.76	1,298.86
SimplyBlue Plus Bronze 3	78124NY1000148	348.60	697.20	592.62	993.50	355.57	711.14	604.47	1,013.37	362.68	725.36	616.56	1,033.64	369.93	739.86	628.88	1,054.30
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980030	614.62	1,229.24	1,044.85	1,751.66	626.91	1,253.82	1,065.75	1,786.69	639.45	1,278.90	1,087.07	1,822.43	652.24	1,304.48	1,108.81	1,858.88
SimplyBlue Plus Gold 9	78124NY1000078	493.54	987.09	839.02	1,406.60	503.41	1,006.82	855.80	1,434.72	513.48	1,026.96	872.92	1,463.42	523.75	1,047.50	890.38	1,492.69
SimplyBlue Plus Silver 3	78124NY1000094	421.44	842.89	716.46	1,201.11	429.87	859.74	730.78	1,225.13	438.47	876.94	745.40	1,249.64	447.24	894.48	760.31	1,274.63
SimplyBlue Plus Bronze 3	78124NY1000158	342.10	684.20	581.57	974.98	348.94	697.88	593.20	994.48	355.92	711.84	605.06	1,014.37	363.04	726.08	617.17	1,034.66
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980022	626.30	1,252.60	1,064.70	1,784.94	638.83	1,277.66	1,086.01	1,820.67	651.61	1,303.22	1,107.74	1,857.09	664.64	1,329.28	1,129.89	1,894.22
SimplyBlue Plus Gold 9	78124NY1000070	502.92	1,005.84	854.96	1,433.33	512.98	1,025.96	872.07	1,461.99	523.24	1,046.48	889.51	1,491.23	533.70	1,067.40	907.29	1,521.05
SimplyBlue Plus Silver 3	78124NY1000086	429.45	858.90	730.07	1,223.93	438.04	876.08	744.67	1,248.41	446.80	893.60	759.56	1,273.38	455.74	911.48	774.76	1,298.86
SimplyBlue Plus Bronze 3	78124NY1000150	348.60	697.20	592.62	993.50	355.57	711.14	604.47	1,013.37	362.68	725.36	616.56	1,033.64	369.93	739.86	628.88	1,054.30
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980032	614.62	1,229.24	1,044.85	1,751.66	626.91	1,253.82	1,065.75	1,786.69	639.45	1,278.90	1,087.07	1,822.43	652.24	1,304.48	1,108.81	1,858.88
SimplyBlue Plus Gold 9	78124NY1000080	493.54	987.09	839.02	1,406.60	503.41	1,006.82	855.80	1,434.72	513.48	1,026.96	872.92	1,463.42	523.75	1,047.50	890.38	1,492.69
SimplyBlue Plus Silver 3	78124NY1000096	421.44	842.89	716.46	1,201.11	429.87	859.74	730.78	1,225.13	438.47	876.94	745.40	1,249.64	447.24	894.48	760.31	1,274.63
SimplyBlue Plus Bronze 3	78124NY1000160	342.10	684.20	581.57	974.98	348.94	697.88	593.20	994.48	355.92	711.84	605.06	1,014.37	363.04	726.08	617.17	1,034.66
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980024	626.30	1,252.60	1,064.70	1,784.94	638.83	1,277.66	1,086.01	1,820.67	651.61	1,303.22	1,107.74	1,857.09	664.64	1,329.28	1,129.89	1,894.22
SimplyBlue Plus Gold 9	78124NY1000072	502.92	1,005.84	854.96	1,433.33	512.98	1,025.96	872.07	1,461.99	523.24	1,046.48	889.51	1,491.23	533.70	1,067.40	907.29	1,521.05
SimplyBlue Plus Silver 3	78124NY1000088	429.45	858.90	730.07	1,223.93	438.04	876.08	744.67	1,248.41	446.80	893.60	759.56	1,273.38	455.74	911.48	774.76	1,298.86
SimplyBlue Plus Bronze 3	78124NY1000152	348.60	697.20	592.62	993.50	355.57	711.14	604.47	1,013.37	362.68	725.36	616.56	1,033.64	369.93	739.86	628.88	1,054.30

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates - Syracuse Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980010	613.86	1,227.72	1,043.56	1,749.50	626.14	1,252.28	1,064.44	1,784.50	638.66	1,277.32	1,085.72	1,820.18	651.43	1,302.86	1,107.43	1,856.58
SimplyBlue Plus Standard Silver	78124NY0990010	460.38	920.76	782.64	1,312.08	469.59	939.18	798.30	1,338.33	478.98	957.96	814.27	1,365.09	488.56	977.12	830.55	1,392.40
SimplyBlue Plus Standard Gold	78124NY0990042	531.84	1,063.69	904.13	1,515.75	542.48	1,084.96	922.22	1,546.07	553.33	1,106.66	940.66	1,576.99	564.40	1,128.80	959.48	1,608.54
SimplyBlue Plus Standard Bronze	78124NY1000010	361.73	723.46	614.94	1,030.93	368.96	737.92	627.23	1,051.54	376.34	752.68	639.78	1,072.57	383.87	767.74	652.58	1,094.03
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980002	625.52	1,251.05	1,063.39	1,782.74	638.03	1,276.06	1,084.65	1,818.39	650.79	1,301.58	1,106.34	1,854.75	663.81	1,327.62	1,128.48	1,891.86
SimplyBlue Plus Standard Silver	78124NY0990002	469.13	938.25	797.51	1,337.01	478.51	957.02	813.47	1,363.75	488.08	976.16	829.74	1,391.03	497.84	995.68	846.33	1,418.84
SimplyBlue Plus Standard Gold	78124NY0990034	541.94	1,083.90	921.31	1,544.55	552.78	1,105.56	939.73	1,575.42	563.84	1,127.68	958.53	1,606.94	575.12	1,150.24	977.70	1,639.09
SimplyBlue Plus Standard Bronze	78124NY1000002	368.60	737.21	626.62	1,050.52	375.97	751.94	639.15	1,071.51	383.49	766.98	651.93	1,092.95	391.16	782.32	664.97	1,114.81
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980012	613.86	1,227.72	1,043.56	1,749.50	626.14	1,252.28	1,064.44	1,784.50	638.66	1,277.32	1,085.72	1,820.18	651.43	1,302.86	1,107.43	1,856.58
SimplyBlue Plus Standard Silver	78124NY0990012	460.38	920.76	782.64	1,312.08	469.59	939.18	798.30	1,338.33	478.98	957.96	814.27	1,365.09	488.56	977.12	830.55	1,392.40
SimplyBlue Plus Standard Gold	78124NY0990044	531.84	1,063.69	904.13	1,515.75	542.48	1,084.96	922.22	1,546.07	553.33	1,106.66	940.66	1,576.99	564.40	1,128.80	959.48	1,608.54
SimplyBlue Plus Standard Bronze	78124NY1000012	361.73	723.46	614.94	1,030.93	368.96	737.92	627.23	1,051.54	376.34	752.68	639.78	1,072.57	383.87	767.74	652.58	1,094.03
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980004	625.52	1,251.05	1,063.39	1,782.74	638.03	1,276.06	1,084.65	1,818.39	650.79	1,301.58	1,106.34	1,854.75	663.81	1,327.62	1,128.48	1,891.86
SimplyBlue Plus Standard Silver	78124NY0990004	469.13	938.25	797.51	1,337.01	478.51	957.02	813.47	1,363.75	488.08	976.16	829.74	1,391.03	497.84	995.68	846.33	1,418.84
SimplyBlue Plus Standard Gold	78124NY0990036	541.94	1,083.90	921.31	1,544.55	552.78	1,105.56	939.73	1,575.42	563.84	1,127.68	958.53	1,606.94	575.12	1,150.24	977.70	1,639.09
SimplyBlue Plus Standard Bronze	78124NY1000004	368.60	737.21	626.62	1,050.52	375.97	751.94	639.15	1,071.51	383.49	766.98	651.93	1,092.95	391.16	782.32	664.97	1,114.81
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980014	613.86	1,227.72	1,043.56	1,749.50	626.14	1,252.28	1,064.44	1,784.50	638.66	1,277.32	1,085.72	1,820.18	651.43	1,302.86	1,107.43	1,856.58
SimplyBlue Plus Standard Silver	78124NY0990014	460.38	920.76	782.64	1,312.08	469.59	939.18	798.30	1,338.33	478.98	957.96	814.27	1,365.09	488.56	977.12	830.55	1,392.40
SimplyBlue Plus Standard Gold	78124NY0990046	531.84	1,063.69	904.13	1,515.75	542.48	1,084.96	922.22	1,546.07	553.33	1,106.66	940.66	1,576.99	564.40	1,128.80	959.48	1,608.54
SimplyBlue Plus Standard Bronze	78124NY1000014	361.73	723.46	614.94	1,030.93	368.96	737.92	627.23	1,051.54	376.34	752.68	639.78	1,072.57	383.87	767.74	652.58	1,094.03
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980006	625.52	1,251.05	1,063.39	1,782.74	638.03	1,276.06	1,084.65	1,818.39	650.79	1,301.58	1,106.34	1,854.75	663.81	1,327.62	1,128.48	1,891.86
SimplyBlue Plus Standard Silver	78124NY0990006	469.13	938.25	797.51	1,337.01	478.51	957.02	813.47	1,363.75	488.08	976.16	829.74	1,391.03	497.84	995.68	846.33	1,418.84
SimplyBlue Plus Standard Gold	78124NY0990038	541.94	1,083.90	921.31	1,544.55	552.78	1,105.56	939.73	1,575.42	563.84	1,127.68	958.53	1,606.94	575.12	1,150.24	977.70	1,639.09
SimplyBlue Plus Standard Bronze	78124NY1000006	368.60	737.21	626.62	1,050.52	375.97	751.94	639.15	1,071.51	383.49	766.98	651.93	1,092.95	391.16	782.32	664.97	1,114.81
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980016	613.86	1,227.72	1,043.56	1,749.50	626.14	1,252.28	1,064.44	1,784.50	638.66	1,277.32	1,085.72	1,820.18	651.43	1,302.86	1,107.43	1,856.58
SimplyBlue Plus Standard Silver	78124NY0990016	460.38	920.76	782.64	1,312.08	469.59	939.18	798.30	1,338.33	478.98	957.96	814.27	1,365.09	488.56	977.12	830.55	1,392.40
SimplyBlue Plus Standard Gold	78124NY0990048	531.84	1,063.69	904.13	1,515.75	542.48	1,084.96	922.22	1,546.07	553.33	1,106.66	940.66	1,576.99	564.40	1,128.80	959.48	1,608.54
SimplyBlue Plus Standard Bronze	78124NY1000016	361.73	723.46	614.94	1,030.93	368.96	737.92	627.23	1,051.54	376.34	752.68	639.78	1,072.57	383.87	767.74	652.58	1,094.03
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980008	625.52	1,251.05	1,063.39	1,782.74	638.03	1,276.06	1,084.65	1,818.39	650.79	1,301.58	1,106.34	1,854.75	663.81	1,327.62	1,128.48	1,891.86
SimplyBlue Plus Standard Silver	78124NY0990008	469.13	938.25	797.51	1,337.01	478.51	957.02	813.47	1,363.75	488.08	976.16	829.74	1,391.03	497.84	995.68	846.33	1,418.84
SimplyBlue Plus Standard Gold	78124NY0990040	541.94	1,083.90	921.31	1,544.55	552.78	1,105.56	939.73	1,575.42	563.84	1,127.68	958.53	1,606.94	575.12	1,150.24	977.70	1,639.09
SimplyBlue Plus Standard Bronze	78124NY1000008	368.60	737.21	626.62	1,050.52	375.97	751.94	639.15	1,071.51	383.49	766.98	651.93	1,092.95	391.16	782.32	664.97	1,114.81

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates - Utica-Watertown Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980026	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000074	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000090	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000154	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980018	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000066	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000082	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000146	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980028	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000076	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000092	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000156	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980020	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000068	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000084	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000148	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980030	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000078	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000094	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000158	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980022	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000070	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000086	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000150	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980032	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000080	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000096	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000160	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980024	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000072	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000088	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000152	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates - Utica-Watertown Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980010	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990010	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990042	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000010	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980002	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990002	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990034	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000002	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980012	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990012	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990044	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000012	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980004	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990004	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990036	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000004	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980014	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990014	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990046	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000014	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980006	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990006	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990038	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000006	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980016	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990016	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990048	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000016	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980008	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990008	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990040	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000008	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Mid-Hudson Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980026	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000074	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000090	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000154	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980018	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000066	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000082	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000146	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980028	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000076	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000092	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000156	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980020	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000068	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000084	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000148	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980030	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000078	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000094	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000158	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980022	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000070	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000086	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000150	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980032	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000080	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000096	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000160	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980024	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000072	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000088	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000152	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Mid-Hudson Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980010	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990010	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990042	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000010	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980002	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990002	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990034	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000002	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980012	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990012	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990044	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000012	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980004	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990004	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990036	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000004	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980014	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990014	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990046	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000014	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980006	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990006	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990038	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000006	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980016	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990016	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990048	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000016	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980008	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990008	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990040	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000008	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Albany Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980026	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000074	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000090	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000154	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980018	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000066	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000082	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000146	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980028	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000076	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000092	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000156	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980020	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000068	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000084	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000148	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980030	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000078	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000094	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000158	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980022	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000070	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000086	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000150	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Platinum 2	78124NY0980032	653.58	1,307.16	1,111.08	1,862.70	666.65	1,333.30	1,133.31	1,899.95	679.98	1,359.96	1,155.97	1,937.94	693.58	1,387.16	1,179.09	1,976.70
SimplyBlue Plus Gold 9	78124NY1000080	524.83	1,049.66	892.21	1,495.76	535.33	1,070.66	910.06	1,525.69	546.04	1,092.08	928.27	1,556.21	556.96	1,113.92	946.83	1,587.34
SimplyBlue Plus Silver 3	78124NY1000096	448.16	896.32	761.88	1,277.25	457.12	914.24	777.10	1,302.79	466.26	932.52	792.64	1,328.84	475.59	951.18	808.50	1,355.43
SimplyBlue Plus Bronze 3	78124NY1000160	363.79	727.57	618.43	1,036.79	371.07	742.14	630.82	1,057.55	378.49	756.98	643.43	1,078.70	386.06	772.12	656.30	1,100.27
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Platinum 2	78124NY0980024	666.00	1,332.00	1,132.19	1,898.09	679.32	1,358.64	1,154.84	1,936.06	692.91	1,385.82	1,177.95	1,974.79	706.77	1,413.54	1,201.51	2,014.29
SimplyBlue Plus Gold 9	78124NY1000072	534.80	1,069.60	909.16	1,524.18	545.50	1,091.00	927.35	1,554.68	556.41	1,112.82	945.90	1,585.77	567.54	1,135.08	964.82	1,617.49
SimplyBlue Plus Silver 3	78124NY1000088	456.68	913.35	776.36	1,301.52	465.81	931.62	791.88	1,327.56	475.13	950.26	807.72	1,354.12	484.63	969.26	823.87	1,381.20
SimplyBlue Plus Bronze 3	78124NY1000152	370.70	741.39	630.18	1,056.49	378.11	756.22	642.79	1,077.61	385.67	771.34	655.64	1,099.16	393.38	786.76	668.75	1,121.13

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Albany Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980010	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990010	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990042	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000010	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980002	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990002	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990034	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000002	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980012	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990012	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990044	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000012	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980004	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990004	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990036	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000004	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980014	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990014	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990046	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000014	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980006	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990006	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990038	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000006	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]																	
SimplyBlue Plus Standard Platinum	78124NY0980016	652.77	1,305.54	1,109.71	1,860.40	665.83	1,331.66	1,131.91	1,897.62	679.15	1,358.30	1,154.56	1,935.58	692.73	1,385.46	1,177.64	1,974.28
SimplyBlue Plus Standard Silver	78124NY0990016	489.56	979.12	832.25	1,395.26	499.35	998.70	848.90	1,423.15	509.34	1,018.68	865.88	1,451.62	519.53	1,039.06	883.20	1,480.66
SimplyBlue Plus Standard Gold	78124NY0990048	565.56	1,131.11	961.45	1,611.83	576.87	1,153.74	980.68	1,644.08	588.41	1,176.82	1,000.30	1,676.97	600.18	1,200.36	1,020.31	1,710.51
SimplyBlue Plus Standard Bronze	78124NY1000016	384.66	769.32	653.92	1,096.28	392.35	784.70	667.00	1,118.20	400.20	800.40	680.34	1,140.57	408.20	816.40	693.94	1,163.37
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
SimplyBlue Plus Standard Platinum	78124NY0980008	665.17	1,330.35	1,130.79	1,895.75	678.47	1,356.94	1,153.40	1,933.64	692.04	1,384.08	1,176.47	1,972.31	705.88	1,411.76	1,200.00	2,011.76
SimplyBlue Plus Standard Silver	78124NY0990008	498.86	997.72	848.06	1,421.77	508.84	1,017.68	865.03	1,450.19	519.02	1,038.04	882.33	1,479.21	529.40	1,058.80	899.98	1,508.79
SimplyBlue Plus Standard Gold	78124NY0990040	576.31	1,152.60	979.72	1,642.45	587.84	1,175.68	999.33	1,675.34	599.60	1,199.20	1,019.32	1,708.86	611.59	1,223.18	1,039.70	1,743.03
SimplyBlue Plus Standard Bronze	78124NY1000008	391.97	783.94	666.34	1,117.11	399.81	799.62	679.68	1,139.46	407.81	815.62	693.28	1,162.26	415.97	831.94	707.15	1,185.51

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Buffalo Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]																	
valUcare Plus Platinum 2	78124NY1020026	635.32	1,270.64	1,080.04	1,810.66	648.03	1,296.06	1,101.65	1,846.89	660.99	1,321.98	1,123.68	1,883.82	674.21	1,348.42	1,146.16	1,921.50
valUcare Plus Gold 9	78124NY1040074	510.17	1,020.33	867.28	1,453.97	520.37	1,040.74	884.63	1,483.05	530.78	1,061.56	902.33	1,512.72	541.40	1,082.80	920.38	1,542.99
valUcare Plus Silver 3	78124NY1040090	435.64	871.28	740.59	1,241.57	444.35	888.70	755.40	1,266.40	453.24	906.48	770.51	1,291.73	462.30	924.60	785.91	1,317.56
valUcare Plus Bronze 3	78124NY1040154	353.62	707.25	601.16	1,007.82	360.69	721.38	613.17	1,027.97	367.90	735.80	625.43	1,048.52	375.26	750.52	637.94	1,069.49
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Platinum 2	78124NY1020018	647.39	1,294.78	1,100.56	1,845.06	660.34	1,320.68	1,122.58	1,881.97	673.55	1,347.10	1,145.04	1,919.62	687.02	1,374.04	1,167.93	1,958.01
valUcare Plus Gold 9	78124NY1040066	519.86	1,039.72	883.76	1,481.60	530.26	1,060.52	901.44	1,511.24	540.87	1,081.74	919.48	1,541.48	551.69	1,103.38	937.87	1,572.32
valUcare Plus Silver 3	78124NY1040082	443.92	887.83	754.66	1,265.16	452.80	905.60	769.76	1,290.48	461.86	923.72	785.16	1,316.30	471.10	942.20	800.87	1,342.64
valUcare Plus Bronze 3	78124NY1040146	360.34	720.69	612.58	1,026.97	367.55	735.10	624.84	1,047.52	374.90	749.80	637.33	1,068.47	382.40	764.80	650.08	1,089.84
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]																	
valUcare Plus Platinum 2	78124NY1020028	635.32	1,270.64	1,080.04	1,810.66	648.03	1,296.06	1,101.65	1,846.89	660.99	1,321.98	1,123.68	1,883.82	674.21	1,348.42	1,146.16	1,921.50
valUcare Plus Gold 9	78124NY1040076	510.17	1,020.33	867.28	1,453.97	520.37	1,040.74	884.63	1,483.05	530.78	1,061.56	902.33	1,512.72	541.40	1,082.80	920.38	1,542.99
valUcare Plus Silver 3	78124NY1040092	435.64	871.28	740.59	1,241.57	444.35	888.70	755.40	1,266.40	453.24	906.48	770.51	1,291.73	462.30	924.60	785.91	1,317.56
valUcare Plus Bronze 3	78124NY1040156	353.62	707.25	601.16	1,007.82	360.69	721.38	613.17	1,027.97	367.90	735.80	625.43	1,048.52	375.26	750.52	637.94	1,069.49
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Platinum 2	78124NY1020020	647.39	1,294.78	1,100.56	1,845.06	660.34	1,320.68	1,122.58	1,881.97	673.55	1,347.10	1,145.04	1,919.62	687.02	1,374.04	1,167.93	1,958.01
valUcare Plus Gold 9	78124NY1040068	519.86	1,039.72	883.76	1,481.60	530.26	1,060.52	901.44	1,511.24	540.87	1,081.74	919.48	1,541.48	551.69	1,103.38	937.87	1,572.32
valUcare Plus Silver 3	78124NY1040084	443.92	887.83	754.66	1,265.16	452.80	905.60	769.76	1,290.48	461.86	923.72	785.16	1,316.30	471.10	942.20	800.87	1,342.64
valUcare Plus Bronze 3	78124NY1040148	360.34	720.69	612.58	1,026.97	367.55	735.10	624.84	1,047.52	374.90	749.80	637.33	1,068.47	382.40	764.80	650.08	1,089.84
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]																	
valUcare Plus Platinum 2	78124NY1020030	635.32	1,270.64	1,080.04	1,810.66	648.03	1,296.06	1,101.65	1,846.89	660.99	1,321.98	1,123.68	1,883.82	674.21	1,348.42	1,146.16	1,921.50
valUcare Plus Gold 9	78124NY1040078	510.17	1,020.33	867.28	1,453.97	520.37	1,040.74	884.63	1,483.05	530.78	1,061.56	902.33	1,512.72	541.40	1,082.80	920.38	1,542.99
valUcare Plus Silver 3	78124NY1040094	435.64	871.28	740.59	1,241.57	444.35	888.70	755.40	1,266.40	453.24	906.48	770.51	1,291.73	462.30	924.60	785.91	1,317.56
valUcare Plus Bronze 3	78124NY1040158	353.62	707.25	601.16	1,007.82	360.69	721.38	613.17	1,027.97	367.90	735.80	625.43	1,048.52	375.26	750.52	637.94	1,069.49
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Platinum 2	78124NY1020022	647.39	1,294.78	1,100.56	1,845.06	660.34	1,320.68	1,122.58	1,881.97	673.55	1,347.10	1,145.04	1,919.62	687.02	1,374.04	1,167.93	1,958.01
valUcare Plus Gold 9	78124NY1040070	519.86	1,039.72	883.76	1,481.60	530.26	1,060.52	901.44	1,511.24	540.87	1,081.74	919.48	1,541.48	551.69	1,103.38	937.87	1,572.32
valUcare Plus Silver 3	78124NY1040086	443.92	887.83	754.66	1,265.16	452.80	905.60	769.76	1,290.48	461.86	923.72	785.16	1,316.30	471.10	942.20	800.87	1,342.64
valUcare Plus Bronze 3	78124NY1040150	360.34	720.69	612.58	1,026.97	367.55	735.10	624.84	1,047.52	374.90	749.80	637.33	1,068.47	382.40	764.80	650.08	1,089.84
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]																	
valUcare Plus Platinum 2	78124NY1020032	635.32	1,270.64	1,080.04	1,810.66	648.03	1,296.06	1,101.65	1,846.89	660.99	1,321.98	1,123.68	1,883.82	674.21	1,348.42	1,146.16	1,921.50
valUcare Plus Gold 9	78124NY1040080	510.17	1,020.33	867.28	1,453.97	520.37	1,040.74	884.63	1,483.05	530.78	1,061.56	902.33	1,512.72	541.40	1,082.80	920.38	1,542.99
valUcare Plus Silver 3	78124NY1040096	435.64	871.28	740.59	1,241.57	444.35	888.70	755.40	1,266.40	453.24	906.48	770.51	1,291.73	462.30	924.60	785.91	1,317.56
valUcare Plus Bronze 3	78124NY1040160	353.62	707.25	601.16	1,007.82	360.69	721.38	613.17	1,027.97	367.90	735.80	625.43	1,048.52	375.26	750.52	637.94	1,069.49
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Platinum 2	78124NY1020024	647.39	1,294.78	1,100.56	1,845.06	660.34	1,320.68	1,122.58	1,881.97	673.55	1,347.10	1,145.04	1,919.62	687.02	1,374.04	1,167.93	1,958.01
valUcare Plus Gold 9	78124NY1040072	519.86	1,039.72	883.76	1,481.60	530.26	1,060.52	901.44	1,511.24	540.87	1,081.74	919.48	1,541.48	551.69	1,103.38	937.87	1,572.32
valUcare Plus Silver 3	78124NY1040088	443.92	887.83	754.66	1,265.16	452.80	905.60	769.76	1,290.48	461.86	923.72	785.16	1,316.30	471.10	942.20	800.87	1,342.64
valUcare Plus Bronze 3	78124NY1040152	360.34	720.69	612.58	1,026.97	367.55	735.10	624.84	1,047.52	374.90	749.80	637.33	1,068.47	382.40	764.80	650.08	1,089.84

Excellus Health Plan, Inc.

Excellus BlueCross BlueShield / Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Premium Rates -Buffalo Region

Option	HIOS ID	Q1 2015 Rates				Q2 2015 Rates				Q3 2015 Rates				Q4 2015 Rates			
		Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family	Single	Sub & Spouse	Sub & Child(ren)	Family
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]																	
valUcare Plus Standard Platinum	78124NY1020010	634.53	1,269.07	1,078.71	1,808.42	647.22	1,294.44	1,100.27	1,844.58	660.16	1,320.32	1,122.27	1,881.46	673.36	1,346.72	1,144.71	1,919.08
valUcare Plus Standard Silver	78124NY1030010	475.88	951.77	809.00	1,356.28	485.40	970.80	825.18	1,383.39	495.11	990.22	841.69	1,411.06	505.01	1,010.02	858.52	1,439.28
valUcare Plus Standard Gold	78124NY1030042	549.76	1,099.51	934.59	1,566.80	560.76	1,121.52	953.29	1,598.17	571.98	1,143.96	972.37	1,630.14	583.42	1,166.84	991.81	1,662.75
valUcare Plus Standard Bronze	78124NY1040010	373.91	747.82	635.65	1,065.65	381.39	762.78	648.36	1,086.96	389.02	778.04	661.33	1,108.71	396.80	793.60	674.56	1,130.88
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Standard Platinum	78124NY1020002	646.59	1,293.18	1,099.21	1,842.78	659.52	1,319.04	1,121.18	1,879.63	672.71	1,345.42	1,143.61	1,917.22	686.16	1,372.32	1,166.47	1,955.56
valUcare Plus Standard Silver	78124NY1030002	484.92	969.85	824.37	1,382.05	494.62	989.24	840.85	1,409.67	504.51	1,009.02	857.67	1,437.85	514.60	1,029.20	874.82	1,466.61
valUcare Plus Standard Gold	78124NY1030034	560.21	1,120.40	952.35	1,596.57	571.41	1,142.82	971.40	1,628.52	582.84	1,165.68	990.83	1,661.09	594.50	1,189.00	1,010.65	1,694.33
valUcare Plus Standard Bronze	78124NY1040002	381.01	762.03	647.73	1,085.90	388.63	777.26	660.67	1,107.60	396.40	792.80	673.88	1,129.74	404.33	808.66	687.36	1,152.34
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]																	
valUcare Plus Standard Platinum	78124NY1020012	634.53	1,269.07	1,078.71	1,808.42	647.22	1,294.44	1,100.27	1,844.58	660.16	1,320.32	1,122.27	1,881.46	673.36	1,346.72	1,144.71	1,919.08
valUcare Plus Standard Silver	78124NY1030012	475.88	951.77	809.00	1,356.28	485.40	970.80	825.18	1,383.39	495.11	990.22	841.69	1,411.06	505.01	1,010.02	858.52	1,439.28
valUcare Plus Standard Gold	78124NY1030044	549.76	1,099.51	934.59	1,566.80	560.76	1,121.52	953.29	1,598.17	571.98	1,143.96	972.37	1,630.14	583.42	1,166.84	991.81	1,662.75
valUcare Plus Standard Bronze	78124NY1040012	373.91	747.82	635.65	1,065.65	381.39	762.78	648.36	1,086.96	389.02	778.04	661.33	1,108.71	396.80	793.60	674.56	1,130.88
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Standard Platinum	78124NY1020004	646.59	1,293.18	1,099.21	1,842.78	659.52	1,319.04	1,121.18	1,879.63	672.71	1,345.42	1,143.61	1,917.22	686.16	1,372.32	1,166.47	1,955.56
valUcare Plus Standard Silver	78124NY1030004	484.92	969.85	824.37	1,382.05	494.62	989.24	840.85	1,409.67	504.51	1,009.02	857.67	1,437.85	514.60	1,029.20	874.82	1,466.61
valUcare Plus Standard Gold	78124NY1030036	560.21	1,120.40	952.35	1,596.57	571.41	1,142.82	971.40	1,628.52	582.84	1,165.68	990.83	1,661.09	594.50	1,189.00	1,010.65	1,694.33
valUcare Plus Standard Bronze	78124NY1040004	381.01	762.03	647.73	1,085.90	388.63	777.26	660.67	1,107.60	396.40	792.80	673.88	1,129.74	404.33	808.66	687.36	1,152.34
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]																	
valUcare Plus Standard Platinum	78124NY1020014	634.53	1,269.07	1,078.71	1,808.42	647.22	1,294.44	1,100.27	1,844.58	660.16	1,320.32	1,122.27	1,881.46	673.36	1,346.72	1,144.71	1,919.08
valUcare Plus Standard Silver	78124NY1030014	475.88	951.77	809.00	1,356.28	485.40	970.80	825.18	1,383.39	495.11	990.22	841.69	1,411.06	505.01	1,010.02	858.52	1,439.28
valUcare Plus Standard Gold	78124NY1030046	549.76	1,099.51	934.59	1,566.80	560.76	1,121.52	953.29	1,598.17	571.98	1,143.96	972.37	1,630.14	583.42	1,166.84	991.81	1,662.75
valUcare Plus Standard Bronze	78124NY1040014	373.91	747.82	635.65	1,065.65	381.39	762.78	648.36	1,086.96	389.02	778.04	661.33	1,108.71	396.80	793.60	674.56	1,130.88
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Standard Platinum	78124NY1020006	646.59	1,293.18	1,099.21	1,842.78	659.52	1,319.04	1,121.18	1,879.63	672.71	1,345.42	1,143.61	1,917.22	686.16	1,372.32	1,166.47	1,955.56
valUcare Plus Standard Silver	78124NY1030006	484.92	969.85	824.37	1,382.05	494.62	989.24	840.85	1,409.67	504.51	1,009.02	857.67	1,437.85	514.60	1,029.20	874.82	1,466.61
valUcare Plus Standard Gold	78124NY1030038	560.21	1,120.40	952.35	1,596.57	571.41	1,142.82	971.40	1,628.52	582.84	1,165.68	990.83	1,661.09	594.50	1,189.00	1,010.65	1,694.33
valUcare Plus Standard Bronze	78124NY1040006	381.01	762.03	647.73	1,085.90	388.63	777.26	660.67	1,107.60	396.40	792.80	673.88	1,129.74	404.33	808.66	687.36	1,152.34
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]																	
valUcare Plus Standard Platinum	78124NY1020016	634.53	1,269.07	1,078.71	1,808.42	647.22	1,294.44	1,100.27	1,844.58	660.16	1,320.32	1,122.27	1,881.46	673.36	1,346.72	1,144.71	1,919.08
valUcare Plus Standard Silver	78124NY1030016	475.88	951.77	809.00	1,356.28	485.40	970.80	825.18	1,383.39	495.11	990.22	841.69	1,411.06	505.01	1,010.02	858.52	1,439.28
valUcare Plus Standard Gold	78124NY1030048	549.76	1,099.51	934.59	1,566.80	560.76	1,121.52	953.29	1,598.17	571.98	1,143.96	972.37	1,630.14	583.42	1,166.84	991.81	1,662.75
valUcare Plus Standard Bronze	78124NY1040016	373.91	747.82	635.65	1,065.65	381.39	762.78	648.36	1,086.96	389.02	778.04	661.33	1,108.71	396.80	793.60	674.56	1,130.88
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)																	
valUcare Plus Standard Platinum	78124NY1020008	646.59	1,293.18	1,099.21	1,842.78	659.52	1,319.04	1,121.18	1,879.63	672.71	1,345.42	1,143.61	1,917.22	686.16	1,372.32	1,166.47	1,955.56
valUcare Plus Standard Silver	78124NY1030008	484.92	969.85	824.37	1,382.05	494.62	989.24	840.85	1,409.67	504.51	1,009.02	857.67	1,437.85	514.60	1,029.20	874.82	1,466.61
valUcare Plus Standard Gold	78124NY1030040	560.21	1,120.40	952.35	1,596.57	571.41	1,142.82	971.40	1,628.52	582.84	1,165.68	990.83	1,661.09	594.50	1,189.00	1,010.65	1,694.33
valUcare Plus Standard Bronze	78124NY1040008	381.01	762.03	647.73	1,085.90	388.63	777.26	660.67	1,107.60	396.40	792.80	673.88	1,129.74	404.33	808.66	687.36	1,152.34

Outline of Benefits

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Small Group On-Exchange - All Regions

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980026	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
SimplyBlue Plus Gold 9	78124NY1000074	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
SimplyBlue Plus Silver 3	78124NY1000090	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
SimplyBlue Plus Bronze 3	78124NY1000154	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980018	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
SimplyBlue Plus Gold 9	78124NY1000066	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
SimplyBlue Plus Silver 3	78124NY1000082	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
SimplyBlue Plus Bronze 3	78124NY1000146	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980028	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
SimplyBlue Plus Gold 9	78124NY1000076	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
SimplyBlue Plus Silver 3	78124NY1000092	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
SimplyBlue Plus Bronze 3	78124NY1000156	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980020	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
SimplyBlue Plus Gold 9	78124NY1000068	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
SimplyBlue Plus Silver 3	78124NY1000084	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
SimplyBlue Plus Bronze 3	78124NY1000148	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980030	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
SimplyBlue Plus Gold 9	78124NY1000078	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
SimplyBlue Plus Silver 3	78124NY1000094	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
SimplyBlue Plus Bronze 3	78124NY1000158	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980022	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
SimplyBlue Plus Gold 9	78124NY1000070	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
SimplyBlue Plus Silver 3	78124NY1000086	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
SimplyBlue Plus Bronze 3	78124NY1000150	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980032	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
SimplyBlue Plus Gold 9	78124NY1000080	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
SimplyBlue Plus Silver 3	78124NY1000096	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
SimplyBlue Plus Bronze 3	78124NY1000160	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Platinum 2	78124NY0980024	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
SimplyBlue Plus Gold 9	78124NY1000072	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
SimplyBlue Plus Silver 3	78124NY1000088	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
SimplyBlue Plus Bronze 3	78124NY1000152	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980010	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
SimplyBlue Plus Standard Silver	78124NY0990010	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
SimplyBlue Plus Standard Gold	78124NY0990042	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
SimplyBlue Plus Standard Bronze	78124NY1000010	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26

Excellus Health Plan, Inc.
Excellus BlueCross BlueShield

Effective Date: January 1, 2015
Community Rated

2015 Small Group On-Exchange - All Regions

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
SimplyBlue Plus Standard Silver	78124NY0990002	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Gold	78124NY0990034	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Bronze	78124NY1000002	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980012	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
SimplyBlue Plus Standard Silver	78124NY0990012	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
SimplyBlue Plus Standard Gold	78124NY0990044	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
SimplyBlue Plus Standard Bronze	78124NY1000012	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980004	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
SimplyBlue Plus Standard Silver	78124NY0990004	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Gold	78124NY0990036	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Bronze	78124NY1000004	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980014	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
SimplyBlue Plus Standard Silver	78124NY0990014	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
SimplyBlue Plus Standard Gold	78124NY0990046	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
SimplyBlue Plus Standard Bronze	78124NY1000014	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980006	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
SimplyBlue Plus Standard Silver	78124NY0990006	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Gold	78124NY0990038	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Bronze	78124NY1000006	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980016	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
SimplyBlue Plus Standard Silver	78124NY0990016	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
SimplyBlue Plus Standard Gold	78124NY0990048	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
SimplyBlue Plus Standard Bronze	78124NY1000016	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
SimplyBlue Plus Standard Platinum	78124NY0980008	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
SimplyBlue Plus Standard Silver	78124NY0990008	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Gold	78124NY0990040	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
SimplyBlue Plus Standard Bronze	78124NY1000008	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29

Excellus Health Plan, Inc.
Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group On-Exchange - Buffalo Region

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020026	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
valUcare Plus Gold 9	78124NY1040074	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
valUcare Plus Silver 3	78124NY1040090	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
valUcare Plus Bronze 3	78124NY1040154	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020018	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
valUcare Plus Gold 9	78124NY1040066	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
valUcare Plus Silver 3	78124NY1040082	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
valUcare Plus Bronze 3	78124NY1040146	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020028	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
valUcare Plus Gold 9	78124NY1040076	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
valUcare Plus Silver 3	78124NY1040092	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
valUcare Plus Bronze 3	78124NY1040156	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020020	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
valUcare Plus Gold 9	78124NY1040068	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
valUcare Plus Silver 3	78124NY1040084	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
valUcare Plus Bronze 3	78124NY1040148	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020030	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
valUcare Plus Gold 9	78124NY1040078	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
valUcare Plus Silver 3	78124NY1040094	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
valUcare Plus Bronze 3	78124NY1040158	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020022	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
valUcare Plus Gold 9	78124NY1040070	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
valUcare Plus Silver 3	78124NY1040086	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
valUcare Plus Bronze 3	78124NY1040150	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020032	Copay	0	0%	15	25	6350	$5/$25/$50	To age 26
valUcare Plus Gold 9	78124NY1040080	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	To age 26
valUcare Plus Silver 3	78124NY1040096	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	To age 26
valUcare Plus Bronze 3	78124NY1040160	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Platinum 2	78124NY1020024	Copay	0	0%	15	25	6350	$5/$25/$50	Through age 29
valUcare Plus Gold 9	78124NY1040072	HDHP/HSA	2100	0%	ded/coins	ded/coins	2100	ded/coins	Through age 29
valUcare Plus Silver 3	78124NY1040088	HDHP/HSA	2100	20%	ded/coins	ded/coins	5500	$5/$35/$70	Through age 29
valUcare Plus Bronze 3	78124NY1040152	HDHP/HSA	4500	50%	ded/coins	ded/coins	6350	$10/40%/50%	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020010	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
valUcare Plus Standard Silver	78124NY1030010	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
valUcare Plus Standard Gold	78124NY1030042	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
valUcare Plus Standard Bronze	78124NY1040010	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 Small Group On-Exchange - Buffalo Region

Option	HIOS ID	Plan Design	Single Ded.	Coins. IN	PCP Copay	SPC Copay	Single OOP Max	Rx	Dependent Coverage
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020002	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
valUcare Plus Standard Silver	78124NY1030002	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
valUcare Plus Standard Gold	78124NY1030034	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
valUcare Plus Standard Bronze	78124NY1040002	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020012	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
valUcare Plus Standard Silver	78124NY1030012	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
valUcare Plus Standard Gold	78124NY1030044	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
valUcare Plus Standard Bronze	78124NY1040012	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020004	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
valUcare Plus Standard Silver	78124NY1030004	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
valUcare Plus Standard Gold	78124NY1030036	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
valUcare Plus Standard Bronze	78124NY1040004	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020014	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
valUcare Plus Standard Silver	78124NY1030014	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
valUcare Plus Standard Gold	78124NY1030046	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
valUcare Plus Standard Bronze	78124NY1040014	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020006	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
valUcare Plus Standard Silver	78124NY1030006	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
valUcare Plus Standard Gold	78124NY1030038	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
valUcare Plus Standard Bronze	78124NY1040006	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner]									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020016	Copay	0	0%	15	35	2000	$10/$30/$60	To age 26
valUcare Plus Standard Silver	78124NY1030016	Hybrid	2000	0%	30	50	5500	$10/$35/$70	To age 26
valUcare Plus Standard Gold	78124NY1030048	Hybrid	600	0%	25	40	4000	$10/$35/$70	To age 26
valUcare Plus Standard Bronze	78124NY1040016	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	To age 26
EXEC-5 (Rev.1)[no Pediatric Dental,no Adult Vision,no Family Planning,no Domestic Partner],EXER-1 (Rev.1)									
Preferred Provider Organization Contract									
valUcare Plus Standard Platinum	78124NY1020008	Copay	0	0%	15	35	2000	$10/$30/$60	Through age 29
valUcare Plus Standard Silver	78124NY1030008	Hybrid	2000	0%	30	50	5500	$10/$35/$70	Through age 29
valUcare Plus Standard Gold	78124NY1030040	Hybrid	600	0%	25	40	4000	$10/$35/$70	Through age 29
valUcare Plus Standard Bronze	78124NY1040008	HDHP/HSA	3000	50%	ded/coins	ded/coins	6350	$10/$35/$70	Through age 29

Excellus Health Plan, Inc.
Excellus BCBS; Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Benefit Descriptions

EXEC-5 (Rev.1); EXEC-6 (Rev.1)
Platinum, Gold, Silver Standard
NYS Standard Plan

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 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday Group may purchase rider to extend coverage through age 29	
Dependents through age 29 **State Mandate**	Dependents may purchase group coverage through age 29	
Domestic Partner Coverage	Optional - Group Choice	
COST SHARING EXPENSES		
Contract Year	Plan Year	
Deductible · Single/ Family	Single: Platinum: $[0] Gold: $[600] Silver: $[2,000] Family = 2X single	Single: Platinum: $[500] Gold: $[600] Silver: $[2,000] Family = 2X single
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	None
Coinsurance	Platinum, Gold, Silver: None	Platinum: [20]% Gold: [40]% Silver: [40]%
Annual Out-of-Pocket Maximum	Single: Platinum: $[2,000] Gold: $[4,000] Silver: $[5,500] Family = 2X single	Single: Platinum: $[2,000] Gold: $[4,000] Silver: $[5,500] Family = 2X single
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 Unlimited days	Deduct/Coins Unlimited days
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
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
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 [After Deductible]	Inpatient Hospital cost share applies.
Internal Prosthetic (Implanted Devices) **NYS & Federal Essential Health Benefit**	Covered in full [After Deductible]	Inpatient Hospital cost share applies.
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**	Platinum: $[100] copay Gold: $[150] Silver: $[150]	Deduct/Coins
HOME CARE **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible] 40 visits per contract year	Deduct/Coins 40 visits per contract year
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpt Hospital cost share Hospice facility or Home: PCP Copay [After Deductible] 210 days per year, 5 family bereavement visits	Deduct/Coins 210 days per year, 5 family bereavement visits

HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	$[100] copay [After Deductible]	Deduct/Coins
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Covered in full [After Deductible]	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	Platinum: PCP Copay Gold: Deduct/ PCP Copay Silver: Deduct/ PCP Copay	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible] Unlimited visits	Deduct/Coins
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay [After Deductible] Limit of 680 hours per contract year	Deduct/Coins
Substance Use Services **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible] Unlimited visits. Covers 20 visits per calendar year for family therapy.	Deduct/Coins
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] Copay Gold: Deduct/ $[30] Copay Silver: Deduct/ $[30] Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] Copay Gold: Deduct/ $[30] Copay Silver: Deduct/ $[30] Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100]	Deduct/Coins
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100]	Deduct/Coins
Office Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Covered in full, no Deductible	Deduct/Coins
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] Copay Gold: Deduct/ $[30] Silver: Deduct/ $[30] 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Platinum: $[25] Copay Gold: Deduct/ $[30] Silver: Deduct/ $[30] 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation NYS & Federal Essential Health Benefit	PCP Copay [After Deductible]	Deduct/Coins
Cardiac Rehabilitation NYS & Federal Essential Health Benefit	PCP Copay [After Deductible]	Deduct/Coins
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[100] Silver: Deduct/ $[100]	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**	$0 Copay [After Deductible]	Deduct/Coins

PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible] Unlimited visits	Deduct/Coins
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	PCP Copay [After Deductible] 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 [After Deductible] Unlimited visits, Excludes family therapy.	Deduct/Coins Unlimited visits, Excludes family therapy.
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Medications Administered in Office **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Chiropractic Care **NYS & Federal Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Allergy Testing **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	PCP/Specialist Copay [After Deductible]	Deduct/Coins
Hearing Evaluations Routine **NYS Essential Health Benefit**	Specialist Copay [After Deductible]	Deduct/Coins
Hearing Aids **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: [Deduct/ 30]% Coins Single purchase once every 3 years	Deduct/Coins Single purchase once every 3 years
Cochlear Implants	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: [Deduct/ 30]% Coins One Per Ear Per Time Covered	Deduct/Coins Single purchase once every 3 years
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 Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Deduct/Coins 1 per contract year
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive PCP/Specialist Copay [After Deductible]	Deduct/Coins
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive PCP/Specialist Copay [After Deductible]	Deduct/Coins
Family Planning **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive PCP/Specialist Copay [After Deductible]	Deduct/Coins

ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Diabetic Education **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Diabetic Equipment **NYS & Federal Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Autism Assistive Communication Devices (ACD) **NYS Essential Health Benefit**	PCP Copay [After Deductible]	Deduct/Coins
Autologous Blood Banking **NYS Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins	Deduct/Coins
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% Coins	Deduct/Coins
External Prosthetics **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% 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**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% 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**	Platinum: $[100] copay Gold: Deduct/ $[150] Silver:Deduct/ $[150]	Platinum: $[100] copay Gold: Deduct/ $[150] Silver:Deduct/ $[150]
Physician's Hospital Emergency Room Visit **NYS & Federal Essential Health Benefit**	$0 Copay [After Deductible]	$0 Copay [After Deductible]
Prehospital Emergency Services/Transportation **NYS & Federal Essential Health Benefit**	Platinum: $[100] copay Gold: Deduct/ $[150] Silver:Deduct/ $[150]	Platinum: $[100] copay Gold: Deduct/ $[150] Silver:Deduct/ $[150]
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Platinum: $55 Copay Gold: Deduct/ $60 copay Silver: Deduct/ $70 copay	Deduct/Coins
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	$0 Copay [After Deductible]	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 [After Deductible] 1 per 12 month period	Deduct/Coins
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Platinum: [10]% Coins Gold: Deduct/ [20]% Coins Silver: Deduct/ [30]% 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 [After Deductible]	PCP Copay [After Deductible]
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Not Covered	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
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.

Excellus BCBS; Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Benefit Descriptions

Benefit Type	EXEC-5 (Rev.1); EXEC-6 (Rev.1) Bronze Standard NYS Standard Plan 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 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren) Family	
Dependent Coverage Federal Mandate	26 to end of month of birthday Group may purchase rider to extend coverage through age 29	
Dependents through age 29 State Mandate	Dependents may purchase group coverage through age 29	
Domestic Partner Coverage	Optional - Group Choice	
COST SHARING EXPENSES		
Contract Year	Plan Year	
Deductible · Single/ Family	Single: $[3,000] Family = 2X single	Single: $[3,000] Family = 2X single
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	None	None
Coinsurance	[50]%	[50]%
Annual Out-of-Pocket Maximum	Single: $[6,350] Family = 2X single	Single: $[6,350] Family = 2X single
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	Deduct/Coins Unlimited days
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
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
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**	Deduct/Coins	Inpatient Hospital cost share applies.
Internal Prosthetic (Implanted Devices) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Inpatient Hospital cost share applies.
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**	Deduct/Coins	Deduct/Coins
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/Coins 40 visits per contract year	Deduct/Coins 40 visits per contract year
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Deduct/Coins 210 days per year, 5 family bereavement visits	Deduct/Coins 210 days per year, 5 family bereavement visits

HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Deduct/Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Office Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation NYS & Federal Essential Health Benefit	Deduct/Coins	Deduct/Coins
Cardiac Rehabilitation NYS & Federal Essential Health Benefit	Deduct/Coins	Deduct/Coins
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	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**	Deduct/Coins	Deduct/Coins

PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Deduct/Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits, Excludes family therapy.	Deduct/Coins Unlimited visits, Excludes family therapy.
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/Coins Single purchase once every 3 years	Deduct/Coins Single purchase once every 3 years
Cochlear Implants	Deduct/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**	Deduct/Coins	Deduct/Coins
Mammogram Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Deduct/Coins 1 per contract year
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Family Planning **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins

ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Autism Assistive Communication Devices (ACD) **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/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**	Deduct/ 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**	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	Deduct/Coins
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/Coins	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**	Deduct/Coins 1 per 12 month period	Deduct/Coins 1 per 12 month period
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	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**	Deduct/Coins	Deduct/Coins
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Not Covered	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, rounded to up to nearest whole dollar.	
Bronze	Deductible Copay: $10 /$35/$70	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.

Excellus BCBS; Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Benefit Descriptions

Benefit Type	EXEC-5 (Rev.1) Copay Plans Non-Standard 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 2 Person - Subscriber & SpouseFamily no spouse - Subscriber & Child(ren)Family	
Dependent Coverage **Federal Mandate**	26 to end of month of birthdayGroup may purchase rider to extend coverage through age 29	
Dependents through age 29 **State Mandate**	Dependents may purchase group coverage through age 29	
Domestic Partner Coverage	Optional - Group Choice	
COST SHARING EXPENSES		
Contract Year	Plan Year	
Deductible · Single/ Family	None	Platinum 2: Single $500 /Family $1,000
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	Platinum 2: $15 PCP/ $25 SPC	None
Coinsurance	None	20%
Annual Out-of-Pocket Maximum	Platinum , 2: Single $6,350 /Family $12,700	Platinum , 2: Single $6,350 /Family $12,700
Annual Benefit Maximum **Federal Mandate**	None	
Lifetime Benefit Maximum **Federal Mandate**	None	
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services **NYS & Federal Essential Health Benefit**	Copay per admission: Platinum 2: $150 Unlimited days	Deduct/Coins Unlimited days
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
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
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	Inpatient Hospital cost share applies.
Internal Prosthetic (Implanted Devices) **NYS & Federal Essential Health Benefit**	Covered in full	Inpatient Hospital cost share applies.
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**	Copay: Platinum 2: $75	Deduct/Coins
HOME CARE **NYS & Federal Essential Health Benefit**	PCP Copay 40 visits per contract year	Deduct/Coins 40 visits per contract year
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpt Hospital cost share Hospice facility or Home: PCP Copay; 210 days per year, 5 family bereavement visits	Deduct/Coins 210 days per year, 5 family bereavement visits

HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Platinum 2: $75	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**	PCP Copay	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	Specialist 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**	Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Specialist 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**	Specialist Copay Unlimited visits. Covers 20 visits per calendar year for family therapy.	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Covered in full	Deduct/Coins
Office Surgery **NYS Essential Health Benefit** **Federal 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
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation NYS & Federal Essential Health Benefit	PCP/Specialist Copay	Deduct/Coins
Cardiac Rehabilitation NYS & Federal Essential Health Benefit	PCP/Specialist Copay	Deduct/Coins
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Specialist Copay 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
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**	Covered in full	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 Copay	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
Radiation Therapy **NYS & Federal Essential Health Benefit**	Specialist Copay	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins Unlimited visits	Deduct/Coins Unlimited visits
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	PCP Copay	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Specialist Copay Unlimited visits	Deduct/Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Specialist 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**	Specialist Copay Unlimited visits, Excludes family therapy.	Deduct/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**	Specialist Copay	Deduct/Coins
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	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
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**	50% Coins Single purchase once every 3 years	Deduct/ 50% Coins Single purchase once every 3 years
Cochlear Implants	50% Coins One Per Ear Per Time Covered	Deduct/ 50% 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
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 Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Deduct/Coins 1 per contract year
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive PCP/Specialist Copay	Deduct/Coins
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive PCP/Specialist Copay	Deduct/Coins
Family Planning **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive PCP/Specialist Copay	Deduct/Coins

ADDITIONAL BENEFITS		
Treatment of Diabetes Insulin & Supplies **NYS & Federal Essential Health Benefit**	PCP Copay per 30 day supply	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) **NYS Essential Health Benefit**	Specialist Copay	Deduct/Coins
Autologous Blood Banking **NYS Essential Health Benefit**	50% Coins	Deduct/Coins
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	50% Coins	Deduct/50% Coins
External Prosthetics **NYS & Federal Essential Health Benefit**	50% Coins 1 external prosthetic device per limb per lifetime	Deduct/50% Coins 1 external prosthetic device per limb per lifetime
Orthotics **Foot orthotics included**	Not Covered	Not Covered
Medical Supplies **NYS & Federal Essential Health Benefit**	50% Coins	Deduct/50% 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		
Facility – Emergency Room **NYS & Federal Essential Health Benefit**	Copay: Platinum 2: $75	Copay: Platinum 2: $75
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**	Copay: Platinum 2: $75	Copay: Platinum 2: $75
Freestanding Urgent Care Center **Art 28 Facility** **NYS & Federal Essential Health Benefit**	Specialist 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	Specialist Copay	Deduct/Coins
Eyewear - Adults	Eyewear Reimbursement of $60 Not subject to deductible Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Eyewear Reimbursement of $60 Not subject to deductible Lenses or Contacts once in any 12 month period Frames once in any 12 month period
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Specialist Copay 1 per 12 month period	Deduct/Coins 1 per 12 month period
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	Deduct/50%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**	20% Coins	Deduct/20% Coins
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
PRESCRIPTION DRUGSClosed 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	Platinum 1: $5/$35/$70 Platinum 2, 3: $5/$25/$50	Not Covered
Gold	Gold 1, 3: $15/$50/50% Gold 2, 4: $10/40%/50% Gold 5: $5/45/90	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.

Excellus BCBS; Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Benefit Descriptions

EXEC-5 (Rev.1)
HDHP Plans Non-Standard

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 2 Person - Subscriber & Spouse Family no spouse - Subscriber & Child(ren)	
Dependent Coverage **Federal Mandate**	26 to end of month of birthday Group may purchase rider to extend coverage through age 29	
Dependents through age 29 **State Mandate**	Dependents may purchase group coverage through age 29	
Domestic Partner Coverage	Optional - Group Choice	
COST SHARING EXPENSES		
Contract Year	Plan Year	
Deductible **· Single/ Family**	Gold 9: Single $2,100 /Family $4,200 Silver 3: Single $2,100 /Family $4,200 Bronze 3: Single $4,500 /Family $9,000	Gold 9: Single $2,100 /Family $4,200 Silver 3: Single $2,100 /Family $4,200 Bronze 3: Single $4,500 /Family $9,000
4th Quarter Deductible Carry-Over Y/N	No	No
Copayment	None	None
Coinsurance	Gold 9: Single $2,100 /Family $4,200 Silver 3: Single $2,100 /Family $4,200 Bronze 3: Single $4,500 /Family $9,000	Gold 9: Single $2,100 /Family $4,200 Silver 3: Single $2,100 /Family $4,200 Bronze 3: Single $4,500 /Family $9,000
Annual Out-of-Pocket Maximum	Gold 9: Single $2,100 /Family $4,200 Silver 3: Single $2,100 /Family $4,200 Bronze 3: Single $4,500 /Family $9,000	Gold 9: Single $2,100 /Family $4,200 Silver 3: Single $2,100 /Family $4,200 Bronze 3: Single $4,500 /Family $9,000
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	Deduct/Coins Unlimited days
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
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
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**	Deduct/Coins	Deduct/Coins
Internal Prosthetic (Implanted Devices) **NYS & Federal Essential Health Benefit**	Inpatient Hospital cost share applies.	Inpatient Hospital cost share applies.
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**	Deduct/Coins	Deduct/Coins
HOME CARE **NYS & Federal Essential Health Benefit**	Deduct/Coins 40 visits per contract year	Deduct/Coins 40 visits per contract year
HOSPICE CARE **NYS & Federal Essential Health Benefit**	Inpatient: Inpt Hospital cost share Hospice facility or Home: PCP Copay; 210 days per year, 5 family bereavement visits	Deduct/Coins 210 days per year, 5 family bereavement visits

HOSPITAL OUTPATIENT SERVICES		
Surgical Care including Surgicenters & Freestanding Facilities **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Pre-admission/Pre-Operative Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Deduct/Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.	Deduct/Coins Unlimited visits. Covers 20 visits per calendar year for family therapy.
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Cardiac Rehabilitation **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
PHYSICIAN SERVICES		
Inpatient Hospital Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Outpatient Hospital & Ambulatory Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Office Surgery **NYS Essential Health Benefit** **Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Anesthesia **Includes IP, OP, OV and maternity** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Covered Therapies - Rehabilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Covered Therapies - Habilitation **Only Physical, Speech & Occupational Therapy** **NYS & Federal Essential Health Benefit**	Deduct/Coins 60 visits per condition per lifetime	Deduct/Coins 60 visits per condition per lifetime
Pulmonary Rehabilitation NYS & Federal Essential Health Benefit	Deduct/Coins	Deduct/Coins
Cardiac Rehabilitation NYS & Federal Essential Health Benefit	Deduct/Coins	Deduct/Coins
Additional Surgical Opinion **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Second Medical Opinion for Cancer **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Maternity Care: Normal, Complications & Termination. **NYS & Federal Essential Health Benefit**	Deduct/Coins	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**	Deduct/Coins	Deduct/Coins

PHYSICIAN OFFICE - OTHER SERVICES		
Diagnostic & Routine Laboratory and Pathology **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diagnostic & Routine X-ray **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Advanced Imaging Services **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Radiation Therapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Chemotherapy **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Infusion Therapy **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Dialysis (all forms) **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Mental Health Care **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits	Deduct/Coins Unlimited visits
Autism Applied Behavior Analysis **State Mandate** **NYS Essential Health Benefit**	Deduct/Coins Limit of 680 hours per contract year	Deduct/Coins Limit of 680 hours per contract year
Substance Use Services **NYS & Federal Essential Health Benefit**	Deduct/Coins Unlimited visits. Excludes family therapy.	Deduct/Coins Unlimited visits, Excludes family therapy.
Office Visits - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins Silver 14: 3 primary visits CIF, 4th & after Deduct/Coins	Deduct/Coins
Medications Administered in Office **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Eye Exams - Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Hearing Evaluations Diagnostic **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Chiropractic Care **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Office & Outpatient Consultations **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Allergy Testing **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Allergy Treatment **Includes Serum and Injections** **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Hearing Evaluations Routine **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Hearing Aids **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins Single purchase once every 3 years	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins Single purchase once every 3 years
Cochlear Implants	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins One Per Ear Per Time Covered	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins One Per Ear Per Time Covered
PREVENTIVE SERVICES		
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**	Deduct/Coins	Deduct/Coins
Mammogram Preventive only **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in full 1 per contract year	Deduct/Coins 1 per contract year
Bone Density Testing **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive Deduct/Coins	Deduct/Coins
Colonoscopy Screening **Federal HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive Deduct/Coins	Deduct/Coins
Family Planning **HCR Preventive Service** **NYS & Federal Essential Health Benefit**	Covered in fullwhen HCR Preventive Deduct/Coins	Deduct/Coins

ADDITIONAL BENEFITS		
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/PCP Copay	Deduct/Coins
Diabetic Education **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Diabetic Equipment **NYS & Federal Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Autism Assistive Communication Devices (ACD) **NYS Essential Health Benefit**	Deduct/Coins	Deduct/Coins
Autologous Blood Banking **NYS Essential Health Benefit**	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins
Durable Medical Equipment (DME) **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins
External Prosthetics **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins 1 external prosthetic device per limb per lifetime	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: 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**	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: 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**	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	Deduct/Coins
Physician's Freestanding Urgent Care Center (Art 28 Facility) **NYS & Federal Essential Health Benefit**	Deduct/Coins	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	Deduct/Coins	Deduct/Coins
Eyewear - Adults	Eyewear Reimbursement of $60 Not subject to deductible Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Eyewear Reimbursement of $60 Not subject to deductible Lenses or Contacts once in any 12 month period Frames once in any 12 month period
Eye Exams Routine - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/Coins 1 per 12 month period	Deduct/Coins 1 per 12 month period
Eyewear - Pediatric **NYS & Federal Essential Health Benefit**	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: Deduct/Coins Lenses or Contacts once in any 12 month period Frames once in any 12 month period	Deduct/50% Coins Gold 9: Deduct/Coins Bronze 4: 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**	Deduct/20% Coins Gold 9: Deduct/Coins	Deduct/20% Coins Gold 9: Deduct/Coins
Pediatric Dental - Preventive **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Routine **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Endodontic **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Prosthodontics **NYS & Federal Essential Health Benefit**	Not Covered	Not Covered
Pediatric Dental - Orthodontics **NYS & Federal Essential Health Benefit**	Not Covered	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	Retail: 1 copay per 30 day supply Mail Order: Mail Order copay is 2.5 times retail for a 90 day supply
Gold	Gold 9: Deduct/Coins	Not Covered
Silver	Deduct/ Silver 3: $5/$35/$70	Not Covered
Bronze	Bronze 3: $10/40%/50%	Not Covered
WAITING PERIODS	None	
EXCLUSIONS	Standard Exclusions apply	

Excellus Health Plan, Inc.
Excellus BCBS; Univera Healthcare

Effective Date: January 1, 2015
Community Rated

2015 Small Group Benefit Descriptions

	EXER-1 (Rev.1) Dependent Coverage through age 29	
Benefit Type	**In-Network**	**Out-of-Network**
Dependents through age 29 **State Mandate**	Dependents may purchase group coverage through age 29	

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 Community Rated

Underwriting Guidelines Applied on a Group Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Introduction

Commercial health insurance coverage is available to employers, trust and association groups, subscribers and dependents that meet the qualifications specified in applicable state and federal requirements 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 basic criteria that the health plan will follow to qualify employers, trust and association groups, employees and dependents for commercial coverage.

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the group/subscriber/dependent does not 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 group commercial guidelines in use.

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I. Group Eligibility

A. Eligible Groups:

A group, or if the group is a trust or association, a member firm participating in the group, is eligible for commercial group coverage if it meets the following criteria and complies with applicable state and federal requirements:

Employer group/trust:

The group/trust:

1. Is headquartered in the health plan's service area. In the event that the health plan is insuring only the local employees of a multi-location group, the group must have an office in the health plan's service area.
2. Is engaged in a legal business or is a government entity with the legal authority to contract.
3. Regularly employs persons on an active basis for salaries or wages throughout the year.
4. Maintains a non-seasonal business which employs at least one employee for 50 percent of the working days in the previous year.
5. Maintains an employer-employee relationship with its subscribers.
6. Files state and federal income taxes as an ongoing commercial enterprise, nonprofit entity, or is validly exempted from filing taxes, or is a government entity.
7. Meets and maintains applicable participation requirements as required by the health plan's underwriting guidelines and as permitted by state and federal requirements. See participation requirements below for additional details.

Association groups:

The association:

1. Must meet criteria listed as "1" above for employer groups/trusts, as well as other criteria specified in applicable state and federal requirements related specifically to associations.
2. Member firms must comply with the same underwriting guidelines as groups/trusts enrolled by the health plans on a direct basis and must comply with applicable state and federal requirements.

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

1. Groups previously terminated for fraud.
2. Groups that do not have common law employees eligible for coverage.

C. Group Size:

Small groups, including small group coverage offered through an association, will be defined in accordance with applicable state and federal requirements.

To determine a group's classification as "small" or "large," the health plan calculates eligible employees based on the following general guidelines:

1. Groups with common ownership/control count as being part of one group.
2. Groups with membership inside and outside of the health plan service area will be counted together, even if membership within the service area is minimal.

D. Group Effective Date:

New groups must provide all required enrollment information to the health plan 30 days in advance of the effective date. Groups making changes to existing coverage must provide all required enrollment information 15 days in advance of the effective date in order to be effective the first day of the following month. New small groups must include payment of the first month's premium, along with all other enrollment materials.

Note: New York State of Health Marketplace business must comply with applicable state and federal requirements.

E. Group Renewal Date:

Groups renew annually as follows:

1. Community-rated groups outside of the New York State of Health Marketplace renew on January 1, unless the product has rolling rates or a level premium.
2. A group with rolling rates renews on the first day of the month of the anniversary of its effective date and the benefit plan year coincides with the anniversary date.
3. Level premium groups renew throughout the year, based upon a date the group specifies at the time the rate is quoted.
4. New York State of Health groups renew based upon the group's enrollment date.

F. Guaranteed Renewal:

A covered small group or, if the group is a trust or association, a member firm, will be renewed unless terminated due to any of the following occurrences:

1. Nonpayment of premium.

2. Fraud or misrepresentation of material facts.
3. Violation of the health plan's participation requirements.
4. Violation of the health plan's service area requirements.
5. Lapsed membership or membership that is downgraded from "full" to "associate" in the trust or association (including a chamber of commerce) through which the coverage is offered.
6. Inability to meet the definition of a permissible group under applicable state and federal requirements.
7. The health plan discontinues participation in the market or discontinues the class of coverage.

G. Open Enrollment Period:

The health plan's standard policy is one open enrollment (reopening) period per year, at the time of the group's renewal. The open enrollment period is the time when eligible group members who have previously declined coverage through the group may enroll. Subscribers may select from among the various offerings available through the group during the open enrollment period.

H. Special Open Enrollment Periods:

A group may request a special open enrollment period when a significant change in business conditions occurs, such as a purchase of a new division or the group expands coverage to a new class of employees.

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

An eligible subscriber must be a citizen of the United States or must be in the United States validly working on at least a semi-permanent basis (e.g., "H" visa). The subscriber must live, work or reside in the appropriate health plan service area.

Note: For products offered on the New York State of Health Marketplace, subscriber eligibility will be determined in accordance with applicable state and federal requirements.

For coverage through an employer group (including member firms within a trust or association), an eligible subscriber must be:

1. A permanent, full or part-time employee working at least 20 hours per week.
2. An officer or director if engaged in the operation of the business at least 20 hours per week and receiving compensation.

3. An elected or appointed official if the employer group is a public entity (e.g., city, school district).
4. If a retiree, covered by the health plan immediately prior to retirement and with continuous coverage through the health plan.
5. An employee disabled or on Family Medical Leave Act.
6. A former employee on COBRA/New York state extension of benefits, until the maximum period ends.
7. A reservist.
8. A "1099 employee" who is considered an employee per Department of Labor regulations (e.g., realtors, contractors).

B. Employer Probationary Periods:

Employers may select probationary periods from zero to ninety days.

C. Eligible Dependent:

The eligible dependents are dictated by the subscriber contract/certificate. In general, the eligible dependents are as follows:

1. Spouses

   Spouse, unless the marriage is dissolved through divorce or annulment. A same-sex marriage will be recognized when the marriage is performed in a state where full legal status is conferred on the marriage.

2. Dependent Children
   a. Children of a subscriber are covered until age 26, regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage.
   b. In addition to the coverage listed in subparagraph (a) above, coverage for the children of a subscriber is available, if elected by the subscriber or eligible young adult, for unmarried adults younger than 30 years of age who are not insured or eligible for insurance through their own employer, who live, work or reside in New York state or within the health plan's service area and who are not covered under Medicare.
   c. In addition to the coverage listed in subparagraph (a) above, coverage may be available through a "make available" rider, if elected by a group, for the children of a subscriber who are unmarried, younger than 30 years of age, who are not insured or eligible for insurance through their own employer, who live, work or reside in New York state or the health plan's service area, and who are not covered by Medicare.

3. For purposes of subparagraphs b. and c. above, the term “children” includes natural children, stepchildren, legally adopted children and children for whom a court of law has appointed the subscriber or spouse their legal guardian and who are chiefly dependent upon the subscriber for support.

   Note: For products offered on the New York State of Health Marketplace, dependent eligibility will be determined in accordance with applicable state and federal requirements.

D. Subscriber/Dependent Initial Enrollment and Retroactivity

The health plan will enroll a subscriber and/or dependent for the requested date, provided that:

1. The application is received within the retroactive period specified in the subscriber contract/certificate from the date of the qualifying event.
2. If the retroactive period is unspecified, within 30 days.

If not enrolled when initially eligible, the subscriber/dependent must wait until the next open enrollment period, unless the subscriber/dependent qualifies for a special enrollment period (see following Section E).

Note: For products offered on the New York State of Health Marketplace, dependent eligibility will be determined in accordance with applicable state and federal requirements.

E. Special Enrollment Periods:

Special enrollment periods are available in accordance with the terms of the member’s contract.

III. Product Offering Requirements

A. Participation Percentages:

HMO products are not subject to participation requirements, but enrollment in the health plan’s HMO products may contribute to the total participation percentages for small groups.

The group size and participation requirements are based on net-eligible employees (after valid waivers) and will be applied as follows:

To obtain small group coverage from the New York State of Health Marketplace, outside of the January annual open enrollment period, 75 percent of the net-eligible employees must be enrolled in our health plan and meet applicable state law participation requirements.

Note: Minimum participation requirements do not apply to small groups during the annual open enrollment period or products offered on the New York State of Health.

B. Maximum Number of Products or Options:

Small groups meeting standard participation requirements may select the following number of products/options:

Enrolled Employees	Number of Products/Options
1 - 5	1
6 - 15	2
16 - 35	3
36 - 50	4

Groups with multiple product/option selections may choose the same or different types of products, but may not cause adverse selection by violating the health plan's multiple product offering guidelines. See Section C below.

Note: The number of product offerings for New York State of Health Marketplace business will comply with applicable state and federal requirements.

C. Multiple Offerings:

To reduce the potential for adverse selection, the following rules govern which products are available in multiple product offering situations:

1. When offered next to a competitor, the benefit level of the health plan's products must be less than the competitor's benefit offering.
2. When multi-option offerings are offered next to a competitor's plan, our lowest option has to be the lowest option offered, and we must have enrollment in this option.
3. The eligibility criteria for subscribers and dependents must be the same for all products (e.g., domestic partner, student age).
4. The underlying benefits must be essentially the same, except for benefits such as vision, which have a low risk of adverse selection.
5. Rating tiers must be identical.
6. Renewal/open enrollment periods must be the same.
7. The rate differential among health plan product offerings must be at least 5 percent and no more than 30 percent. If a health savings account product is offered, special consideration may be given.

Note: Multiple offerings on the New York State of Health Marketplace must comply with applicable state and federal requirements.

D. Group-Initiated Changes in Coverage:

If a group wishes to change its coverage, the following rules are generally in effect:

1. Riders may be added or eliminated only at the renewal.
2. Benefit changes may occur once per year at the time of renewal.

E. Rating:

Groups with one to 50 eligible employees will be community-rated. Rates are based upon the group's location and product selection, in accordance with rates filed with the New York State Department of Financial Services.

F. Rate Changes:

For community-rated plans, the health plan must provide notice to the group policyholder or contract holder, as well as certificate holders, on or before the date the health plan files its initial rate change filing with the New York State Department of Financial Services. The health plan may provide the group policyholder or contract holder with a sufficient supply of rate change notices for distribution to certificate holders. The rate contained in the notice to group policyholders or contract holders and certificate holders must be no more than 5 percent from the actual rate. Upon receipt of approval of its rate change application, the health plan must provide the group policyholder or contract holder, as well as certificate holders, with 60 days prior written notice of the approved rate change before it may be implemented.

G. Other Requirements Eligibility Verification:

New group and subscriber/dependent eligibility and guideline compliance will be verified using information from tax forms, other filings with government agencies and appropriate company records as determined by the Underwriting Department. Recertification of a group will occur annually through a direct request for information from the health plan. The annual cycle will repeat as long as the group purchases health insurance coverage from the health plan.

Note: For products offered on the New York State of Health Marketplace, eligibility will be determined in accordance with applicable state and federal requirements.

Medical Commercial Community Rated

Underwriting Guidelines Applied on a Group Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

Introduction

Commercial health insurance coverage is available to employers, trust and association groups, subscribers and dependents that meet the qualifications specified in applicable state and federal requirements and the underwriting guidelines of Univera Healthcare. Throughout this document, Univera Healthcare will be referred to as the health plan. Outlined below are the basic criteria that the health plan will follow to qualify employers, trust and association groups, employees and dependents for commercial coverage.

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the group/subscriber/dependent does not 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 group commercial guidelines in use.

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I. Group Eligibility

A. Eligible Groups:

A group, or if the group is a trust or association, a member firm participating in the group, is eligible for commercial group coverage if it meets the following criteria and complies with applicable state and federal requirements:

Employer group/trust:

The group/trust:

1. Is headquartered in the health plan's service area. In the event that the health plan is insuring only the local employees of a multi-location group, the group must have an office in the health plan's service area.
2. Is engaged in a legal business or is a government entity with the legal authority to contract.
3. Regularly employs persons on an active basis for salaries or wages throughout the year.
4. Maintains a non-seasonal business which employs at least one employee for 50 percent of the working days in the previous year.
5. Maintains an employer-employee relationship with its subscribers.
6. Files state and federal income taxes as an ongoing commercial enterprise, nonprofit entity, or is validly exempted from filing taxes, or is a government entity.
7. Meets and maintains applicable participation requirements as required by the health plan's underwriting guidelines and as permitted by state and federal requirements. See participation requirements below for additional details.

Association groups:

The association:

1. Must meet criteria listed as "1" above for employer groups/trusts, as well as other criteria specified in applicable state and federal requirements related specifically to associations.
2. Member firms must comply with the same underwriting guidelines as groups/trusts enrolled by the health plans on a direct basis and must comply with applicable state and federal requirements.

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

1. Groups previously terminated for fraud.
2. Groups that do not have common law employees eligible for coverage.

C. Group Size:

Small groups, including small group coverage offered through an association, will be defined in accordance with applicable state and federal requirements.

To determine a group's classification as "small" or "large," the health plan calculates eligible employees based on the following general guidelines:

1. Groups with common ownership/control count as being part of one group.
2. Groups with membership inside and outside of the health plan service area will be counted together, even if membership within the service area is minimal.

D. Group Effective Date:

New groups must provide all required enrollment information to the health plan 30 days in advance of the effective date. Groups making changes to existing coverage must provide all required enrollment information 15 days in advance of the effective date in order to be effective the first day of the following month. New small groups must include payment of the first month's premium, along with all other enrollment materials.

Note: New York State of Health Marketplace business must comply with applicable state and federal requirements.

E. Group Renewal Date:

Groups renew annually as follows:

1. Community-rated groups outside of the New York State of Health Marketplace renew on January 1, unless the product has rolling rates or a level premium.
2. A group with rolling rates renews on the first day of the month of the anniversary of its effective date and the benefit plan year coincides with the anniversary date.
3. Level premium groups renew throughout the year, based upon a date the group specifies at the time the rate is quoted.
4. New York State of Health groups renew based upon the group's enrollment date.

F. Guaranteed Renewal:

A covered small group or, if the group is a trust or association, a member firm, will be renewed unless terminated due to any of the following occurrences:

1. Nonpayment of premium.

2. Fraud or misrepresentation of material facts.
3. Violation of the health plan's participation requirements.
4. Violation of the health plan's service area requirements.
5. Lapsed membership or membership that is downgraded from "full" to "associate" in the trust or association (including a chamber of commerce) through which the coverage is offered.
6. Inability to meet the definition of a permissible group under applicable state and federal requirements.
7. The health plan discontinues participation in the market or discontinues the class of coverage.

G. Open Enrollment Period:

The health plan's standard policy is one open enrollment (reopening) period per year, at the time of the group's renewal. The open enrollment period is the time when eligible group members who have previously declined coverage through the group may enroll. Subscribers may select from among the various offerings available through the group during the open enrollment period.

H. Special Open Enrollment Periods:

A group may request a special open enrollment period when a significant change in business conditions occurs, such as a purchase of a new division or the group expands coverage to a new class of employees.

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

An eligible subscriber must be a citizen of the United States or must be in the United States validly working on at least a semi-permanent basis (e.g., "H" visa). The subscriber must live, work or reside in the appropriate health plan service area.

Note: For products offered on the New York State of Health Marketplace, subscriber eligibility will be determined in accordance with applicable state and federal requirements.

For coverage through an employer group (including member firms within a trust or association), an eligible subscriber must be:

1. A permanent, full or part-time employee working at least 20 hours per week.
2. An officer or director if engaged in the operation of the business at least 20 hours per week and receiving compensation.

3. An elected or appointed official if the employer group is a public entity (e.g., city, school district).
4. If a retiree, covered by the health plan immediately prior to retirement and with continuous coverage through the health plan.
5. An employee disabled or on Family Medical Leave Act.
6. A former employee on COBRA/New York state extension of benefits, until the maximum period ends.
7. A reservist.
8. A "1099 employee" who is considered an employee per Department of Labor regulations (e.g., realtors, contractors).

B. Employer Probationary Periods:

Employers may select probationary periods from zero to ninety days.

C. Eligible Dependent:

The eligible dependents are dictated by the subscriber contract/certificate. In general, the eligible dependents are as follows:

1. Spouses

   Spouse, unless the marriage is dissolved through divorce or annulment. A same-sex marriage will be recognized when the marriage is performed in a state where full legal status is conferred on the marriage.

2. Dependent Children
   a. Children of a subscriber are covered until age 26, regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage.
   b. In addition to the coverage listed in subparagraph (a) above, coverage for the children of a subscriber is available, if elected by the subscriber or eligible young adult, for unmarried adults younger than 30 years of age who are not insured or eligible for insurance through their own employer, who live, work or reside in New York state or within the health plan's service area and who are not covered under Medicare.
   c. In addition to the coverage listed in subparagraph (a) above, coverage may be available through a "make available" rider, if elected by a group, for the children of a subscriber who are unmarried, younger than 30 years of age, who are not insured or eligible for insurance through their own employer, who live, work or reside in New York state or the health plan's service area, and who are not covered by Medicare.

3. For purposes of subparagraphs b. and c. above, the term “children” includes natural children, stepchildren, legally adopted children and children for whom a court of law has appointed the subscriber or spouse their legal guardian and who are chiefly dependent upon the subscriber for support.

   Note: For products offered on the New York State of Health Marketplace, dependent eligibility will be determined in accordance with applicable state and federal requirements.

D. Subscriber/Dependent Initial Enrollment and Retroactivity

The health plan will enroll a subscriber and/or dependent for the requested date, provided that:

1. The application is received within the retroactive period specified in the subscriber contract/certificate from the date of the qualifying event.
2. If the retroactive period is unspecified, within 30 days.

If not enrolled when initially eligible, the subscriber/dependent must wait until the next open enrollment period, unless the subscriber/dependent qualifies for a special enrollment period (see following Section E).

Note: For products offered on the New York State of Health Marketplace, dependent eligibility will be determined in accordance with applicable state and federal requirements.

E. Special Enrollment Periods:

Special enrollment periods are available in accordance with the terms of the member’s contract.

III. Product Offering Requirements

A. Participation Percentages:

HMO products are not subject to participation requirements, but enrollment in the health plan’s HMO products may contribute to the total participation percentages for small groups.

The group size and participation requirements are based on net-eligible employees (after valid waivers) and will be applied as follows:

To obtain small group coverage from the New York State of Health Marketplace, outside of the January annual open enrollment period, 75 percent of the net-eligible employees must be enrolled in our health plan and meet applicable state law participation requirements.

Note: Minimum participation requirements do not apply to small groups during the annual open enrollment period or products offered on the New York State of Health.

B. Maximum Number of Products or Options:

Small groups meeting standard participation requirements may select the following number of products/options:

Enrolled Employees	Number of Products/Options
1 - 5	1
6 - 15	2
16 - 35	3
36 - 50	4

Groups with multiple product/option selections may choose the same or different types of products, but may not cause adverse selection by violating the health plan's multiple product offering guidelines. See Section C below.

Note: The number of product offerings for New York State of Health Marketplace business will comply with applicable state and federal requirements.

C. Multiple Offerings:

To reduce the potential for adverse selection, the following rules govern which products are available in multiple product offering situations:

1. When offered next to a competitor, the benefit level of the health plan's products must be less than the competitor's benefit offering.
2. When multi-option offerings are offered next to a competitor's plan, our lowest option has to be the lowest option offered, and we must have enrollment in this option.
3. The eligibility criteria for subscribers and dependents must be the same for all products (e.g., domestic partner, student age).
4. The underlying benefits must be essentially the same, except for benefits such as vision, which have a low risk of adverse selection.
5. Rating tiers must be identical.
6. Renewal/open enrollment periods must be the same.
7. The rate differential among health plan product offerings must be at least 5 percent and no more than 30 percent. If a health savings account product is offered, special consideration may be given.

Note: Multiple offerings on the New York State of Health Marketplace must comply with applicable state and federal requirements.

D. Group-Initiated Changes in Coverage:

If a group wishes to change its coverage, the following rules are generally in effect:

1. Riders may be added or eliminated only at the renewal.
2. Benefit changes may occur once per year at the time of renewal.

E. Rating:

Groups with one to 50 eligible employees will be community-rated. Rates are based upon the group's location and product selection, in accordance with rates filed with the New York State Department of Financial Services.

F. Rate Changes:

For community-rated plans, the health plan must provide notice to the group policyholder or contract holder, as well as certificate holders, on or before the date the health plan files its initial rate change filing with the New York State Department of Financial Services. The health plan may provide the group policyholder or contract holder with a sufficient supply of rate change notices for distribution to certificate holders. The rate contained in the notice to group policyholders or contract holders and certificate holders must be no more than 5 percent from the actual rate. Upon receipt of approval of its rate change application, the health plan must provide the group policyholder or contract holder, as well as certificate holders, with 60 days prior written notice of the approved rate change before it may be implemented.

G. Other Requirements Eligibility Verification:

New group and subscriber/dependent eligibility and guideline compliance will be verified using information from tax forms, other filings with government agencies and appropriate company records as determined by the Underwriting Department. Recertification of a group will occur annually through a direct request for information from the health plan. The annual cycle will repeat as long as the group purchases health insurance coverage from the health plan.

Note: For products offered on the New York State of Health Marketplace, eligibility will be determined in accordance 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

Small Group Pool	82.8%

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: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: Prior Approval 2015 Small Group On Exchange
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	Exhibit 13 Small Group On Exchange.pdf Exhibit 14B Small Group On Exchange.pdf Exhibit 15B Small Group On Exchange.pdf Exhibit 16 Small Group On Exchange.pdf 2015 EHP Narrative Summary -Sm Grp and Indv.pdf 2015 Final Rate Notice - Group - EHP & Univera Sample.pdf Actuarial Memorandum - Small Group filed_Redacted.pdf AV Calculations Small Group On Exchange.pdf Exhibit 18 Small Group On Exchange.pdf Exhibit 19 Small Group On Exchange.pdf Exhibit 20 Small Group On Exchange.pdf Exhibit 21A (redacted).pdf Exhibit 17 Small Group On Exchange.pdf Exhibit 22 Small Group On Exchange (redacted).pdf Exhibit 23 Small Group On Exchange.pdf Initial Notification Small Group Sufficient Supply.pdf Initial Notification Small Group.pdf Rate Manual Small Group On 2015.pdf Unified_Rate_Review_Template_SG_ON.pdf Exhibit 21B (redacted).pdf Exhibit 11 Small Group On Exchange (redacted).pdf
Item Status:	
Status Date:	

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Tra EXHP-129573829
Market Segment: Small Groups On Exchange

1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
6) The company should submit the these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
9) Links should be provided on key pages of the company's website so that the information may be easily located.
10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
11) This exhibit must be submitted as an Excel file and as a PDF file.

A. Average 2014 and 2015 Premium Rates:

1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	574.32	477.93	409.82	325.32	N/A
2015 Premium Rates	665.59	555.56	477.77	381.34	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	16.4%

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	11.2%	12.4%	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	0.90	0.90	0.90

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%	7.40%
Expense Ratios	N/A	0.155	0.172
Pre Tax Profit Ratios	N/A	1.00%	0.00

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

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

-- for Small Group Medical Plans

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Tracking #: EXHP-129573829
Market Segment: Small Groups On Exchange

1) Use this Exhibit for Small Group Medical Plans.
2) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
3) Market segment refers to the Small Group Plans.
4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of rating period, metal level, rating region and product name.
5) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with the DFS). A separate row is to be used for each combination of rating period, metal level, rating region and product name.
6) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Groups are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
7) If the percentage change (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
8) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
9) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
10) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that rating period, metal level and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
11) The weighted average percentage should be developed based on annualized premium volume or membership for that rating period, metal level and rating region, including any applicable riders.
12) This exhibit must be submitted as an Excel file and as a PDF file.

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Platinum	Rochester Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	16.70%	16.81%	16.79%
Small Group	1/1/2015	Platinum	Rochester Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	16.35%	16.82%	16.64%
Small Group	1/1/2015	Gold	Rochester Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.96%	17.08%	17.07%
Small Group	1/1/2015	Gold	Rochester Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.57%	17.04%	16.75%
Small Group	1/1/2015	Silver	Rochester Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	17.25%	17.38%	17.32%
Small Group	1/1/2015	Silver	Rochester Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.82%	17.25%	17.09%
Small Group	1/1/2015	Bronze	Rochester Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.92%	18.04%	18.02%
Small Group	1/1/2015	Bronze	Rochester Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.53%	17.86%	17.75%
Small Group	1/1/2015	Platinum	Buffalo Area	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	15.85%	15.95%	15.95%
Small Group	1/1/2015	Platinum	Buffalo Area	valUcare Plus Platinum	valUcare Plus Platinum	15.86%	15.96%	15.94%
Small Group	1/1/2015	Gold	Buffalo Area	valUcare Plus Standard Gold	valUcare Plus Standard Gold	16.11%	16.22%	16.19%
Small Group	1/1/2015	Gold	Buffalo Area	valUcare Plus Gold	valUcare Plus Gold	16.07%	16.38%	16.23%
Small Group	1/1/2015	Silver	Buffalo Area	valUcare Plus Standard Silver	valUcare Plus Standard Silver	16.40%	16.52%	16.48%
Small Group	1/1/2015	Silver	Buffalo Area	valUcare Plus Silver	valUcare Plus Silver	16.33%	16.76%	16.60%
Small Group	1/1/2015	Bronze	Buffalo Area	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	17.08%	17.19%	17.16%
Small Group	1/1/2015	Bronze	Buffalo Area	valUcare Plus Bronze	valUcare Plus Bronze	17.04%	17.37%	17.26%
Small Group	1/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.91%	16.02%	15.99%
Small Group	1/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.92%	16.03%	15.99%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	1/1/2015	Gold	Syracuse Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.17%	16.28%	16.26%
Small Group	1/1/2015	Gold	Syracuse Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.14%	16.45%	16.27%
Small Group	1/1/2015	Silver	Syracuse Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.46%	16.59%	16.56%
Small Group	1/1/2015	Silver	Syracuse Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.40%	16.83%	16.62%
Small Group	1/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.15%	17.26%	17.23%
Small Group	1/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.10%	17.44%	17.27%
Small Group	1/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.85%
Small Group	1/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	1/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.14%
Small Group	1/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.14%
Small Group	1/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.44%
Small Group	1/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.51%
Small Group	1/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.12%
Small Group	1/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.16%
Small Group	1/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.84%
Small Group	1/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	1/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.16%
Small Group	1/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.15%
Small Group	1/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	1/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.50%
Small Group	1/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.13%
Small Group	1/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.20%
Small Group	1/1/2015	Platinum	Albany Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.89%
Small Group	1/1/2015	Platinum	Albany Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.90%
Small Group	1/1/2015	Gold	Albany Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.11%
Small Group	1/1/2015	Gold	Albany Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.17%
Small Group	1/1/2015	Silver	Albany Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	1/1/2015	Silver	Albany Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.43%
Small Group	1/1/2015	Bronze	Albany Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.08%
Small Group	1/1/2015	Bronze	Albany Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.14%
Small Group	1/1/2015	Gold	Rochester Area	Healthy New York EPO	Healthy New York EPO	17.69%	17.88%	17.88%
Small Group	1/1/2015	Gold	Rochester Area	Excellus BCBS HMO	Excellus BCBS HMO	16.98%	17.10%	17.10%
Small Group	1/1/2015	Gold	Buffalo Area	Healthy New York EPO	Healthy New York EPO	16.68%	16.86%	16.85%
Small Group	1/1/2015	Gold	Buffalo Area	Univera Healthcare HMO	Univera Healthcare HMO	16.13%	16.25%	16.19%
Small Group	1/1/2015	Gold	Syracuse Area	Healthy New York EPO	Healthy New York EPO	16.83%	17.03%	17.01%
Small Group	1/1/2015	Gold	Syracuse Area	Excellus BCBS HMO	Excellus BCBS HMO	16.20%	16.32%	16.26%
Small Group	1/1/2015	Gold	Utica/Watertown Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	1/1/2015	Gold	Utica/Watertown Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	1/1/2015	Gold	Albany Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	1/1/2015	Gold	Albany Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	1/1/2015	Gold	Mid-Hudson Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	1/1/2015	Gold	Mid-Hudson Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	4/1/2015	Platinum	Rochester Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	16.70%	16.81%	16.79%
Small Group	4/1/2015	Platinum	Rochester Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	16.35%	16.82%	16.64%
Small Group	4/1/2015	Gold	Rochester Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.96%	17.08%	17.07%
Small Group	4/1/2015	Gold	Rochester Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.57%	17.04%	16.75%
Small Group	4/1/2015	Silver	Rochester Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	17.25%	17.38%	17.32%
Small Group	4/1/2015	Silver	Rochester Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.82%	17.25%	17.09%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	4/1/2015	Bronze	Rochester Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.92%	18.04%	18.02%
Small Group	4/1/2015	Bronze	Rochester Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.53%	17.86%	17.75%
Small Group	4/1/2015	Platinum	Buffalo Area	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	15.85%	15.95%	15.95%
Small Group	4/1/2015	Platinum	Buffalo Area	valUcare Plus Platinum	valUcare Plus Platinum	15.86%	15.96%	15.94%
Small Group	4/1/2015	Gold	Buffalo Area	valUcare Plus Standard Gold	valUcare Plus Standard Gold	16.11%	16.22%	16.19%
Small Group	4/1/2015	Gold	Buffalo Area	valUcare Plus Gold	valUcare Plus Gold	16.07%	16.38%	16.23%
Small Group	4/1/2015	Silver	Buffalo Area	valUcare Plus Standard Silver	valUcare Plus Standard Silver	16.40%	16.52%	16.48%
Small Group	4/1/2015	Silver	Buffalo Area	valUcare Plus Silver	valUcare Plus Silver	16.33%	16.76%	16.60%
Small Group	4/1/2015	Bronze	Buffalo Area	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	17.08%	17.19%	17.16%
Small Group	4/1/2015	Bronze	Buffalo Area	valUcare Plus Bronze	valUcare Plus Bronze	17.04%	17.37%	17.26%
Small Group	4/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.91%	16.02%	15.99%
Small Group	4/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.92%	16.03%	15.99%
Small Group	4/1/2015	Gold	Syracuse Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.17%	16.28%	16.26%
Small Group	4/1/2015	Gold	Syracuse Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.14%	16.45%	16.27%
Small Group	4/1/2015	Silver	Syracuse Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.46%	16.59%	16.56%
Small Group	4/1/2015	Silver	Syracuse Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.40%	16.83%	16.62%
Small Group	4/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.15%	17.26%	17.23%
Small Group	4/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.10%	17.44%	17.27%
Small Group	4/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.85%
Small Group	4/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	4/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.14%
Small Group	4/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.14%
Small Group	4/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.44%
Small Group	4/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.51%
Small Group	4/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.12%
Small Group	4/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.16%
Small Group	4/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.84%
Small Group	4/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	4/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.16%
Small Group	4/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.15%
Small Group	4/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	4/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.50%
Small Group	4/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.13%
Small Group	4/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.20%
Small Group	4/1/2015	Platinum	Albany Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.89%
Small Group	4/1/2015	Platinum	Albany Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.90%
Small Group	4/1/2015	Gold	Albany Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.11%
Small Group	4/1/2015	Gold	Albany Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.17%
Small Group	4/1/2015	Silver	Albany Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	4/1/2015	Silver	Albany Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.43%
Small Group	4/1/2015	Bronze	Albany Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.08%
Small Group	4/1/2015	Bronze	Albany Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.14%
Small Group	4/1/2015	Gold	Rochester Area	Healthy New York EPO	Healthy New York EPO	17.69%	17.88%	17.88%
Small Group	4/1/2015	Gold	Rochester Area	Excellus BCBS HMO	Excellus BCBS HMO	16.98%	17.10%	17.10%
Small Group	4/1/2015	Gold	Buffalo Area	Healthy New York EPO	Healthy New York EPO	16.68%	16.86%	16.85%
Small Group	4/1/2015	Gold	Buffalo Area	Univera Healthcare HMO	Univera Healthcare HMO	16.13%	16.25%	16.19%
Small Group	4/1/2015	Gold	Syracuse Area	Healthy New York EPO	Healthy New York EPO	16.83%	17.03%	17.01%
Small Group	4/1/2015	Gold	Syracuse Area	Excellus BCBS HMO	Excellus BCBS HMO	16.20%	16.32%	16.26%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	4/1/2015	Gold	Utica/Watertown Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	4/1/2015	Gold	Utica/Watertown Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	4/1/2015	Gold	Albany Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	4/1/2015	Gold	Albany Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	4/1/2015	Gold	Mid-Hudson Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	4/1/2015	Gold	Mid-Hudson Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	7/1/2015	Platinum	Rochester Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	16.70%	16.81%	16.79%
Small Group	7/1/2015	Platinum	Rochester Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	16.35%	16.82%	16.64%
Small Group	7/1/2015	Gold	Rochester Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.96%	17.08%	17.07%
Small Group	7/1/2015	Gold	Rochester Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.57%	17.04%	16.75%
Small Group	7/1/2015	Silver	Rochester Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	17.25%	17.38%	17.32%
Small Group	7/1/2015	Silver	Rochester Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.82%	17.25%	17.09%
Small Group	7/1/2015	Bronze	Rochester Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.92%	18.04%	18.02%
Small Group	7/1/2015	Bronze	Rochester Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.53%	17.86%	17.75%
Small Group	7/1/2015	Platinum	Buffalo Area	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	15.85%	15.95%	15.95%
Small Group	7/1/2015	Platinum	Buffalo Area	valUcare Plus Platinum	valUcare Plus Platinum	15.86%	15.96%	15.94%
Small Group	7/1/2015	Gold	Buffalo Area	valUcare Plus Standard Gold	valUcare Plus Standard Gold	16.11%	16.22%	16.19%
Small Group	7/1/2015	Gold	Buffalo Area	valUcare Plus Gold	valUcare Plus Gold	16.07%	16.38%	16.23%
Small Group	7/1/2015	Silver	Buffalo Area	valUcare Plus Standard Silver	valUcare Plus Standard Silver	16.40%	16.52%	16.48%
Small Group	7/1/2015	Silver	Buffalo Area	valUcare Plus Silver	valUcare Plus Silver	16.33%	16.76%	16.60%
Small Group	7/1/2015	Bronze	Buffalo Area	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	17.08%	17.19%	17.16%
Small Group	7/1/2015	Bronze	Buffalo Area	valUcare Plus Bronze	valUcare Plus Bronze	17.04%	17.37%	17.26%
Small Group	7/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.91%	16.02%	15.99%
Small Group	7/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.92%	16.03%	15.99%
Small Group	7/1/2015	Gold	Syracuse Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.17%	16.28%	16.26%
Small Group	7/1/2015	Gold	Syracuse Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.14%	16.45%	16.27%
Small Group	7/1/2015	Silver	Syracuse Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.46%	16.59%	16.56%
Small Group	7/1/2015	Silver	Syracuse Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.40%	16.83%	16.62%
Small Group	7/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.15%	17.26%	17.23%
Small Group	7/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.10%	17.44%	17.27%
Small Group	7/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.85%
Small Group	7/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	7/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.14%
Small Group	7/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.14%
Small Group	7/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.44%
Small Group	7/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.51%
Small Group	7/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.12%
Small Group	7/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.16%
Small Group	7/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.84%
Small Group	7/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	7/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.16%
Small Group	7/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.15%
Small Group	7/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	7/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.50%
Small Group	7/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.13%
Small Group	7/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.20%
Small Group	7/1/2015	Platinum	Albany Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.89%
Small Group	7/1/2015	Platinum	Albany Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.90%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	7/1/2015	Gold	Albany Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.11%
Small Group	7/1/2015	Gold	Albany Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.17%
Small Group	7/1/2015	Silver	Albany Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	7/1/2015	Silver	Albany Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.43%
Small Group	7/1/2015	Bronze	Albany Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.08%
Small Group	7/1/2015	Bronze	Albany Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.14%
Small Group	7/1/2015	Gold	Rochester Area	Healthy New York EPO	Healthy New York EPO	17.69%	17.88%	17.88%
Small Group	7/1/2015	Gold	Rochester Area	Excellus BCBS HMO	Excellus BCBS HMO	16.98%	17.10%	17.10%
Small Group	7/1/2015	Gold	Buffalo Area	Healthy New York EPO	Healthy New York EPO	16.68%	16.86%	16.85%
Small Group	7/1/2015	Gold	Buffalo Area	Univera Healthcare HMO	Univera Healthcare HMO	16.13%	16.25%	16.19%
Small Group	7/1/2015	Gold	Syracuse Area	Healthy New York EPO	Healthy New York EPO	16.83%	17.03%	17.01%
Small Group	7/1/2015	Gold	Syracuse Area	Excellus BCBS HMO	Excellus BCBS HMO	16.20%	16.32%	16.26%
Small Group	7/1/2015	Gold	Utica/Watertown Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	7/1/2015	Gold	Utica/Watertown Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	7/1/2015	Gold	Albany Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	7/1/2015	Gold	Albany Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	7/1/2015	Gold	Mid-Hudson Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	7/1/2015	Gold	Mid-Hudson Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	10/1/2015	Platinum	Rochester Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	16.70%	16.81%	16.79%
Small Group	10/1/2015	Platinum	Rochester Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	16.35%	16.82%	16.64%
Small Group	10/1/2015	Gold	Rochester Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.96%	17.08%	17.07%
Small Group	10/1/2015	Gold	Rochester Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.57%	17.04%	16.75%
Small Group	10/1/2015	Silver	Rochester Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	17.25%	17.38%	17.32%
Small Group	10/1/2015	Silver	Rochester Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.82%	17.25%	17.09%
Small Group	10/1/2015	Bronze	Rochester Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.92%	18.04%	18.02%
Small Group	10/1/2015	Bronze	Rochester Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.53%	17.86%	17.75%
Small Group	10/1/2015	Platinum	Buffalo Area	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	15.85%	15.95%	15.95%
Small Group	10/1/2015	Platinum	Buffalo Area	valUcare Plus Platinum	valUcare Plus Platinum	15.86%	15.96%	15.94%
Small Group	10/1/2015	Gold	Buffalo Area	valUcare Plus Standard Gold	valUcare Plus Standard Gold	16.11%	16.22%	16.19%
Small Group	10/1/2015	Gold	Buffalo Area	valUcare Plus Gold	valUcare Plus Gold	16.07%	16.38%	16.23%
Small Group	10/1/2015	Silver	Buffalo Area	valUcare Plus Standard Silver	valUcare Plus Standard Silver	16.40%	16.52%	16.48%
Small Group	10/1/2015	Silver	Buffalo Area	valUcare Plus Silver	valUcare Plus Silver	16.33%	16.76%	16.60%
Small Group	10/1/2015	Bronze	Buffalo Area	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	17.08%	17.19%	17.16%
Small Group	10/1/2015	Bronze	Buffalo Area	valUcare Plus Bronze	valUcare Plus Bronze	17.04%	17.37%	17.26%
Small Group	10/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.91%	16.02%	15.99%
Small Group	10/1/2015	Platinum	Syracuse Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.92%	16.03%	15.99%
Small Group	10/1/2015	Gold	Syracuse Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.17%	16.28%	16.26%
Small Group	10/1/2015	Gold	Syracuse Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.14%	16.45%	16.27%
Small Group	10/1/2015	Silver	Syracuse Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.46%	16.59%	16.56%
Small Group	10/1/2015	Silver	Syracuse Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.40%	16.83%	16.62%
Small Group	10/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.15%	17.26%	17.23%
Small Group	10/1/2015	Bronze	Syracuse Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	17.10%	17.44%	17.27%
Small Group	10/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.85%
Small Group	10/1/2015	Platinum	Utica/Watertown Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	10/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.14%
Small Group	10/1/2015	Gold	Utica/Watertown Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.14%
Small Group	10/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.44%
Small Group	10/1/2015	Silver	Utica/Watertown Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.51%

EXHIBIT 14B

Small Group Medical Products

Market Segment	Effective Date of New Rate	Metal Level	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Small Group	10/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.12%
Small Group	10/1/2015	Bronze	Utica/Watertown Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.16%
Small Group	10/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.84%
Small Group	10/1/2015	Platinum	Mid-Hudson Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.86%
Small Group	10/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.16%
Small Group	10/1/2015	Gold	Mid-Hudson Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.15%
Small Group	10/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	10/1/2015	Silver	Mid-Hudson Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.50%
Small Group	10/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.13%
Small Group	10/1/2015	Bronze	Mid-Hudson Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.20%
Small Group	10/1/2015	Platinum	Albany Area	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	15.79%	15.89%	15.89%
Small Group	10/1/2015	Platinum	Albany Area	SimplyBlue Plus Platinum	SimplyBlue Plus Platinum	15.80%	15.91%	15.90%
Small Group	10/1/2015	Gold	Albany Area	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	16.05%	16.17%	16.11%
Small Group	10/1/2015	Gold	Albany Area	SimplyBlue Plus Gold	SimplyBlue Plus Gold	16.02%	16.33%	16.17%
Small Group	10/1/2015	Silver	Albany Area	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	16.35%	16.47%	16.41%
Small Group	10/1/2015	Silver	Albany Area	SimplyBlue Plus Silver	SimplyBlue Plus Silver	16.28%	16.71%	16.43%
Small Group	10/1/2015	Bronze	Albany Area	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	17.03%	17.14%	17.08%
Small Group	10/1/2015	Bronze	Albany Area	SimplyBlue Plus Bronze	SimplyBlue Plus Bronze	16.98%	17.31%	17.14%
Small Group	10/1/2015	Gold	Rochester Area	Healthy New York EPO	Healthy New York EPO	17.69%	17.88%	17.88%
Small Group	10/1/2015	Gold	Rochester Area	Excellus BCBS HMO	Excellus BCBS HMO	16.98%	17.10%	17.10%
Small Group	10/1/2015	Gold	Buffalo Area	Healthy New York EPO	Healthy New York EPO	16.68%	16.86%	16.85%
Small Group	10/1/2015	Gold	Buffalo Area	Univera Healthcare HMO	Univera Healthcare HMO	16.13%	16.25%	16.19%
Small Group	10/1/2015	Gold	Syracuse Area	Healthy New York EPO	Healthy New York EPO	16.83%	17.03%	17.01%
Small Group	10/1/2015	Gold	Syracuse Area	Excellus BCBS HMO	Excellus BCBS HMO	16.20%	16.32%	16.26%
Small Group	10/1/2015	Gold	Utica/Watertown Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	10/1/2015	Gold	Utica/Watertown Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	10/1/2015	Gold	Albany Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	10/1/2015	Gold	Albany Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%
Small Group	10/1/2015	Gold	Mid-Hudson Area	Healthy New York EPO	Healthy New York EPO	16.72%	16.90%	16.87%
Small Group	10/1/2015	Gold	Mid-Hudson Area	Excellus BCBS HMO	Excellus BCBS HMO	16.08%	16.19%	16.14%

EXHIBIT 15 - PART B: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR SMALL GROUP PRODUCTS

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Tracking #: EXHP-129573829
Market Segment: Small Groups On Exchange

Instructions:

1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The effective date is the earliest date that the proposed new rate would become effective if approved. Effective Dates for Small Group are 1/1/15, 4/1/15, 7/1/15 and 10/1/15.
3) The distribution is by number of members or number of contracts . The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
4) The Weighted Average Percentage change should be developed based on the distribution of annualized premiums for that Market Segment/Rating Period/Metal Level and for the market segment in total.
5) Market segment refers to Small Group market segment.
6) Rating region refers to the standard rating regions applicable to this filing. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of 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
Small Group	1/1/2015	Platinum	Rochester Area	16.6%	$94,259,995	21,974	11,142	0	0	0	0	0	11,142	0	0	0	0	0
Small Group	1/1/2015	Gold	Rochester Area	16.9%	$55,290,278	16,043	8,138	0	0	0	0	0	8,138	0	0	0	0	0
Small Group	1/1/2015	Silver	Rochester Area	17.1%	$50,069,786	16,184	8,187	0	0	0	0	0	8,187	0	0	0	0	0
Small Group	1/1/2015	Bronze	Rochester Area	17.8%	$5,764,652	2,384	1,176	0	0	0	0	0	1,176	0	0	0	0	0
Small Group	1/1/2015	Platinum	Buffalo Area	15.9%	$6,306,057	1,149	650	0	0	0	0	0	650	0	0	0	0	0
Small Group	1/1/2015	Gold	Buffalo Area	16.5%	$12,156,635	3,151	1,703	0	0	0	0	0	1,703	0	0	0	0	0
Small Group	1/1/2015	Silver	Buffalo Area	16.6%	$10,881,830	2,822	1,377	0	0	0	0	0	1,377	0	0	0	0	0
Small Group	1/1/2015	Bronze	Buffalo Area	17.2%	$2,286,326	756	388	0	0	0	0	0	388	0	0	0	0	0
Small Group	1/1/2015	Platinum	Syracuse Area	16.0%	$115,259,811	21,683	11,589	0	0	0	0	0	11,589	0	0	0	0	0
Small Group	1/1/2015	Gold	Syracuse Area	16.3%	$85,759,705	19,817	10,512	0	0	0	0	0	10,512	0	0	0	0	0
Small Group	1/1/2015	Silver	Syracuse Area	16.6%	$54,842,727	14,419	7,550	0	0	0	0	0	7,550	0	0	0	0	0
Small Group	1/1/2015	Bronze	Syracuse Area	17.3%	$10,207,758	3,393	1,808	0	0	0	0	0	1,808	0	0	0	0	0
Small Group	1/1/2015	Platinum	Utica/Watertown Area	15.9%	$61,923,232	10,672	5,826	0	0	0	0	0	5,826	0	0	0	0	0
Small Group	1/1/2015	Gold	Utica/Watertown Area	16.3%	$45,680,516	10,209	5,811	0	0	0	0	0	5,811	0	0	0	0	0
Small Group	1/1/2015	Silver	Utica/Watertown Area	16.5%	$31,442,055	7,543	4,074	0	0	0	0	0	4,074	0	0	0	0	0
Small Group	1/1/2015	Bronze	Utica/Watertown Area	17.2%	$6,802,585	2,101	1,122	0	0	0	0	0	1,122	0	0	0	0	0
Small Group	1/1/2015	Platinum	Mid-Hudson Area	15.9%	$1,653,069	288	157	0	0	0	0	0	157	0	0	0	0	0
Small Group	1/1/2015	Gold	Mid-Hudson Area	16.3%	$1,285,465	280	162	0	0	0	0	0	162	0	0	0	0	0
Small Group	1/1/2015	Silver	Mid-Hudson Area	16.5%	$1,120,426	264	147	0	0	0	0	0	147	0	0	0	0	0
Small Group	1/1/2015	Bronze	Mid-Hudson Area	17.2%	$260,060	81	45	0	0	0	0	0	45	0	0	0	0	0
Small Group	1/1/2015	Platinum	Albany Area	15.9%	$121,562	18	15	0	0	0	0	0	15	0	0	0	0	0
Small Group	1/1/2015	Gold	Albany Area	16.5%	$237,256	61	35	0	0	0	0	0	35	0	0	0	0	0
Small Group	1/1/2015	Silver	Albany Area	16.4%	$73,149	16	11	0	0	0	0	0	11	0	0	0	0	0
Small Group	1/1/2015	Bronze	Albany Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Platinum	Rochester Area	16.6%	$1,067,832	239	128	0	0	0	0	0	128	0	0	0	0	0
Small Group	4/1/2015	Gold	Rochester Area	16.9%	$370,048	94	60	0	0	0	0	0	60	0	0	0	0	0
Small Group	4/1/2015	Silver	Rochester Area	17.1%	$886,603	281	154	0	0	0	0	0	154	0	0	0	0	0
Small Group	4/1/2015	Bronze	Rochester Area	17.8%	$66,328	28	14	0	0	0	0	0	14	0	0	0	0	0
Small Group	4/1/2015	Platinum	Buffalo Area	15.9%	$287,406	51	23	0	0	0	0	0	23	0	0	0	0	0
Small Group	4/1/2015	Gold	Buffalo Area	16.5%	$555,715	138	65	0	0	0	0	0	65	0	0	0	0	0
Small Group	4/1/2015	Silver	Buffalo Area	16.6%	$752,245	193	91	0	0	0	0	0	91	0	0	0	0	0
Small Group	4/1/2015	Bronze	Buffalo Area	17.2%	$37,329	13	6	0	0	0	0	0	6	0	0	0	0	0
Small Group	4/1/2015	Platinum	Syracuse Area	16.0%	$1,298,391	232	127	0	0	0	0	0	127	0	0	0	0	0
Small Group	4/1/2015	Gold	Syracuse Area	16.3%	$1,184,063	253	145	0	0	0	0	0	145	0	0	0	0	0
Small Group	4/1/2015	Silver	Syracuse Area	16.6%	$659,447	169	88	0	0	0	0	0	88	0	0	0	0	0
Small Group	4/1/2015	Bronze	Syracuse Area	17.3%	$241,026	84	45	0	0	0	0	0	45	0	0	0	0	0
Small Group	4/1/2015	Platinum	Utica/Watertown Area	15.9%	$600,750	109	52	0	0	0	0	0	52	0	0	0	0	0
Small Group	4/1/2015	Gold	Utica/Watertown Area	16.3%	$1,151,454	248	125	0	0	0	0	0	125	0	0	0	0	0
Small Group	4/1/2015	Silver	Utica/Watertown Area	16.5%	$1,091,680	262	125	0	0	0	0	0	125	0	0	0	0	0
Small Group	4/1/2015	Bronze	Utica/Watertown Area	17.2%	$109,823	35	19	0	0	0	0	0	19	0	0	0	0	0
Small Group	4/1/2015	Platinum	Mid-Hudson Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	Mid-Hudson Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Silver	Mid-Hudson Area	16.5%	$43,520	9	7	0	0	0	0	0	7	0	0	0	0	0
Small Group	4/1/2015	Bronze	Mid-Hudson Area	17.2%	$4,020	1	1	0	0	0	0	0	1	0	0	0	0	0
Small Group	4/1/2015	Platinum	Albany Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	4/1/2015	Gold	Albany Area	16.5%	$56,061	20	8	0	0	0	0	0	8	0	0	0	0	0
Small Group	4/1/2015	Silver	Albany Area	16.4%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Requested Percentage Rate Change at Renewal										
					04/30/2014			Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
Small Group	4/1/2015	Bronze	Albany Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Rochester Area	16.6%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Rochester Area	16.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Rochester Area	17.1%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Rochester Area	17.8%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Buffalo Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Buffalo Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Buffalo Area	16.6%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Buffalo Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Syracuse Area	16.0%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Syracuse Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Syracuse Area	16.6%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Syracuse Area	17.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Utica/Watertown Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Utica/Watertown Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Utica/Watertown Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Utica/Watertown Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Mid-Hudson Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Mid-Hudson Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Mid-Hudson Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Mid-Hudson Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Platinum	Albany Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Gold	Albany Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Silver	Albany Area	16.4%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	7/1/2015	Bronze	Albany Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Rochester Area	16.6%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Rochester Area	16.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Rochester Area	17.1%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Rochester Area	17.8%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Buffalo Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Buffalo Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Buffalo Area	16.6%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Buffalo Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Syracuse Area	16.0%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Syracuse Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Syracuse Area	16.6%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Syracuse Area	17.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Utica/Watertown Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Utica/Watertown Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Utica/Watertown Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Utica/Watertown Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Mid-Hudson Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Mid-Hudson Area	16.3%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Mid-Hudson Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Mid-Hudson Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Platinum	Albany Area	15.9%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Gold	Albany Area	16.5%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Silver	Albany Area	16.4%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Group	10/1/2015	Bronze	Albany Area	17.2%	$0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Market Segment Total:			16.4%	$664,148,679	157,767	82,908	0	0	0	0	0	82,908	0	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-129573829
Market Segment: Small Groups On Exchange

Instructions:

1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
2) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with DFS).
3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
5) This form must be submitted as an Excel file and as a PDF file.

List of rate filings that have been approved since the §3231(d) or §4308(b) initial rate filing in calendar year 2013, or are currently pending with DFS.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date

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%.

DRAFT

DATE

Subgroup Name
ATTN: Group Administrator
Subgroup Address
City, State Zip

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

Dear Group Administrator:

Thank you for choosing Excellus BlueCross BlueShield for your health care plan. The attached rates were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date, January 1, 2014.

Availability of summary health information:
The Patient Protection and Affordable Care Act requires issuers and group health plans to distribute a Summary of Benefits and Coverage (SBC) that describes the benefits and coverage available under a health plan. For a copy of your SBCs, please visit our website at excellusbcbs.com/sbcfinder. The plan IDs and coverage start dates (effective dates) are listed on your rate summary sheets. SBCs must be distributed to your group members at renewal and at any time upon request.

If the rate adjustment for your current product does not meet your budget, we offer a wide variety of other products at prices that may fit your needs. If you have questions about the premium rate listed in this letter, please:

- Contact your Account Consultant or benefits administrator, or
- Call our general rate information line at 1-855-561-2836

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

Subgroup Name
ATTN: Group Administrator
Subgroup Address
City, State Zip

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

Dear Group Administrator:

Thank you for choosing Univera Healthcare for your health care plan. The attached rates were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date, January 1, 2015.

Availability of summary health information:
The Patient Protection and Affordable Care Act requires issuers and group health plans to distribute a Summary of Benefits and Coverage (SBC) that describes the benefits and coverage available under a health plan. For a copy of your SBCs, please visit our website at univerahealthcare.com/sbcfinder. The plan IDs and coverage start dates (effective dates) are listed on your rate summary sheets. SBCs must be distributed to your group members at renewal and at any time upon request.

If the rate adjustment for your current product does not meet your budget, we offer a wide variety of other products at prices that may fit your needs. If you have questions about the premium rate listed in this letter, please:

- Contact your Account Consultant or benefits administrator, or
- Call our general rate information line at 1-855-561-2836.

We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,

Art Wingerter
President

RATE SUMMARY SHEET Effective Date: January 1, 2015

Sub Group: 12345678-0001 – ABC Company

Rating Region: xxx Group Segment: Small Group

Rates shown below represent a Monthly Premium

Class: A001 – All Actives

Product Name #1; HIOS ID

Effective Date	Subscriber	Subscriber & Spouse	Subscriber & One Child	Subscriber and Children	Family
Current	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx
1/1/2015	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx

Product Name #2; HIOS ID

Effective Date	Subscriber	Subscriber & Spouse	Subscriber & One Child	Subscriber and Children	Family
Current	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx
1/1/2015	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx	$xxx.xx

Excellus Health Plan, Inc.

2015 Community Rate Submission
Small Group

Actuarial Memorandum

Actuarial Memorandum Table of Contents

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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 small group 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-129573829 for small group on exchange and EXHP-129573857 for small group 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
    - Impact of Federal Risk Adjustment Program
    - Impact of Federal Transitional Reinsurance Program
    - Claim trend projection factor
    - Other (Impact of Regulation 146)
  - Plan Level Adjustments such as:
    - Pricing AV
    - Induced Demand
    - Impact of Provider Network Characteristics
    - Benefits in addition to EHB
    - Administrative Costs
    - Contribution to Surplus
    - 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.

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.

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 50% of the estimated transfer payment or -$5.96 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

The Federal Transitional Reinsurance Program does not apply to the small group market.

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 $2.65 million to the small group 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 induced demand, 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

The Healthy New York EPO products are split into two different HIOS IDs as follows: 78124NY112 represents the product in the Buffalo region while 78124NY111 represents the product in all other regions. The weighted average network adjustment relative to the commercial population is .75 for HIOS ID 78124NY111 and .78 for HIOS ID 78124NY112.

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

Benefits in Addition to EHB

The only covered benefit in addition to EHB is vision coverage for adults. The impact for each plan option is shown in line 35 of Exhibit 18.

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, reinsurance fee, risk adjustment fee, and the patient-centered outcomes research institute fee. The administrative cost components that are applied as a percentage of premium amounts are as follows: health insurance provider fee, broker commissions, and 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.

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 included in all plans except the HMO option and the Healthy New York option. Exhibit 18 shows the impact for each applicable plan option in line 39.

Stop Loss on Healthy New York

The estimate of the HNY stop loss is based on HNY HMO small group experience trended to 2015. The HMO product option is used because it most closely resembles the 2015 benefits that include EHBs and prescription drugs. The stop loss is then calculated by applying the recoupment formula (90% for claims in between $5,000 and $75,000) to the trended data. The result is further reduced to account for NYS' historical approach of not distributing the full calculated stop loss amounts. The estimate is consistent with the assumption from EHP's 2012 stop loss projections that 62% of the calculated amounts were distributed to EHP. The estimated 2015 HNY stop loss recoupment is $51.36.

Exhibit 18 shows this impact, when applicable, in line 40.

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

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 factors that were applied to 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	0.9340	**0.8581**
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.

Calculation of Final Premium Rates for Subsequent Quarters

The final premium rates for subsequent quarters are the Q1 2015 final premium rates from the calculations above multiplied by an applicable roll factor. EHP has selected a roll factor of 1.02 for each quarter.

The final premium rates of all plans for each quarter are shown in the rate manual exhibits.

Projected Loss Ratios

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 82.8%.

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.

[redacted]

June 13, 2014

Excellus Health Plan **Appendix I**

2015 Small Group Dental Premium Rates

		Q1 2015 Dental Premium Rates				
Region	Dental Plan Name	Single	Sub & Spouse	Sub & Child(ren)	Family	Child
Rochester	DFS Standard Platinum	4.82	9.65	8.20	13.75	NA
Rochester	DFS Standard Gold	4.40	8.80	7.48	12.55	NA
Rochester	DFS Standard Silver	4.20	8.39	7.13	11.96	NA
Rochester	DFS Standard Bronze	2.73	5.46	4.64	7.77	NA
Rochester	DFS Standard Catastophic	3.17	6.33	5.38	9.03	NA
Rochester	Non-Standard	4.33	8.65	7.35	12.32	NA
Syracuse	DFS Standard Platinum	5.84	11.69	9.93	16.65	NA
Syracuse	DFS Standard Gold	5.33	10.67	9.07	15.20	NA
Syracuse	DFS Standard Silver	5.08	10.17	8.64	14.49	NA
Syracuse	DFS Standard Bronze	3.31	6.61	5.62	9.42	NA
Syracuse	DFS Standard Catastophic	3.84	7.67	6.52	10.94	NA
Syracuse	Non-Standard	5.24	10.48	8.91	14.93	NA
Utica/Watertown	DFS Standard Platinum	6.21	12.43	10.56	17.71	NA
Utica/Watertown	DFS Standard Gold	5.67	11.34	9.64	16.16	NA
Utica/Watertown	DFS Standard Silver	5.41	10.81	9.19	15.41	NA
Utica/Watertown	DFS Standard Bronze	3.52	7.03	5.98	10.02	NA
Utica/Watertown	DFS Standard Catastophic	4.08	8.16	6.93	11.63	NA
Utica/Watertown	Non-Standard	5.57	11.14	9.47	15.88	NA
Mid-Hudson	DFS Standard Platinum	6.21	12.43	10.56	17.71	NA
Mid-Hudson	DFS Standard Gold	5.67	11.34	9.64	16.16	NA
Mid-Hudson	DFS Standard Silver	5.41	10.81	9.19	15.41	NA
Mid-Hudson	DFS Standard Bronze	3.52	7.03	5.98	10.02	NA
Mid-Hudson	DFS Standard Catastophic	4.08	8.16	6.93	11.63	NA
Mid-Hudson	Non-Standard	5.57	11.14	9.47	15.88	NA
Albany	DFS Standard Platinum	6.21	12.43	10.56	17.71	NA
Albany	DFS Standard Gold	5.67	11.34	9.64	16.16	NA
Albany	DFS Standard Silver	5.41	10.81	9.19	15.41	NA
Albany	DFS Standard Bronze	3.52	7.03	5.98	10.02	NA
Albany	DFS Standard Catastophic	4.08	8.16	6.93	11.63	NA
Albany	Non-Standard	5.57	11.14	9.47	15.88	NA
Buffalo	DFS Standard Platinum	6.04	12.08	10.26	17.22	NA
Buffalo	DFS Standard Gold	5.51	11.03	9.37	15.71	NA
Buffalo	DFS Standard Silver	5.26	10.51	8.93	14.98	NA
Buffalo	DFS Standard Bronze	3.42	6.83	5.81	9.74	NA
Buffalo	DFS Standard Catastophic	3.97	7.93	6.74	11.31	NA
Buffalo	Non-Standard	5.42	10.83	9.21	15.43	NA

Excellus Health Plan, Inc.
Excellus BCBS, Univera Healthcare

Actuarial Value Calculations

Small Group On- Exchange

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Standard Platinum	valUcare Plus Standard Platinum
Associated HIOS IDs:	78124NY0980002-01	78124NY1020002-01
	78124NY0980004-01	78124NY1020004-01
	78124NY0980006-01	78124NY1020006-01
	78124NY0980008-01	78124NY1020008-01
	78124NY0980010-01	78124NY1020010-01
	78124NY0980012-01	78124NY1020012-01
	78124NY0980014-01	78124NY1020014-01
	78124NY0980016-01	78124NY1020016-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Standard Platinum

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

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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:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Platinum 2	valUcare Plus Platinum 2
Associated HIOS IDs:	78124NY0980018-01	78124NY1020018-01
	78124NY0980020-01	78124NY1020020-01
	78124NY0980022-01	78124NY1020022-01
	78124NY0980024-01	78124NY1020024-01
	78124NY0980026-01	78124NY1020026-01
	78124NY0980028-01	78124NY1020028-01
	78124NY0980030-01	78124NY1020030-01
	78124NY0980032-01	78124NY1020032-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Platinum 2

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

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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:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Gold 9	valUcare Plus Gold 9
Associated HIOS IDs:	78124NY1000066-01	78124NY1040066-01
	78124NY1000068-01	78124NY1040068-01
	78124NY1000070-01	78124NY1040070-01
	78124NY1000072-01	78124NY1040072-01
	78124NY1000074-01	78124NY1040074-01
	78124NY1000076-01	78124NY1040076-01
	78124NY1000078-01	78124NY1040078-01
	78124NY1000080-01	78124NY1040080-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Standard 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: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

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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:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Standard Gold	valUcare Plus Standard Gold
Associated HIOS IDs:	78124NY0990034-01	78124NY1030034-01
	78124NY0990036-01	78124NY1030036-01
	78124NY0990038-01	78124NY1030038-01
	78124NY0990040-01	78124NY1030040-01
	78124NY0990042-01	78124NY1030042-01
	78124NY0990044-01	78124NY1030044-01
	78124NY0990046-01	78124NY1030046-01
	78124NY0990048-01	78124NY1030048-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Gold 9

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

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)	☑	☑	100.00%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☑	☑	100.00%		☐	☐		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☑	100%		☐	☐		
Preferred Brand Drugs	☑	☑	100%		☐	☐		
Non-Preferred Brand Drugs	☑	☑	100%		☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☑	100%		☐	☐		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.05%
Metal Tier:	Gold

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Standard Silver	valUcare Plus Standard Silver
Associated HIOS IDs:	78124NY0990002-01	78124NY1030002-01
	78124NY0990004-01	78124NY1030004-01
	78124NY0990006-01	78124NY1030006-01
	78124NY0990008-01	78124NY1030008-01
	78124NY0990010-01	78124NY1030010-01
	78124NY0990012-01	78124NY1030012-01
	78124NY0990014-01	78124NY1030014-01
	78124NY0990016-01	78124NY1030016-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Standard 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: 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:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Silver 3	valUcare Plus Silver 3
Associated HIOS IDs:	78124NY1000082-01	78124NY1040082-01
	78124NY1000084-01	78124NY1040084-01
	78124NY1000086-01	78124NY1040086-01
	78124NY1000088-01	78124NY1040088-01
	78124NY1000090-01	78124NY1040090-01
	78124NY1000092-01	78124NY1040092-01
	78124NY1000094-01	78124NY1040094-01
	78124NY1000096-01	78124NY1040096-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Silver 3

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 ($)			$2,100.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$5,500.00			
OOP Maximum if Separate ($)						

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	☑	☑			☐	☐		
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	☑	☐		$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:	68.29%
Metal Tier:	Silver

Company Name:	Excellus BlueCrossBlueShield / Univera HealthCare	
Market:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Standard Bronze	valUcare Plus Standard Bronze
Associated HIOS IDs:	78124NY1000002-01	78124NY1040002-01
	78124NY1000004-01	78124NY1040004-01
	78124NY1000006-01	78124NY1040006-01
	78124NY1000008-01	78124NY1040008-01
	78124NY1000010-01	78124NY1040010-01
	78124NY1000012-01	78124NY1040012-01
	78124NY1000014-01	78124NY1040014-01
	78124NY1000016-01	78124NY1040016-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Standard Bronze

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:	Small Group On Exchange Market	
Marketing Name:	SimplyBlue Plus Bronze 3	valUcare Plus Bronze 3
Associated HIOS IDs:	78124NY1000146-01	78124NY1040146-01
	78124NY1000148-01	78124NY1040148-01
	78124NY1000150-01	78124NY1040150-01
	78124NY1000152-01	78124NY1040152-01
	78124NY1000154-01	78124NY1040154-01
	78124NY1000156-01	78124NY1040156-01
	78124NY1000158-01	78124NY1040158-01
	78124NY1000160-01	78124NY1040160-01

Variant	Variant ID
Off Exchange	-00
On Exchange	-01

COMPANY NAME	Excellus BlueCrossBlueShield / Univera Healthcare
MARKET	Small Group On Exchange Market
Marketing Name	SimplyBlue Plus Bronze 3

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

Separate column for each price design (as of EFF Exchange)

Line #	Product	Exclusive Pricing																Exclusive Pricing												
1	Product ID	[redacted]																												
2	Minimum Purchase Quantity	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Patient	Small	Small	Small	Small	Small	Small	Small	Small	Mid	Mid	Mid	Mid	Mid
3	Price Per Unit (USD)	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725
4	Pricing Tiers (Total Monthly Purchase)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
5	Fee Type	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee	Fee
6	Fee Basis	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)	Per Unit (Monthly Minimum)
7	Min Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee	Minimum Fee
8	Exchange Fee?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

* Fee is the minimum to be paid on an annual or the other Main Minimum Fee paid. Minimum 4.

Negotiated Partner Index Matrix

100	Initial PMM x [illegible] Avg TCA & Drop rate [illegible] & Tenure as active [illegible]	[illegible]
100	Indicative model for latest Negotiated Partner	[illegible]
100	Min Sel: Minimum selected Negotiated Partner	[illegible]
100	Average PM PM (Initial PMM x [illegible]) (Indicative Matrix Partner)	[illegible]
110	Average Pricing Attributes (Partner x Negotiated Partner)	[illegible]
110	NP Negotiated Negotiated Partner Index Matrix PM PM (110 x 100)	[illegible]

Minimum Minimum Selected Negotiated Partner Index Matrix

1	Is part of Negotiating Negotiated Partner Set a 1-5 NPM Matrix Matrix	[illegible]
2	Minimum Who Negotiate Set Pri Changes Or Pricing Variability	[illegible]
3	Minimum Who Negotiate Set Pri Can Influence Changes	[illegible]
4	Minimum Max Ignite Self Pri Mechanism Changes Set Changes	[illegible]
5	Who Can Initiate Set Matrix	[illegible]
6	Risk Characterization	[illegible]
7	Max NPM: Maximum Individual Risk Cap 1-5 NPM Set Max Risk Cap (1000-1, Max Risk)	[illegible]
8	Mo = Only Lapses	[illegible]
9	Mon Index 1 MO Is Input a Lapse	[illegible]
10	Mon Index 1 MO Is Input a Lapse	[illegible]
11	Set Only Partners Using	[illegible]
12	Is Negotiated Partner Index	[illegible]
13	Minimum Is Is Part Of Negotiated Pool	[illegible]
14	Minimum Is Lapsed	[illegible]
15	Minimum Is Lapsed	[illegible]
16	Is part of Max Negotiate Index (product 1-5 through 1-5)	[illegible]

* - Not included in Sum. Final Adjusts Set

Minimum Adjusts Index

17	Pricing Attributes (Design Series Size and Factor)	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.000	0.000	0.000	0.000	0.000
18	Pricing Attributes (Is Pricing Value and Factor)	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
19	Is part of Product set with Characteristic	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
20	Is part of Supply Agreement Characteristic	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
21	Is part of Negotiated Negotiated Partner	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
22	Is part of Product set and can contain set attribute	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
23	Matrix a additional FPM (product that is	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.007	0.007	0.007	0.007
24	Add Attribute (only including Exchange also)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
25	Prioritization (Is Active & Weight)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
26	Is Active To Qualify (Negotiated Partnership Index Only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
27	Number of 0-10 of Matrix Matrix M (Per (e.g. PM M or PPM - M Applicable)	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
28	Is part of Adjusts Set Pri NPM Bring Index	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
29	Minimum	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
30	Minimum	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Is part of Negotiated Adjusts Index (product 1-5 through 1-5)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007

* Is part of Negotiated Adjusts Index (product 1-5 through 1-5) Set Along

* Ranges not based on health status, age, gender or occupation.

Minimum Adjusts Index

32	Pricing Attributes (Design Series Size and Factor)	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.000	0.000	0.000	0.000	0.000
33	Pricing Attributes (Is Pricing Value and Factor)	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
34	Is part of Product set with Characteristic	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
35	Is part of Supply Agreement Characteristic	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
36	Is part of Negotiated Negotiated Partner	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
37	Is part of Product set and can contain set attribute	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
38	Matrix a additional FPM (product that is	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.007	0.007	0.007	0.007
39	Add Attribute (only including Exchange also)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
40	Prioritization (Is Active & Weight)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
41	Is Active To Qualify (Negotiated Partnership Index Only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
42	Number of 0-10 of Matrix Matrix M (Per (e.g. PM M or PPM - M Applicable)	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
43	Is part of Adjusts Set Pri NPM Bring Index	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
44	Minimum	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
45	Minimum	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
46	Is part of Negotiated Adjusts Index (product 1-5 through 1-5)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007

Minimum Adjusts Index

47	Pricing Attributes (Design Series Size and Factor)	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.725	0.000	0.000	0.000	0.000	0.000
48	Pricing Attributes (Is Pricing Value and Factor)	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
49	Is part of Product set with Characteristic	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
50	Is part of Supply Agreement Characteristic	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
51	Is part of Negotiated Negotiated Partner	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
52	Is part of Product set and can contain set attribute	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
53	Matrix a additional FPM (product that is	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	1.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.007	0.007	0.007	0.007	0.007
54	Add Attribute (only including Exchange also)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
55	Prioritization (Is Active & Weight)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
56	Is Active To Qualify (Negotiated Partnership Index Only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
57	Number of 0-10 of Matrix Matrix M (Per (e.g. PM M or PPM - M Applicable)	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010	1.010
58	Is part of Adjusts Set Pri NPM Bring Index	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
59	Minimum	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
60	Minimum	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
61	Is part of Negotiated Adjusts Index (product 1-5 through 1-5)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.007

62 Minimum Adjusts Index (product 1-5 through 1-5) 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 200.00 370.00 370.00 370.00 370.00 370.00 370.00 370.00 370.00 200.00 200.00 200.00 200.00 200.00

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	[illegible]																[illegible]															
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ELIMINATE ITEMS AGAINST

THE ESTIMATED COST

Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation	Mitigation
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174

0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	287.00	288.00	288.00	288.00	288.00	288.00	288.00	288.00	288.00	278.00	278.00	278.00	278.00	278.00	278.00	278.00	278.00	278.00

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-129573829
Market Segment: Small Groups On Exchange

1) Complete a separate ROW for Metal Level/Product
   - Information should be for all the benefits included in that plan design including any riders (medical, drugs, etc).
   - Enter in column 1 the Metal Tier level. Use the drop down menu.
   - Enter in column 2 the plan designation as to On/Off Plan and Std/Non Standard Plan. Use the drop down menu.
   - Enter in column 3 the Estimated Membership as of a recent date mm/dd/yyy; enter the date in column heading.
   - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
2) The average claim trend is the average annualized claim trend that is used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
3) Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the requested rates and the average annual claim trend assumed.
4) Enter the corresponding information requested for the immediately prior rate and form filing. This refers to the various expense components in the requested rates submitted for the immediately prior rate and form filing and the average claim trend assumed. If there is no immediately prior rate and form filing, enter the data from the initial rate and form filing.
5) **ACA Fees** are to be entered in columns 6.5 and 16.5.
6) This exhibit must be submitted as an Excel file and as a PDF file.

				For the rate period included in this rate adjustment filing											For the rate period included in this rate adjustment filing					
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 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	248	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	3.40%	0.00%	3.93%	7.12%	15.61%	0	0.00%	N/A	0.00%	N/A	0.00%	15.61%
Platinum	Off Std	1730	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	3.40%	0.00%	3.93%	7.13%	15.62%	0	0.00%	N/A	0.00%	N/A	0.00%	15.62%
Platinum	On Non Std	548	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	3.40%	0.00%	3.92%	7.11%	15.60%	0	0.00%	N/A	0.00%	N/A	0.00%	15.60%
Platinum	Off Non Std	53889	XX	01/01/15	12/31/15	7.43%	0.88%	0.28%	3.40%	0.00%	3.92%	7.12%	15.61%	0	0.00%	N/A	0.00%	N/A	0.00%	15.61%
Gold	On Std	312	XX	01/01/15	12/31/15	7.43%	0.88%	0.33%	3.40%	0.00%	4.05%	8.21%	16.87%	0	0.00%	N/A	0.00%	N/A	0.00%	16.87%
Gold	Off Std	9976	XX	01/01/15	12/31/15	7.43%	0.88%	0.48%	3.40%	0.00%	4.47%	12.10%	21.33%	0	0.00%	N/A	0.00%	N/A	0.00%	21.33%
Gold	On Non Std	412	XX	01/01/15	12/31/15	7.43%	0.88%	0.35%	3.40%	0.00%	4.12%	8.85%	17.60%	0	0.00%	N/A	0.00%	N/A	0.00%	17.60%
Gold	Off Non Std	39614	XX	01/01/15	12/31/15	7.43%	0.88%	0.33%	3.40%	0.00%	4.06%	8.32%	16.99%	0	0.00%	N/A	0.00%	N/A	0.00%	16.99%
Silver	On Std	78	XX	01/01/15	12/31/15	7.43%	0.88%	0.38%	3.40%	0.00%	4.19%	9.49%	18.33%	0	0.00%	N/A	0.00%	N/A	0.00%	18.33%
Silver	Off Std	121	XX	01/01/15	12/31/15	7.43%	0.88%	0.38%	3.40%	0.00%	4.18%	9.48%	18.32%	0	0.00%	N/A	0.00%	N/A	0.00%	18.32%
Silver	On Non Std	315	XX	01/01/15	12/31/15	7.43%	0.88%	0.41%	3.40%	0.00%	4.28%	10.35%	19.32%	0	0.00%	N/A	0.00%	N/A	0.00%	19.32%
Silver	Off Non Std	41648	XX	01/01/15	12/31/15	7.43%	0.88%	0.39%	3.40%	0.00%	4.21%	9.74%	18.62%	0	0.00%	N/A	0.00%	N/A	0.00%	18.62%
Bronze	On Std	133	XX	01/01/15	12/31/15	7.43%	0.88%	0.48%	3.40%	0.00%	4.46%	12.02%	21.24%	0	0.00%	N/A	0.00%	N/A	0.00%	21.24%
Bronze	Off Std	2176	XX	01/01/15	12/31/15	7.43%	0.88%	0.48%	3.40%	0.00%	4.47%	12.03%	21.25%	0	0.00%	N/A	0.00%	N/A	0.00%	21.25%
Bronze	On Non Std	143	XX	01/01/15	12/31/15	7.43%	0.88%	0.50%	3.40%	0.00%	4.54%	12.72%	22.04%	0	0.00%	N/A	0.00%	N/A	0.00%	22.04%
Bronze	Off Non Std	6424	XX	01/01/15	12/31/15	7.43%	0.88%	0.49%	3.40%	0.00%	4.51%	12.41%	21.69%	0	0.00%	N/A	0.00%	N/A	0.00%	21.69%

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	248	XX	01/01/14	12/31/14	6.68%	0.88%	0.24%	3.40%	0.00%	3.10%	5.54%	13.16%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	14.16%
Platinum	Off Std	1730	XX	01/01/14	12/31/14	6.68%	0.88%	0.24%	3.40%	0.00%	3.10%	5.54%	13.16%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	14.16%
Platinum	On Non Std	548	XX	01/01/14	12/31/14	6.68%	0.88%	0.24%	3.40%	0.00%	3.10%	5.54%	13.17%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	14.17%
Platinum	Off Non Std	53889	XX	01/01/14	12/31/14	6.68%	0.88%	0.24%	3.40%	0.00%	3.10%	5.54%	13.17%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	14.17%
Gold	On Std	312	XX	01/01/14	12/31/14	6.68%	0.88%	0.28%	3.40%	0.00%	3.29%	6.41%	14.26%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.26%
Gold	Off Std	9976	XX	01/01/14	12/31/14	6.68%	0.88%	0.35%	3.40%	0.00%	3.62%	7.94%	16.20%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	17.20%
Gold	On Non Std	412	XX	01/01/14	12/31/14	6.68%	0.88%	0.30%	3.40%	0.00%	3.40%	6.91%	14.89%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.89%
Gold	Off Non Std	39614	XX	01/01/14	12/31/14	6.68%	0.88%	0.28%	3.40%	0.00%	3.28%	6.35%	14.18%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	15.18%
Silver	On Std	78	XX	01/01/14	12/31/14	6.68%	0.88%	0.33%	3.40%	0.00%	3.51%	7.41%	15.52%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	16.52%
Silver	Off Std	121	XX	01/01/14	12/31/14	6.68%	0.88%	0.33%	3.40%	0.00%	3.51%	7.41%	15.52%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	16.52%
Silver	On Non Std	315	XX	01/01/14	12/31/14	6.68%	0.88%	0.36%	3.40%	0.00%	3.66%	8.10%	16.39%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	17.39%
Silver	Off Non Std	41648	XX	01/01/14	12/31/14	6.68%	0.88%	0.34%	3.40%	0.00%	3.60%	7.83%	16.05%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	17.05%
Bronze	On Std	133	XX	01/01/14	12/31/14	6.68%	0.88%	0.42%	3.40%	0.00%	3.96%	9.51%	18.17%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	19.17%
Bronze	Off Std	2176	XX	01/01/14	12/31/14	6.68%	0.88%	0.42%	3.40%	0.00%	3.96%	9.51%	18.17%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	19.17%
Bronze	On Non Std	143	XX	01/01/14	12/31/14	6.68%	0.88%	0.44%	3.40%	0.00%	4.07%	10.00%	18.79%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	19.79%
Bronze	Off Non Std	6424	XX	01/01/14	12/31/14	6.68%	0.88%	0.44%	3.40%	0.00%	4.07%	10.00%	18.79%	1.00%	0.00%	N/A	0.00%	N/A	0.00%	19.79%

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: Excellus Health Plan, Inc
NAIC Code: 55107
SERFF Number: EXHP-129573829
Market Segment: Small Groups On Exchange

1) This exhibit is to help DFS reconcile the 14 digit HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template
2) The HIOS IDs should be without the variants after the hyphen.
3) Column 3: Enter Metal Level. Use drop down menu.
4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu
11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
78124NY0980002	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY0980004	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY0980006	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY0980008	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY0980010	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY0980012	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY0980014	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY0980016	SimplyBlue Plus Standard Platinum	Platinum	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY0980018	SimplyBlue Plus Platinum 2	Platinum	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY0980020	SimplyBlue Plus Platinum 2	Platinum	Both	No	29	No	INCLUDED	No	YES	YES
78124NY0980022	SimplyBlue Plus Platinum 2	Platinum	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY0980024	SimplyBlue Plus Platinum 2	Platinum	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY0980026	SimplyBlue Plus Platinum 2	Platinum	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY0980028	SimplyBlue Plus Platinum 2	Platinum	Both	No	26	No	INCLUDED	No	YES	YES
78124NY0980030	SimplyBlue Plus Platinum 2	Platinum	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY0980032	SimplyBlue Plus Platinum 2	Platinum	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY0990002	SimplyBlue Plus Standard Silver	Silver	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY0990004	SimplyBlue Plus Standard Silver	Silver	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY0990006	SimplyBlue Plus Standard Silver	Silver	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY0990008	SimplyBlue Plus Standard Silver	Silver	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY0990010	SimplyBlue Plus Standard Silver	Silver	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY0990012	SimplyBlue Plus Standard Silver	Silver	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY0990014	SimplyBlue Plus Standard Silver	Silver	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY0990016	SimplyBlue Plus Standard Silver	Silver	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY0990034	SimplyBlue Plus Standard Gold	Gold	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY0990036	SimplyBlue Plus Standard Gold	Gold	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY0990038	SimplyBlue Plus Standard Gold	Gold	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY0990040	SimplyBlue Plus Standard Gold	Gold	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY0990042	SimplyBlue Plus Standard Gold	Gold	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY0990044	SimplyBlue Plus Standard Gold	Gold	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY0990046	SimplyBlue Plus Standard Gold	Gold	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY0990048	SimplyBlue Plus Standard Gold	Gold	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY1000002	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1000004	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY1000006	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY1000008	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY1000010	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1000012	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY1000014	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY1000016	SimplyBlue Plus Standard Bronze	Bronze	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY1000066	SimplyBlue Plus Gold 9	Gold	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1000068	SimplyBlue Plus Gold 9	Gold	Both	No	29	No	INCLUDED	No	YES	YES

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
78124NY1000070	SimplyBlue Plus Gold 9	Gold	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1000072	SimplyBlue Plus Gold 9	Gold	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1000074	SimplyBlue Plus Gold 9	Gold	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY1000076	SimplyBlue Plus Gold 9	Gold	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1000078	SimplyBlue Plus Gold 9	Gold	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1000080	SimplyBlue Plus Gold 9	Gold	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY1000082	SimplyBlue Plus Silver 3	Silver	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1000084	SimplyBlue Plus Silver 3	Silver	Both	No	29	No	INCLUDED	No	YES	YES
78124NY1000086	SimplyBlue Plus Silver 3	Silver	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1000088	SimplyBlue Plus Silver 3	Silver	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1000090	SimplyBlue Plus Silver 3	Silver	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY1000092	SimplyBlue Plus Silver 3	Silver	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1000094	SimplyBlue Plus Silver 3	Silver	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1000096	SimplyBlue Plus Silver 3	Silver	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY1000146	SimplyBlue Plus Bronze 3	Bronze	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1000148	SimplyBlue Plus Bronze 3	Bronze	Both	No	29	No	INCLUDED	No	YES	YES
78124NY1000150	SimplyBlue Plus Bronze 3	Bronze	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1000152	SimplyBlue Plus Bronze 3	Bronze	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1000154	SimplyBlue Plus Bronze 3	Bronze	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY1000156	SimplyBlue Plus Bronze 3	Bronze	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1000158	SimplyBlue Plus Bronze 3	Bronze	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1000160	SimplyBlue Plus Bronze 3	Bronze	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY1020002	valUcare Plus Standard Platinum	Platinum	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1020004	valUcare Plus Standard Platinum	Platinum	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY1020006	valUcare Plus Standard Platinum	Platinum	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY1020008	valUcare Plus Standard Platinum	Platinum	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY1020010	valUcare Plus Standard Platinum	Platinum	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1020012	valUcare Plus Standard Platinum	Platinum	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY1020014	valUcare Plus Standard Platinum	Platinum	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY1020016	valUcare Plus Standard Platinum	Platinum	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY1020018	valUcare Plus Platinum 2	Platinum	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1020020	valUcare Plus Platinum 2	Platinum	Both	No	29	No	INCLUDED	No	YES	YES
78124NY1020022	valUcare Plus Platinum 2	Platinum	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1020024	valUcare Plus Platinum 2	Platinum	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1020026	valUcare Plus Platinum 2	Platinum	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY1020028	valUcare Plus Platinum 2	Platinum	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1020030	valUcare Plus Platinum 2	Platinum	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1020032	valUcare Plus Platinum 2	Platinum	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY1030002	valUcare Plus Standard Silver	Silver	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1030004	valUcare Plus Standard Silver	Silver	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY1030006	valUcare Plus Standard Silver	Silver	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY1030008	valUcare Plus Standard Silver	Silver	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY1030010	valUcare Plus Standard Silver	Silver	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1030012	valUcare Plus Standard Silver	Silver	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY1030014	valUcare Plus Standard Silver	Silver	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY1030016	valUcare Plus Standard Silver	Silver	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY1030034	valUcare Plus Standard Gold	Gold	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1030036	valUcare Plus Standard Gold	Gold	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY1030038	valUcare Plus Standard Gold	Gold	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY1030040	valUcare Plus Standard Gold	Gold	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY1030042	valUcare Plus Standard Gold	Gold	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1030044	valUcare Plus Standard Gold	Gold	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY1030046	valUcare Plus Standard Gold	Gold	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY1030048	valUcare Plus Standard Gold	Gold	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY1040002	valUcare Plus Standard Bronze	Bronze	Both	Yes	29	Yes	INCLUDED	No	YES	NO
78124NY1040004	valUcare Plus Standard Bronze	Bronze	Both	Yes	29	No	INCLUDED	No	YES	NO
78124NY1040006	valUcare Plus Standard Bronze	Bronze	Both	Yes	29	Yes	EXCLUDED	No	YES	NO
78124NY1040008	valUcare Plus Standard Bronze	Bronze	Both	Yes	29	No	EXCLUDED	No	YES	NO
78124NY1040010	valUcare Plus Standard Bronze	Bronze	Both	Yes	26	Yes	INCLUDED	No	YES	NO
78124NY1040012	valUcare Plus Standard Bronze	Bronze	Both	Yes	26	No	INCLUDED	No	YES	NO
78124NY1040014	valUcare Plus Standard Bronze	Bronze	Both	Yes	26	Yes	EXCLUDED	No	YES	NO
78124NY1040016	valUcare Plus Standard Bronze	Bronze	Both	Yes	26	No	EXCLUDED	No	YES	NO
78124NY1040066	valUcare Plus Gold 9	Gold	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1040068	valUcare Plus Gold 9	Gold	Both	No	29	No	INCLUDED	No	YES	YES
78124NY1040070	valUcare Plus Gold 9	Gold	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1040072	valUcare Plus Gold 9	Gold	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1040074	valUcare Plus Gold 9	Gold	Both	No	26	Yes	INCLUDED	No	YES	YES

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partner Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
78124NY1040076	valUcare Plus Gold 9	Gold	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1040078	valUcare Plus Gold 9	Gold	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1040080	valUcare Plus Gold 9	Gold	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY1040082	valUcare Plus Silver 3	Silver	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1040084	valUcare Plus Silver 3	Silver	Both	No	29	No	INCLUDED	No	YES	YES
78124NY1040086	valUcare Plus Silver 3	Silver	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1040088	valUcare Plus Silver 3	Silver	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1040090	valUcare Plus Silver 3	Silver	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY1040092	valUcare Plus Silver 3	Silver	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1040094	valUcare Plus Silver 3	Silver	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1040096	valUcare Plus Silver 3	Silver	Both	No	26	No	EXCLUDED	No	YES	YES
78124NY1040146	valUcare Plus Bronze 3	Bronze	Both	No	29	Yes	INCLUDED	No	YES	YES
78124NY1040148	valUcare Plus Bronze 3	Bronze	Both	No	29	No	INCLUDED	No	YES	YES
78124NY1040150	valUcare Plus Bronze 3	Bronze	Both	No	29	Yes	EXCLUDED	No	YES	YES
78124NY1040152	valUcare Plus Bronze 3	Bronze	Both	No	29	No	EXCLUDED	No	YES	YES
78124NY1040154	valUcare Plus Bronze 3	Bronze	Both	No	26	Yes	INCLUDED	No	YES	YES
78124NY1040156	valUcare Plus Bronze 3	Bronze	Both	No	26	No	INCLUDED	No	YES	YES
78124NY1040158	valUcare Plus Bronze 3	Bronze	Both	No	26	Yes	EXCLUDED	No	YES	YES
78124NY1040160	valUcare Plus Bronze 3	Bronze	Both	No	26	No	EXCLUDED	No	YES	YES

EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573829
Market Segment: Small Groups On Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services.**
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the 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 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573829
Market Segment: Small Groups On Exchange

1) Complete a separate ROW for each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only and for all rating regions combined.
- Include riders that may be available with that policy form in each policy form response. Discontinued policy forms and products are to be included in the Exhibit.
- Insert additional rows as needed to include all base medical policy forms included in a particular market segment for Small Groups and Small Group HNY Business.
- Add a row with the aggregate values for that entire market segment (including any Small Group Healthy NY and enter an appropriate identifier in column 1b (such as TOTAL).

2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.
3) Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy
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
EXC-C-11, EXR-C-32, EXR-C-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
EXC-C-11, EXR-C-32, EXR-C-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
EXC-C-11, EXR-C-32, EXR-C-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
EXC-C-11, EXR-C-32, EXR-C-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

	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) ($)
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	01/01/12	12/31/12	294,352	71,110,680	83,009,545	63,387,934	64,447,652	0		11,639,339
XX	01/01/12	12/31/12	2,540	1,486,322	1,634,955	1,095,944	1,105,549	0		190,853
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	01/01/12	12/31/12	485,064	90,827,197	111,655,497	81,029,230	81,950,643	0		19,180,519
XX	01/01/12	12/31/12	31,788	13,755,191	15,474,590	12,311,372	12,407,370	0		1,575,043
XX	01/01/12	12/31/12	246,512	112,301,706	138,054,495	95,754,502	96,792,884	0		11,011,043
XX	01/01/12	12/31/12	177,928	45,371,215	55,775,645	39,171,305	39,804,607	0		7,035,673
XX	01/01/12	12/31/12	2,036	1,079,369	1,214,290	724,370	727,685	0		232,573
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	01/01/12	12/31/12	100,786	23,496,768	28,345,810	18,911,789	19,429,082	0		6,000,109
XX	01/01/12	12/31/12	2,253	1,192,019	1,438,016	2,440,074	2,446,236	0		422,748
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	01/01/12	12/31/12	12,859	3,040,776	3,150,451	2,646,300	2,668,546	(541,858)		370,125
XX	01/01/12	12/31/12	12,155	1,841,596	1,908,019	1,730,018	1,747,878	(337,440)		213,794
XX	01/01/12	12/31/12	10,363	3,168,672	3,282,960	2,405,633	2,427,605	(538,869)		323,762
XX	01/01/12	12/31/12	9,845	1,754,013	1,817,278	1,260,472	1,276,489	(266,534)		173,164
XX	01/01/12	12/31/12	13,491	3,981,064	4,124,654	3,354,267	3,380,924	(812,559)		399,137
XX	01/01/12	12/31/12	11,927	2,192,676	2,271,762	2,180,751	2,201,407	(400,814)		209,784
XX	01/01/12	12/31/12	14,406	3,379,274	3,501,159	5,281,906	5,323,411	(822,387)		401,996
XX	01/01/12	12/31/12	6,925	1,072,629	1,111,317	1,028,232	1,033,411	(190,077)		118,062

Second Prior Experience Period

	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	01/01/11	12/31/11	430,092	161,305,259	203,736,569	136,163,953	137,700,437	0	0	18,859,534
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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573829
Market Segment: Groups On Exchange

1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans. (Small Group Sole Proprietor pland to be excluded)
2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
[redacted]																		

EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573829
Market Segment: Small Groups On Exchange

1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First Quarter 2015 premium rates for Employee Only on Small Group Plans.
3) Premium rates are only for plans with the following benefit provisions:
(a) Through Age 29; **and**
(b) With Domestic Partner; **and**
(c) With Family Planning.
4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
						Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
1. HIOS ID PLAN (14 Digits)	2. Metal Level or Catastrophic	3. Exchange [Ind/Sml Grp]	4. On/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
78124NY0980002	Platinum	SG	On S	tandard	No	665.17	NA	665.17	NA	517.97	625.52	665.17	NA
78124NY0980018	Platinum	SG	On Non-S	tandard	No	666.00	NA	666.00	NA	518.62	626.30	666.00	NA
78124NY0990034	Gold	SG	On S	tandard	No	576.31	NA	576.31	NA	448.75	541.94	576.31	NA
78124NY1000066	Gold	SG	On Non-S	tandard	No	534.80	NA	534.80	NA	415.13	502.92	534.80	NA
78124NY0990002	Silver	SG	On S	tandard	No	498.86	NA	498.86	NA	388.43	469.13	498.86	NA
78124NY1000082	Silver	SG	On Non-S	tandard	No	456.68	NA	456.68	NA	354.49	429.45	456.68	NA
78124NY1000002	Bronze	SG	On S	tandard	No	391.97	NA	391.97	NA	305.16	368.60	391.97	NA
78124NY1000146	Bronze	SG	On Non-S	tandard	No	370.70	NA	370.70	NA	287.75	348.60	370.70	NA
78124NY1020002	Platinum	SG	On S	tandard	No	NA	646.59	NA	NA	NA	NA	NA	NA
78124NY1020018	Platinum	SG	On Non-S	tandard	No	NA	647.39	NA	NA	NA	NA	NA	NA
78124NY1030034	Gold	SG	On S	tandard	No	NA	560.21	NA	NA	NA	NA	NA	NA
78124NY1040066	Gold	SG	On Non-S	tandard	No	NA	519.86	NA	NA	NA	NA	NA	NA
78124NY1030002	Silver	SG	On S	tandard	No	NA	484.92	NA	NA	NA	NA	NA	NA
78124NY1040082	Silver	SG	On Non-S	tandard	No	NA	443.92	NA	NA	NA	NA	NA	NA
78124NY1040002	Bronze	SG	On S	tandard	No	NA	381.01	NA	NA	NA	NA	NA	NA
78124NY1040146	Bronze	SG	On Non-S	tandard	No	NA	360.34	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

Subject: Subscriber Initial Notification Letters

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This is why we are sending you a supply of letters and are requesting that you distribute them to your employees who have their health care coverage through our company.

It is imperative that you distribute the notices in a timely manner, as there is only a 30 day window of opportunity for questions to be submitted to the New York State Department of Financial Services.

The enclosed letters explain the requested rate adjustment that we are submitting on or about June 13, 2014, for use on or after your renewal date in 2015. The actual rate change will not be known until the approval is granted.

We appreciate your assistance and thank you for granting us the opportunity to provide you and your employees with quality health coverage.

Sincerely,

James R. Reed
Senior Vice President, Marketing and Sales

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 Changes

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

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.

You can contact Excellus BlueCross BlueShield for additional information at:

- Excellus BlueCross BlueShield
  P.O. Box 22999
  Rochester, NY 14692
- 1-855-374-7462
- www.excellusbcbs.com/contactus

- Over -

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
1 State Street
New York, NY 10004

Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Excellus BlueCross BlueShield
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. 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

Subject: Subscriber Initial Notification Letters

Dear Group Administrator:

State law requires health insurers to notify employer groups and subscribers when they apply to the New York State Department of Financial Services for premium rate changes. This is why we are sending you a supply of letters and are requesting that you distribute them to your employees who have their health care coverage through our company.

It is imperative that you distribute the notices in a timely manner, as there is only a 30 day window of opportunity for questions to be submitted to the New York State Department of Financial Services.

The enclosed letters explain the requested rate adjustment that we are submitting on or about June 13, 2014, for use on or after your renewal date in 2015. The actual rate change will not be known until the approval is granted.

We appreciate your assistance and thank you for granting us the opportunity to provide you and your employees with quality health coverage.

Sincerely,

Arthur G. Wingerter
President

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 Changes

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

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.

You can contact Univera Healthcare for additional information at:

- Univera Healthcare
  P.O. Box 23000
  Rochester, NY 14692
- 1-855-374-7462
- www.univerahealthcare.com/contactus

- Over -

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau - Premium Rate Adjustments
1 State Street
New York, NY 10004

Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Univera Healthcare
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. 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
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

Class A001 - A001/All Actives

Plan Description	HIOS ID
SimplyBlue Plus PPO Hybrid	xyz

Dear Group Administrator:

Excellus BlueCross BlueShield is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

Class A001 - A001/All Actives

Plan: SimplyBlue Plus PPO Hybrid
If approved, the percentage change to your group's premium is xxx%

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

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.

You can contact Excellus BlueCross BlueShield for additional information at:

- Excellus BlueCross BlueShield
  P.O. Box 22999
  Rochester, NY 14692
- 1-855-374-7462
- 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:

1. The name of your insurer, which is Excellus BlueCross BlueShield
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. Your HIOS identification number, which is:

Class A001 - A001/All Actives

Plan Description	HIOS ID
SimplyBlue Plus PPO Hybrid	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/employer/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

Class A001 - A001/All Actives

Plan Description	HIOS ID
valUcare Plus PPO Copay	xyz

Dear Group Administrator:

Univera Healthcare is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

Class A001 - A001/All Actives

Plan: valUcare Plus PPO Copay
If approved, the percentage change to your group's premium is xxx%

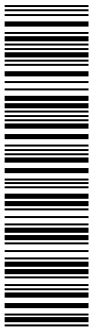
Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

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.



You can contact Univera Healthcare for additional information at:

- Univera Healthcare
  P.O. Box 23000
  Rochester, NY 14692
- 1-855-374-7462
- 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:

1. The name of your insurer, which is Univera Healthcare
2. The name of your plan as listed on your identification card
3. Indicate you have Small Group coverage
4. Your HIOS identification number, which is:

Class A001 - A001/All Actives

Plan Description	HIOS ID
valUcare Plus PPO Copay	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/employer/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

Unified Rate Review v2.0.2

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

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 1/1/2013 to 12/31/2013

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$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	1.000	0.986	1.032	1.030	83.76	$11,845.77	$82.69	83.76	$11,845.77	$82.69
Outpatient Hospital	Services	2,394.82	517.84	103.34	1.000	0.986	1.032	1.030	2,542.80	544.06	115.29	2542.80	544.06	115.29
Professional	Services	9,065.88	158.07	119.42	1.000	0.986	1.032	1.030	9,626.06	166.08	133.22	9626.06	166.08	133.22
Other Medical	Services	528.83	142.70	6.29	1.000	0.986	1.032	1.030	561.51	149.93	7.02	561.51	149.93	7.02
Capitation	Services	14.32	158.07	0.19	1.000	0.986	1.032	1.030	15.21	166.08	0.21	15.21	166.08	0.21
Prescription Drug	Prescriptions	11,102.52	72.37	66.96	1.000	0.986	1.095	1.028	11,743.64	85.57	83.75	11743.64	85.57	83.75
Total				$370.32							$422.17			$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%	$422.17	$11,089,435
Paid to Allowed Average Factor in Projection Period			0.864	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$364.93	$9,585,889
Projected Risk Adjustments PMPM			-5.89	(154,719)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$370.82	$9,740,607
Projected ACA reinsurance recoveries, net of rein prem, PMPM			3.67	96,404
Projected Incurred Claims			$367.15	$9,644,204
Administrative Expense Load		12.28%	53.87	1,415,163
Profit & Risk Load		0.00%	0.00	0
Taxes & Fees		4.06%	17.83	468,304
Single Risk Pool Gross Premium Avg. Rate, PMPM			$438.85	$11,527,670
Index Rate for Projection Period			$395.59	
% increase over Experience Period			30.00%	
% Increase, annualized:			14.02%	
Projected Member Months				26,268

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:	**Small Group**
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	$375.64	$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	26,268	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:	**Small Group**
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	$437.48												
	Member Months	26,268	-	-	-	-	-	-	-	-	-	-	-	-
	Total Premium (TP)	$11,491,674	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]	99.86%												
	state mandated benefits portion of TP that are other than EHB	0.00%												
	Other benefits portion of TP	0.14%	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)	$11,892,768												
	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	$2,388,688												
	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	$9,504,080	$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	$361.81	#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	$452.75	#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	$452.75	#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	0.920	0.920	0.920
Plan Type:	HMO	HMO	PPO	PPO	PPO	PPO	PPO	Indemnity	HMO	EPO	PPO	PPO	PPO
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	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum
Plan ID (Standard Component ID):	78124NY0340001	78124NY0350001	78124NY0690001	78124NY0700001	78124NY0670001	78124NY0680001	78124NY0130001	78124NY0190001	78124NY0070001	78124NY0160001	78124NY0980002	78124NY0980004	78124NY0980006
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes
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%	16.15%	16.15%	16.15%
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%	16.15%	16.15%	16.15%
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	78124NY0980002	78124NY0980004	78124NY0980006
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.91	$13.92	$14.15
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$15.21	$19.41	$19.73
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$17.58	$22.43	$22.80
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.05	$14.10	$14.33
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.95	$1.22	$1.24
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	$8.09	$10.32	$10.49
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	$3.32	$4.24	$4.31
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$67.11	$85.65	$87.06
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	$415.62	$530.44	$539.18
Projected Member Months	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	144	36	12

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	78124NY0980002	78124NY0980004	78124NY0980006
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											$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %											#DIV/0!	#DIV/0!	#DIV/0!
	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	78124NY0980002	78124NY0980004	78124NY0980006
Premium Information	Plan Adjusted Index Rate											$482.73	$616.10	$626.24
	Member Months	-	-	-	-	-	-	-	-	-	-	144	36	12
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$69,513	$22,179	$7,515
	EHB Percent of TP, [see instructions]											99.88%	99.90%	99.91%
	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%	0.12%	0.10%	0.09%
Claims Information	Total Allowed Claims (TAC)											$63,673	$20,342	$6,884
	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											$5,111	$1,633	$553
	Portion of above payable by HHS's funds on behalf of insured person, in dollars											$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %											0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$58,562	$18,709	$6,331
	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!	$406.68	$519.69	$527.59
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$442.18	$565.04	$573.63
	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!	$442.18	$565.04	$573.63

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	Excellus PPO Copay												
Product ID:	78124NY098												
Metal:	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
AV Metal Value	0.881	0.881	0.881	0.881	0.881	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890
AV Pricing Value	0.920	0.920	0.920	0.920	0.920	0.921	0.921	0.921	0.921	0.921	0.921	0.921	0.921
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 2
Plan ID (Standard Component ID):	78124NY0980008	78124NY0980010	78124NY0980012	78124NY0980014	78124NY0980016	78124NY0980018	78124NY0980020	78124NY0980022	78124NY0980024	78124NY0980026	78124NY0980028	78124NY0980030	78124NY0980032
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%
Cum'tive Rate Change % (over 12 mos prior)	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%	16.15%
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 %	16.14%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0980008	78124NY0980010	78124NY0980012	78124NY0980014	78124NY0980016	78124NY0980018	78124NY0980020	78124NY0980022	78124NY0980024	78124NY0980026	78124NY0980028	78124NY0980030	78124NY0980032
Inpatient	$0.00	$11.64	$11.83	$0.00	$0.00	$8.31	$0.00	$0.00	$0.00	$11.47	$11.93	$0.00	$0.00
Outpatient	$0.00	$16.23	$16.50	$0.00	$0.00	$11.59	$0.00	$0.00	$0.00	$15.99	$16.63	$0.00	$0.00
Professional	$0.00	$18.76	$19.06	$0.00	$0.00	$13.39	$0.00	$0.00	$0.00	$18.48	$19.22	$0.00	$0.00
Prescription Drug	$0.00	$11.79	$11.98	$0.00	$0.00	$8.42	$0.00	$0.00	$0.00	$11.62	$12.08	$0.00	$0.00
Other	$0.00	$1.02	$1.03	$0.00	$0.00	$0.73	$0.00	$0.00	$0.00	$1.00	$1.04	$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	$8.63	$8.77	$0.00	$0.00	$6.16	$0.00	$0.00	$0.00	$8.50	$8.84	$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	$3.55	$3.61	$0.00	$0.00	$2.53	$0.00	$0.00	$0.00	$3.50	$3.64	$0.00	$0.00
Total Rate Increase	$0.00	$71.63	$72.79	$0.00	$0.00	$51.14	$0.00	$0.00	$0.00	$70.56	$73.38	$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	$443.58	$450.75	$0.00	$0.00	$316.70	$0.00	$0.00	$0.00	$436.94	$454.35	$0.00	$0.00
Projected Member Months	0	2,088	468	0	0	120	0	0	0	5,436	852	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):	78124NY0980008	78124NY0980010	78124NY0980012	78124NY0980014	78124NY0980016	78124NY0980018	78124NY0980020	78124NY0980022	78124NY0980024	78124NY0980026	78124NY0980028	78124NY0980030	78124NY0980032
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY0980008	78124NY0980010	78124NY0980012	78124NY0980014	78124NY0980016	78124NY0980018	78124NY0980020	78124NY0980022	78124NY0980024	78124NY0980026	78124NY0980028	78124NY0980030	78124NY0980032
Premium Information	Plan Adjusted Index Rate	$0.00	$515.22	$523.54	$0.00	$0.00	$367.84	$0.00	$0.00	$0.00	$507.50	$527.73	$0.00	$0.00
	Member Months	-	2,088	468	-	-	120	-	-	-	5,436	852	-	-
	Total Premium (TP)	$0	$1,075,771	$245,015	$0	$0	$44,140	$0	$0	$0	$2,758,773	$449,622	$0	$0
	EHB Percent of TP, [see instructions]	99.91%	99.89%	99.89%	99.89%	99.89%	99.83%	99.83%	99.83%	99.83%	99.88%	99.88%	99.88%	99.88%
	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	0.09%	0.11%	0.11%	0.11%	0.11%	0.17%	0.17%	0.17%	0.17%	0.12%	0.12%	0.12%	0.12%
Claims Information	Total Allowed Claims (TAC)	$0	$985,289	$224,715	$0	$0	$40,537	$0	$0	$0	$2,528,759	$411,796	$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	$79,087	$18,037	$0	$0	$3,202	$0	$0	$0	$199,769	$32,531	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$906,202	$206,677	$0	$0	$37,335	$0	$0	$0	$2,328,990	$379,265	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	$434.00	$441.62	#DIV/0!	#DIV/0!	$311.12	#DIV/0!	#DIV/0!	#DIV/0!	$428.44	$445.15	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	$471.88	$480.16	#DIV/0!	#DIV/0!	$337.81	#DIV/0!	#DIV/0!	#DIV/0!	$465.19	$483.33	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	$471.88	$480.16	#DIV/0!	#DIV/0!	$337.81	#DIV/0!	#DIV/0!	#DIV/0!	$465.19	$483.33	#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	Excellus PPO Hybrid												
Product ID:	78124NY099												
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.791	0.791	0.791	0.791	0.791
AV Pricing Value	0.745	0.745	0.745	0.745	0.745	0.745	0.745	0.745	0.836	0.836	0.836	0.836	0.836
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Silver	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold
Plan ID (Standard Component ID):	78124NY0990002	78124NY0990004	78124NY0990006	78124NY0990008	78124NY0990010	78124NY0990012	78124NY0990014	78124NY0990016	78124NY0990034	78124NY0990036	78124NY0990038	78124NY0990040	78124NY0990042
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.72%	16.72%	16.72%	16.72%	16.72%	16.72%	16.72%	16.72%	16.42%	16.42%	16.42%	16.42%	16.42%
Cum'tive Rate Change % (over 12 mos prior)	16.72%	16.72%	16.72%	16.72%	16.72%	16.72%	16.72%	16.72%	16.42%	16.42%	16.42%	16.42%	16.42%
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 %	16.46%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0990002	78124NY0990004	78124NY0990006	78124NY0990008	78124NY0990010	78124NY0990012	78124NY0990014	78124NY0990016	78124NY0990034	78124NY0990036	78124NY0990038	78124NY0990040	78124NY0990042
Inpatient	$0.00	$0.00	$0.00	$0.00	$10.37	$8.46	$0.00	$0.00	$7.29	$11.98	$0.00	$0.00	$11.86
Outpatient	$0.00	$0.00	$0.00	$0.00	$14.46	$11.80	$0.00	$0.00	$10.16	$16.70	$0.00	$0.00	$16.54
Professional	$0.00	$0.00	$0.00	$0.00	$16.71	$13.63	$0.00	$0.00	$11.74	$19.30	$0.00	$0.00	$19.11
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$10.51	$8.57	$0.00	$0.00	$7.38	$12.13	$0.00	$0.00	$12.01
Other	$0.00	$0.00	$0.00	$0.00	$0.91	$0.74	$0.00	$0.00	$0.64	$1.05	$0.00	$0.00	$1.04
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	$7.69	$6.27	$0.00	$0.00	$5.40	$8.88	$0.00	$0.00	$8.79
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	$3.16	$2.58	$0.00	$0.00	$2.22	$3.65	$0.00	$0.00	$3.61
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$63.82	$52.05	$0.00	$0.00	$44.83	$73.69	$0.00	$0.00	$72.97
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	$381.64	$311.23	$0.00	$0.00	$273.10	$448.88	$0.00	$0.00	$444.49
Projected Member Months	0	0	0	0	420	408	0	0	48	324	0	0	2,352

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):	78124NY0990002	78124NY0990004	78124NY0990006	78124NY0990008	78124NY0990010	78124NY0990012	78124NY0990014	78124NY0990016	78124NY0990034	78124NY0990036	78124NY0990038	78124NY0990040	78124NY0990042
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY0990002	78124NY0990004	78124NY0990006	78124NY0990008	78124NY0990010	78124NY0990012	78124NY0990014	78124NY0990016	78124NY0990034	78124NY0990036	78124NY0990038	78124NY0990040	78124NY0990042
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$0.00	$0.00	$445.46	$363.28	$0.00	$0.00	$317.93	$522.56	$0.00	$0.00	$517.45
	Member Months	-	-	-	-	420	408	-	-	48	324	-	-	2,352
	Total Premium (TP)	$0	$0	$0	$0	$187,093	$148,218	$0	$0	$15,261	$169,311	$0	$0	$1,217,047
	EHB Percent of TP, [see instructions]	99.88%	99.88%	99.88%	99.88%	99.85%	99.82%	99.82%	99.82%	99.79%	99.87%	99.87%	99.87%	99.87%
	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%	0.12%	0.12%	0.12%	0.15%	0.18%	0.18%	0.18%	0.21%	0.13%	0.13%	0.13%	0.13%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$0	$0	$204,622	$162,198	$0	$0	$15,261	$168,077	$0	$0	$1,208,361
	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	$52,188	$41,368	$0	$0	$2,508	$27,622	$0	$0	$198,587
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$152,434	$120,830	$0	$0	$12,753	$140,455	$0	$0	$1,009,774
	Net Amt of Rein													
	Net Amt of Risk Adj													

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$362.94	$296.15	#DIV/0!	#DIV/0!	$265.68	$433.50	#DIV/0!	#DIV/0!	$429.33
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$487.20	$397.54	#DIV/0!	#DIV/0!	$317.93	$518.76	#DIV/0!	#DIV/0!	$513.76
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$487.20	$397.54	#DIV/0!	#DIV/0!	$317.93	$518.76	#DIV/0!	#DIV/0!	$513.76

Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product													
Product ID:													
Metal:	Gold	Gold	Gold	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold
AV Metal Value	0.791	0.791	0.791	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.781	0.781
AV Pricing Value	0.836	0.836	0.836	0.581	0.581	0.581	0.581	0.581	0.581	0.581	0.581	0.769	0.769
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Gold	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Gold 9	SimplyBlue Plus Gold 9
Plan ID (Standard Component ID):	78124NY0990044	78124NY0990046	78124NY0990048	78124NY1000002	78124NY1000004	78124NY1000006	78124NY1000008	78124NY1000010	78124NY1000012	78124NY1000014	78124NY1000016	78124NY1000066	78124NY1000068
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2													
Historical Rate Increase - Calendar Year - 1													
Historical Rate Increase - Calendar Year 0													
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.42%	16.42%	16.42%	17.38%	17.38%	17.38%	17.38%	17.38%	17.38%	17.38%	17.38%	16.51%	16.51%
Cum'tive Rate Change % (over 12 mos prior)	16.42%	16.42%	16.42%	17.38%	17.38%	17.38%	17.38%	17.38%	17.38%	17.38%	17.38%	16.51%	16.51%
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 %													

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY0990044	78124NY0990046	78124NY0990048	78124NY1000002	78124NY1000004	78124NY1000006	78124NY1000008	78124NY1000010	78124NY1000012	78124NY1000014	78124NY1000016	78124NY1000066	78124NY1000068
Inpatient	$10.85	$0.00	$0.00	$8.88	$0.00	$0.00	$0.00	$7.60	$8.47	$0.00	$0.00	$11.24	$8.79
Outpatient	$15.13	$0.00	$0.00	$12.38	$0.00	$0.00	$0.00	$10.60	$11.81	$0.00	$0.00	$15.67	$12.25
Professional	$17.48	$0.00	$0.00	$14.31	$0.00	$0.00	$0.00	$12.25	$13.65	$0.00	$0.00	$18.11	$14.16
Prescription Drug	$10.99	$0.00	$0.00	$9.00	$0.00	$0.00	$0.00	$7.70	$8.58	$0.00	$0.00	$11.38	$8.90
Other	$0.95	$0.00	$0.00	$0.78	$0.00	$0.00	$0.00	$0.66	$0.74	$0.00	$0.00	$0.98	$0.77
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	$8.05	$0.00	$0.00	$6.59	$0.00	$0.00	$0.00	$5.64	$6.28	$0.00	$0.00	$8.33	$6.52
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	$3.31	$0.00	$0.00	$2.71	$0.00	$0.00	$0.00	$2.32	$2.58	$0.00	$0.00	$3.43	$2.68
Total Rate Increase	$66.75	$0.00	$0.00	$54.64	$0.00	$0.00	$0.00	$46.78	$52.10	$0.00	$0.00	$69.15	$54.07
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	$406.64	$0.00	$0.00	$314.35	$0.00	$0.00	$0.00	$269.11	$299.73	$0.00	$0.00	$418.93	$327.56
Projected Member Months	876	0	0	36	0	0	0	1,320	120	0	0	60	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):	78124NY0990044	78124NY0990046	78124NY0990048	78124NY1000002	78124NY1000004	78124NY1000006	78124NY1000008	78124NY1000010	78124NY1000012	78124NY1000014	78124NY1000016	78124NY1000066	78124NY1000068
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY0990044	78124NY0990046	78124NY0990048	78124NY1000002	78124NY1000004	78124NY1000006	78124NY1000008	78124NY1000010	78124NY1000012	78124NY1000014	78124NY1000016	78124NY1000066	78124NY1000068
Premium Information	Plan Adjusted Index Rate	$473.39	$0.00	$0.00	$368.99	$0.00	$0.00	$0.00	$315.89	$351.83	$0.00	$0.00	$488.08	$381.63
	Member Months	876	-	-	36	-	-	-	1,320	120	-	-	60	48
	Total Premium (TP)	$414,693	$0	$0	$13,284	$0	$0	$0	$416,980	$42,220	$0	$0	$29,285	$18,318
	EHB Percent of TP, [see instructions]	99.86%	99.86%	99.86%	99.84%	99.84%	99.84%	99.84%	99.81%	99.83%	99.83%	99.83%	99.89%	99.86%
	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	0.14%	0.14%	0.14%	0.16%	0.16%	0.16%	0.16%	0.19%	0.17%	0.17%	0.17%	0.11%	0.14%
Claims Information	Total Allowed Claims (TAC)	$411,747	$0	$0	$17,957	$0	$0	$0	$563,861	$57,086	$0	$0	$31,353	$19,592
	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	$67,668	$0	$0	$7,530	$0	$0	$0	$236,460	$23,940	$0	$0	$7,256	$4,534
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$344,079	$0	$0	$10,426	$0	$0	$0	$327,401	$33,147	$0	$0	$24,097	$15,058
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$392.78	#DIV/0!	#DIV/0!	$289.62	#DIV/0!	#DIV/0!	#DIV/0!	$248.03	$276.22	#DIV/0!	#DIV/0!	$401.61	$313.70
	Allowed Claims PMPM	$470.03	#DIV/0!	#DIV/0!	$498.80	#DIV/0!	#DIV/0!	#DIV/0!	$427.17	$475.72	#DIV/0!	#DIV/0!	$522.54	$408.16
	EHB portion of Allowed Claims, PMPM	$470.03	#DIV/0!	#DIV/0!	$498.80	#DIV/0!	#DIV/0!	#DIV/0!	$427.17	$475.72	#DIV/0!	#DIV/0!	$522.54	$408.16

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	Excellus PPO HDHP												
Product ID:	78124NY100												
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.781	0.781	0.781	0.781	0.781	0.781	0.683	0.683	0.683	0.683	0.683	0.683	0.683
AV Pricing Value	0.769	0.769	0.769	0.769	0.769	0.769	0.673	0.673	0.673	0.673	0.673	0.673	0.673
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SimplyBlue Plus Gold 9	SimplyBlue Plus Gold 9	SimplyBlue Plus Gold 9	SimplyBlue Plus Gold 9	SimplyBlue Plus Gold 9	SimplyBlue Plus Gold 9	SimplyBlue Plus Silver 3	SimplyBlue Plus Silver 3	SimplyBlue Plus Silver 3	SimplyBlue Plus Silver 3	SimplyBlue Plus Silver 3	SimplyBlue Plus Silver 3	SimplyBlue Plus Silver 3
Plan ID (Standard Component ID):	78124NY1000070	78124NY1000072	78124NY1000074	78124NY1000076	78124NY1000078	78124NY1000080	78124NY1000082	78124NY1000084	78124NY1000086	78124NY1000088	78124NY1000090	78124NY1000092	78124NY1000094
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.51%	16.51%	16.51%	16.51%	16.51%	16.51%	16.88%	16.88%	16.88%	16.88%	16.88%	16.88%	16.88%
Cum'tive Rate Change % (over 12 mos prior)	16.51%	16.51%	16.51%	16.51%	16.51%	16.51%	16.88%	16.88%	16.88%	16.88%	16.88%	16.88%	16.88%
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 %	16.83%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1000070	78124NY1000072	78124NY1000074	78124NY1000076	78124NY1000078	78124NY1000080	78124NY1000082	78124NY1000084	78124NY1000086	78124NY1000088	78124NY1000090	78124NY1000092	78124NY1000094
Inpatient	$0.00	$0.00	$9.50	$9.99	$0.00	$0.00	$8.70	$8.69	$0.00	$0.00	$8.11	$7.78	$0.00
Outpatient	$0.00	$0.00	$13.25	$13.93	$0.00	$0.00	$12.12	$12.12	$0.00	$0.00	$11.30	$10.84	$0.00
Professional	$0.00	$0.00	$15.31	$16.10	$0.00	$0.00	$14.01	$14.00	$0.00	$0.00	$13.06	$12.53	$0.00
Prescription Drug	$0.00	$0.00	$9.62	$10.12	$0.00	$0.00	$8.81	$8.80	$0.00	$0.00	$8.21	$7.88	$0.00
Other	$0.00	$0.00	$0.83	$0.87	$0.00	$0.00	$0.76	$0.76	$0.00	$0.00	$0.71	$0.68	$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	$7.04	$7.41	$0.00	$0.00	$6.45	$6.44	$0.00	$0.00	$6.01	$5.77	$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	$2.90	$3.05	$0.00	$0.00	$2.65	$2.65	$0.00	$0.00	$2.47	$2.37	$0.00
Total Rate Increase	$0.00	$0.00	$58.44	$61.47	$0.00	$0.00	$53.49	$53.46	$0.00	$0.00	$49.86	$47.85	$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	$354.03	$372.35	$0.00	$0.00	$316.83	$316.60	$0.00	$0.00	$295.33	$283.40	$0.00
Projected Member Months	0	0	3,240	1,008	0	0	108	96	0	0	2,280	936	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):	78124NY1000070	78124NY1000072	78124NY1000074	78124NY1000076	78124NY1000078	78124NY1000080	78124NY1000082	78124NY1000084	78124NY1000086	78124NY1000088	78124NY1000090	78124NY1000092	78124NY1000094
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY1000070	78124NY1000072	78124NY1000074	78124NY1000076	78124NY1000078	78124NY1000080	78124NY1000082	78124NY1000084	78124NY1000086	78124NY1000088	78124NY1000090	78124NY1000092	78124NY1000094
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$412.47	$433.81	$0.00	$0.00	$370.33	$370.06	$0.00	$0.00	$345.19	$331.25	$0.00
	Member Months	-	-	3,240	1,008	-	-	108	96	-	-	2,280	936	-
	Total Premium (TP)	$0	$0	$1,336,407	$437,283	$0	$0	$39,995	$35,526	$0	$0	$787,038	$310,052	$0
	EHB Percent of TP, [see instructions]	99.86%	99.86%	99.87%	99.87%	99.87%	99.87%	99.85%	99.85%	99.85%	99.85%	99.84%	99.83%	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	0.14%	0.14%	0.13%	0.13%	0.13%	0.13%	0.15%	0.15%	0.15%	0.15%	0.16%	0.17%	0.17%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$1,431,047	$468,015	$0	$0	$47,953	$42,459	$0	$0	$941,385	$370,976	$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	$331,181	$108,311	$0	$0	$15,660	$13,866	$0	$0	$307,428	$121,149	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$1,099,866	$359,704	$0	$0	$32,293	$28,593	$0	$0	$633,958	$249,826	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	#DIV/0!	$339.46	$356.85	#DIV/0!	#DIV/0!	$299.01	$297.84	#DIV/0!	#DIV/0!	$278.05	$266.91	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	$441.68	$464.30	#DIV/0!	#DIV/0!	$444.01	$442.28	#DIV/0!	#DIV/0!	$412.89	$396.34	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	$441.68	$464.30	#DIV/0!	#DIV/0!	$444.01	$442.28	#DIV/0!	#DIV/0!	$412.89	$396.34	#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:	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Platinum
AV Metal Value	0.683	0.592	0.592	0.592	0.592	0.592	0.592	0.592	0.592	0.881	0.881	0.881	0.881
AV Pricing Value	0.673	0.544	0.544	0.544	0.544	0.544	0.544	0.544	0.544	0.920	0.920	0.920	0.920
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	SimplyBlue Plus Silver 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 3	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum
Plan ID (Standard Component ID):	78124NY1000096	78124NY1000146	78124NY1000148	78124NY1000150	78124NY1000152	78124NY1000154	78124NY1000156	78124NY1000158	78124NY1000160	78124NY1020002	78124NY1020004	78124NY1020006	78124NY1020008
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2													
Historical Rate Increase - Calendar Year - 1													
Historical Rate Increase - Calendar Year 0													
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.88%	17.49%	17.49%	17.49%	17.49%	17.49%	17.49%	17.49%	17.49%	16.00%	16.00%	16.00%	16.00%
Cum'tive Rate Change % (over 12 mos prior)	16.88%	17.49%	17.49%	17.49%	17.49%	17.49%	17.49%	17.49%	17.49%	16.00%	16.00%	16.00%	16.00%
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 %													

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1000096	78124NY1000146	78124NY1000148	78124NY1000150	78124NY1000152	78124NY1000154	78124NY1000156	78124NY1000158	78124NY1000160	78124NY1020002	78124NY1020004	78124NY1020006	78124NY1020008
Inpatient	$7.16	$8.44	$6.51	$0.00	$0.00	$6.84	$6.17	$0.00	$0.00	$13.77	$0.00	$0.00	$0.00
Outpatient	$9.98	$11.76	$9.07	$0.00	$0.00	$9.54	$8.61	$0.00	$0.00	$19.21	$0.00	$0.00	$0.00
Professional	$11.53	$13.60	$10.49	$0.00	$0.00	$11.03	$9.95	$0.00	$0.00	$22.19	$0.00	$0.00	$0.00
Prescription Drug	$7.25	$8.55	$6.59	$0.00	$0.00	$6.93	$6.25	$0.00	$0.00	$13.95	$0.00	$0.00	$0.00
Other	$0.63	$0.74	$0.57	$0.00	$0.00	$0.60	$0.54	$0.00	$0.00	$1.20	$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	$5.31	$6.26	$4.83	$0.00	$0.00	$5.07	$4.58	$0.00	$0.00	$10.21	$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	$2.18	$2.57	$1.98	$0.00	$0.00	$2.09	$1.88	$0.00	$0.00	$4.20	$0.00	$0.00	$0.00
Total Rate Increase	$44.04	$51.91	$40.04	$0.00	$0.00	$42.11	$37.98	$0.00	$0.00	$84.74	$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	$260.85	$296.85	$228.95	$0.00	$0.00	$240.77	$217.16	$0.00	$0.00	$529.77	$0.00	$0.00	$0.00
Projected Member Months	156	36	60	0	0	1,164	252	0	0	72	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):	78124NY1000096	78124NY1000146	78124NY1000148	78124NY1000150	78124NY1000152	78124NY1000154	78124NY1000156	78124NY1000158	78124NY1000160	78124NY1020002	78124NY1020004	78124NY1020006	78124NY1020008
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY1000096	78124NY1000146	78124NY1000148	78124NY1000150	78124NY1000152	78124NY1000154	78124NY1000156	78124NY1000158	78124NY1000160	78124NY1020002	78124NY1020004	78124NY1020006	78124NY1020008
Premium Information	Plan Adjusted Index Rate	$304.89	$348.76	$268.98	$0.00	$0.00	$282.88	$255.14	$0.00	$0.00	$614.51	$0.00	$0.00	$0.00
	Member Months	156	36	60	-	-	1,164	252	-	-	72	-	-	-
	Total Premium (TP)	$47,563	$12,555	$16,139	$0	$0	$329,267	$64,295	$0	$0	$44,245	$0	$0	$0
	EHB Percent of TP, [see instructions]	99.82%	99.85%	99.81%	99.81%	99.81%	99.81%	99.79%	99.79%	99.79%	99.90%	99.90%	99.90%	99.90%
	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	0.18%	0.15%	0.19%	0.19%	0.19%	0.19%	0.21%	0.21%	0.21%	0.10%	0.10%	0.10%	0.10%
Claims Information	Total Allowed Claims (TAC)	$56,872	$17,957	$23,081	$0	$0	$470,853	$92,029	$0	$0	$40,558	$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	$18,573	$8,197	$10,536	$0	$0	$214,943	$42,011	$0	$0	$3,255	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$38,300	$9,759	$12,545	$0	$0	$255,911	$50,018	$0	$0	$37,302	$0	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

Incurred Claims PMPM	$245.51	$271.10	$209.08	#DIV/0!	#DIV/0!	$219.85	$198.48	#DIV/0!	#DIV/0!	$518.09	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$364.57	$498.79	$384.68	#DIV/0!	#DIV/0!	$404.51	$365.19	#DIV/0!	#DIV/0!	$563.30	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$364.57	$498.79	$384.68	#DIV/0!	#DIV/0!	$404.51	$365.19	#DIV/0!	#DIV/0!	$563.30	#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 PPO Copay												
Product ID:	78124NY102												
Metal:	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Silver
AV Metal Value	0.881	0.881	0.881	0.881	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.707
AV Pricing Value	0.920	0.920	0.920	0.920	0.921	0.921	0.921	0.921	0.921	0.921	0.921	0.921	0.745
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	valUcare Plus Standard Platinum	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Platinum 2	valUcare Plus Standard Silver
Plan ID (Standard Component ID):	78124NY1020010	78124NY1020012	78124NY1020014	78124NY1020016	78124NY1020018	78124NY1020020	78124NY1020022	78124NY1020024	78124NY1020026	78124NY1020028	78124NY1020030	78124NY1020032	78124NY1030002
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.00%	16.00%	16.00%	16.00%	16.00%	16.00%	16.00%	16.00%	15.99%	15.99%	15.99%	15.99%	16.57%
Cum'tive Rate Change % (over 12 mos prior)	16.00%	16.00%	16.00%	16.00%	16.00%	16.00%	16.00%	16.00%	15.99%	15.99%	15.99%	15.99%	16.57%
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 %	15.99%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1020010	78124NY1020012	78124NY1020014	78124NY1020016	78124NY1020018	78124NY1020020	78124NY1020022	78124NY1020024	78124NY1020026	78124NY1020028	78124NY1020030	78124NY1020032	78124NY1030002
Inpatient	$14.23	$14.23	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.91	$0.00	$0.00	$0.00	$0.00
Outpatient	$19.84	$19.84	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$16.60	$0.00	$0.00	$0.00	$0.00
Professional	$22.93	$22.93	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$19.18	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$14.41	$14.41	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$12.06	$0.00	$0.00	$0.00	$0.00
Other	$1.24	$1.24	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1.04	$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	$10.55	$10.55	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.83	$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	$4.34	$4.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.63	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$87.54	$87.54	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$73.24	$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	$547.25	$547.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$457.93	$0.00	$0.00	$0.00	$0.00
Projected Member Months	120	36	0	0	0	0	0	0	168	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):	78124NY1020010	78124NY1020012	78124NY1020014	78124NY1020016	78124NY1020018	78124NY1020020	78124NY1020022	78124NY1020024	78124NY1020026	78124NY1020028	78124NY1020030	78124NY1020032	78124NY1030002
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY1020010	78124NY1020012	78124NY1020014	78124NY1020016	78124NY1020018	78124NY1020020	78124NY1020022	78124NY1020024	78124NY1020026	78124NY1020028	78124NY1020030	78124NY1020032	78124NY1030002
Premium Information	Plan Adjusted Index Rate	$634.79	$634.79	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$531.17	$0.00	$0.00	$0.00	$0.00
	Member Months	120	36	-	-	-	-	-	-	168	-	-	-	-
	Total Premium (TP)	$76,175	$22,852	$0	$0	$0	$0	$0	$0	$89,236	$0	$0	$0	$0
	EHB Percent of TP, [see instructions]	99.91%	99.91%	99.91%	99.91%	99.91%	99.91%	99.91%	99.91%	99.88%	99.88%	99.88%	99.88%	99.88%
	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	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.09%	0.12%	0.12%	0.12%	0.12%	0.12%
Claims Information	Total Allowed Claims (TAC)	$69,827	$20,948	$0	$0	$0	$0	$0	$0	$81,698	$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	$5,605	$1,681	$0	$0	$0	$0	$0	$0	$6,454	$0	$0	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$64,222	$19,267	$0	$0	$0	$0	$0	$0	$75,244	$0	$0	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	$535.19	$535.18	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$447.88	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	$581.89	$581.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$486.30	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	$581.89	$581.89	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$486.30	#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	Univera PPO Hybrid												
Product ID:	78124NY103												
Metal:	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.791	0.791	0.791	0.791	0.791	0.791
AV Pricing Value	0.745	0.745	0.745	0.745	0.745	0.745	0.745	0.836	0.836	0.836	0.836	0.836	0.836
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	valUcare Plus Standard Silver	valUcare Plus Standard Silver	valUcare Plus Standard Silver	valUcare Plus Standard Silver	valUcare Plus Standard Silver	valUcare Plus Standard Silver	valUcare Plus Standard Silver	valUcare Plus Standard Gold	valUcare Plus Standard Gold	valUcare Plus Standard Gold	valUcare Plus Standard Gold	valUcare Plus Standard Gold	valUcare Plus Standard Gold
Plan ID (Standard Component ID):	78124NY1030004	78124NY1030006	78124NY1030008	78124NY1030010	78124NY1030012	78124NY1030014	78124NY1030016	78124NY1030034	78124NY1030036	78124NY1030038	78124NY1030040	78124NY1030042	78124NY1030044
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.57%	16.57%	16.57%	16.57%	16.57%	16.57%	16.57%	16.26%	16.26%	16.26%	16.26%	16.26%	16.26%
Cum'tive Rate Change % (over 12 mos prior)	16.57%	16.57%	16.57%	16.57%	16.57%	16.57%	16.57%	16.26%	16.26%	16.26%	16.26%	16.26%	16.26%
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 %	16.38%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1030004	78124NY1030006	78124NY1030008	78124NY1030010	78124NY1030012	78124NY1030014	78124NY1030016	78124NY1030034	78124NY1030036	78124NY1030038	78124NY1030040	78124NY1030042	78124NY1030044
Inpatient	$0.00	$0.00	$0.00	$9.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.88	$12.51
Outpatient	$0.00	$0.00	$0.00	$13.38	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$15.17	$17.44
Professional	$0.00	$0.00	$0.00	$15.46	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$17.53	$20.15
Prescription Drug	$0.00	$0.00	$0.00	$9.72	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.02	$12.67
Other	$0.00	$0.00	$0.00	$0.84	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.95	$1.09
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	$7.11	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.07	$9.27
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	$2.92	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3.32	$3.81
Total Rate Increase	$0.00	$0.00	$0.00	$59.03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$66.93	$76.93
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	$356.22	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$411.54	$473.04
Projected Member Months	0	0	0	108	0	0	0	0	0	0	0	120	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):	78124NY1030004	78124NY1030006	78124NY1030008	78124NY1030010	78124NY1030012	78124NY1030014	78124NY1030016	78124NY1030034	78124NY1030036	78124NY1030038	78124NY1030040	78124NY1030042	78124NY1030044
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY1030004	78124NY1030006	78124NY1030008	78124NY1030010	78124NY1030012	78124NY1030014	78124NY1030016	78124NY1030034	78124NY1030036	78124NY1030038	78124NY1030040	78124NY1030042	78124NY1030044
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$0.00	$415.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$478.47	$549.97
	Member Months	-	-	-	108	-	-	-	-	-	-	-	120	24
	Total Premium (TP)	$0	$0	$0	$44,847	$0	$0	$0	$0	$0	$0	$0	$57,417	$13,199
	EHB Percent of TP, [see instructions]	99.88%	99.88%	99.88%	99.84%	99.84%	99.84%	99.84%	99.84%	99.84%	99.84%	99.84%	99.86%	99.88%
	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%	0.12%	0.12%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.16%	0.14%	0.12%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$0	$49,095	$0	$0	$0	$0	$0	$0	$0	$57,051	$13,115
	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	$12,521	$0	$0	$0	$0	$0	$0	$0	$9,376	$2,155
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$36,573	$0	$0	$0	$0	$0	$0	$0	$47,675	$10,960
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	$338.64	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$397.29	$456.66
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	$454.58	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$475.43	$546.47
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	$454.58	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$475.43	$546.47

Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product													
Product ID:													
Metal:	Gold	Gold	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold	Gold
AV Metal Value	0.791	0.791	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.781	0.781	0.781
AV Pricing Value	0.836	0.836	0.581	0.581	0.581	0.581	0.581	0.581	0.581	0.581	0.769	0.769	0.769
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	valUcare Plus Standard Gold	valUcare Plus Standard Gold	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Standard Bronze	valUcare Plus Gold 9	valUcare Plus Gold 9	valUcare Plus Gold 9
Plan ID (Standard Component ID):	78124NY1030046	78124NY1030048	78124NY1040002	78124NY1040004	78124NY1040006	78124NY1040008	78124NY1040010	78124NY1040012	78124NY1040014	78124NY1040016	78124NY1040066	78124NY1040068	78124NY1040070
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2													
Historical Rate Increase - Calendar Year - 1													
Historical Rate Increase - Calendar Year 0													
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.26%	16.26%	17.23%	17.23%	17.23%	17.23%	17.23%	17.23%	17.23%	17.23%	16.43%	16.43%	16.43%
Cum'tive Rate Change % (over 12 mos prior)	16.26%	16.26%	17.23%	17.23%	17.23%	17.23%	17.23%	17.23%	17.23%	17.23%	16.43%	16.43%	16.43%
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 %													

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1030046	78124NY1030048	78124NY1040002	78124NY1040004	78124NY1040006	78124NY1040008	78124NY1040010	78124NY1040012	78124NY1040014	78124NY1040016	78124NY1040066	78124NY1040068	78124NY1040070
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.54	$8.94	$0.00	$0.00	$8.50	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$9.11	$12.46	$0.00	$0.00	$11.85	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$10.53	$14.40	$0.00	$0.00	$13.69	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.62	$9.05	$0.00	$0.00	$8.61	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.57	$0.78	$0.00	$0.00	$0.74	$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	$4.85	$6.63	$0.00	$0.00	$6.30	$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	$1.99	$2.72	$0.00	$0.00	$2.59	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40.20	$54.98	$0.00	$0.00	$52.28	$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	$0.00	$0.00	$0.00	$0.00	$233.32	$319.07	$0.00	$0.00	$318.26	$0.00	$0.00
Projected Member Months	0	0	0	0	0	0	96	24	0	0	96	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):	78124NY1030046	78124NY1030048	78124NY1040002	78124NY1040004	78124NY1040006	78124NY1040008	78124NY1040010	78124NY1040012	78124NY1040014	78124NY1040016	78124NY1040066	78124NY1040068	78124NY1040070
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY1030046	78124NY1030048	78124NY1040002	78124NY1040004	78124NY1040006	78124NY1040008	78124NY1040010	78124NY1040012	78124NY1040014	78124NY1040016	78124NY1040066	78124NY1040068	78124NY1040070
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$273.52	$374.05	$0.00	$0.00	$370.54	$0.00	$0.00
	Member Months	-	-	-	-	-	-	96	24	-	-	96	-	-
	Total Premium (TP)	$0	$0	$0	$0	$0	$0	$26,258	$8,977	$0	$0	$35,572	$0	$0
	EHB Percent of TP, [see instructions]	99.88%	99.88%	99.88%	99.88%	99.88%	99.88%	99.78%	99.84%	99.84%	99.84%	99.85%	99.85%	99.85%
	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%	0.12%	0.12%	0.12%	0.12%	0.12%	0.22%	0.16%	0.16%	0.16%	0.15%	0.15%	0.15%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$35,520	$12,144	$0	$0	$38,089	$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	$0	$0	$0	$0	$14,896	$5,093	$0	$0	$8,815	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	0.00%	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$20,625	$7,051	$0	$0	$29,274	$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!	$214.84	$293.80	#DIV/0!	#DIV/0!	$304.94	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$370.00	$505.98	#DIV/0!	#DIV/0!	$396.76	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$370.00	$505.98	#DIV/0!	#DIV/0!	$396.76	#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 PPO HDHP												
Product ID:	78124NY104												
Metal:	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
AV Metal Value	0.781	0.781	0.781	0.781	0.781	0.683	0.683	0.683	0.683	0.683	0.683	0.683	0.683
AV Pricing Value	0.769	0.769	0.769	0.769	0.769	0.673	0.673	0.673	0.673	0.673	0.673	0.673	0.673
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	valUcare Plus Gold 9	valUcare Plus Gold 9	valUcare Plus Gold 9	valUcare Plus Gold 9	valUcare Plus Gold 9	valUcare Plus Silver 3	valUcare Plus Silver 3	valUcare Plus Silver 3	valUcare Plus Silver 3	valUcare Plus Silver 3	valUcare Plus Silver 3	valUcare Plus Silver 3	valUcare Plus Silver 3
Plan ID (Standard Component ID):	78124NY1040072	78124NY1040074	78124NY1040076	78124NY1040078	78124NY1040080	78124NY1040082	78124NY1040084	78124NY1040086	78124NY1040088	78124NY1040090	78124NY1040092	78124NY1040094	78124NY1040096
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%												
Historical Rate Increase - Calendar Year - 1	0.00%												
Historical Rate Increase - Calendar Year 0	0.00%												
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	16.43%	16.43%	16.43%	16.43%	16.43%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%
Cum'tive Rate Change % (over 12 mos prior)	16.43%	16.43%	16.43%	16.43%	16.43%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%	16.80%
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 %	16.75%												

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1040072	78124NY1040074	78124NY1040076	78124NY1040078	78124NY1040080	78124NY1040082	78124NY1040084	78124NY1040086	78124NY1040088	78124NY1040090	78124NY1040092	78124NY1040094	78124NY1040096
Inpatient	$0.00	$7.58	$8.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.52	$10.19	$0.00	$0.00
Outpatient	$0.00	$10.56	$11.63	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$11.88	$14.21	$0.00	$0.00
Professional	$0.00	$12.21	$13.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$13.72	$16.42	$0.00	$0.00
Prescription Drug	$0.00	$7.67	$8.45	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$8.63	$10.32	$0.00	$0.00
Other	$0.00	$0.66	$0.73	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.74	$0.89	$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	$5.62	$6.18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$6.32	$7.56	$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	$2.31	$2.54	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.60	$3.11	$0.00	$0.00
Total Rate Increase	$0.00	$46.61	$51.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$52.40	$62.70	$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	$283.75	$312.33	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$311.81	$373.11	$0.00	$0.00
Projected Member Months	0	444	48	0	0	0	0	0	0	168	36	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):	78124NY1040072	78124NY1040074	78124NY1040076	78124NY1040078	78124NY1040080	78124NY1040082	78124NY1040084	78124NY1040086	78124NY1040088	78124NY1040090	78124NY1040092	78124NY1040094	78124NY1040096
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	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	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):	78124NY1040072	78124NY1040074	78124NY1040076	78124NY1040078	78124NY1040080	78124NY1040082	78124NY1040084	78124NY1040086	78124NY1040088	78124NY1040090	78124NY1040092	78124NY1040094	78124NY1040096
Premium Information	Plan Adjusted Index Rate	$0.00	$330.36	$363.63	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$364.21	$435.81	$0.00	$0.00
	Member Months	-	444	48	-	-	-	-	-	-	168	36	-	-
	Total Premium (TP)	$0	$146,679	$17,454	$0	$0	$0	$0	$0	$0	$61,188	$15,689	$0	$0
	EHB Percent of TP, [see instructions]	99.85%	99.83%	99.85%	99.85%	99.85%	99.85%	99.85%	99.85%	99.85%	99.85%	99.87%	99.87%	99.87%
	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	0.15%	0.17%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.15%	0.13%	0.13%	0.13%
Claims Information	Total Allowed Claims (TAC)	$0	$157,054	$18,689	$0	$0	$0	$0	$0	$0	$73,172	$18,762	$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	$36,346	$4,325	$0	$0	$0	$0	$0	$0	$23,896	$6,127	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$120,708	$14,364	$0	$0	$0	$0	$0	$0	$49,276	$12,635	$0	$0
	Net Amt of Rein													
	Net Amt of Risk Adj													

	Incurred Claims PMPM	#DIV/0!	$271.86	$299.25	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$293.31	$350.97	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	$353.73	$389.36	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$435.55	$521.17	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	$353.73	$389.36	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$435.55	$521.17	#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:	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
AV Metal Value	0.592	0.592	0.592	0.592	0.592	0.592	0.592	0.592
AV Pricing Value	0.544	0.544	0.544	0.544	0.544	0.544	0.544	0.544
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Plan Name	valUcare Plus Bronze 3	valUcare Plus Bronze 3	valUcare Plus Bronze 3	valUcare Plus Bronze 3	valUcare Plus Bronze 3	valUcare Plus Bronze 3	valUcare Plus Bronze 3	valUcare Plus Bronze 3
Plan ID (Standard Component ID):	78124NY1040146	78124NY1040148	78124NY1040150	78124NY1040152	78124NY1040154	78124NY1040156	78124NY1040158	78124NY1040160
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2								
Historical Rate Increase - Calendar Year - 1								
Historical Rate Increase - Calendar Year 0								
Effective Date of Proposed Rates	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
Rate Change % (over prior filing)	17.41%	17.41%	17.41%	17.41%	17.41%	17.41%	17.41%	17.41%
Cum'tive Rate Change % (over 12 mos prior)	17.41%	17.41%	17.41%	17.41%	17.41%	17.41%	17.41%	17.41%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %								

Section II: Components of Premium Increase (PMPM I

Plan ID (Standard Component ID):	78124NY1040146	78124NY1040148	78124NY1040150	78124NY1040152	78124NY1040154	78124NY1040156	78124NY1040158	78124NY1040160
Inpatient	$0.00	$0.00	$0.00	$0.00	$8.44	$8.53	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$11.77	$11.89	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$13.60	$13.74	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$8.55	$8.64	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.74	$0.75	$0.00	$0.00
Capitation	$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	$6.26	$6.32	$0.00	$0.00
Taxes & Fees	$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	$2.57	$2.60	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$51.93	$52.45	$0.00	$0.00
Member Cost Share Increase	$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	$298.29	$301.30	$0.00	$0.00
Projected Member Months	0	0	0	0	180	24	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):	78124NY1040146	78124NY1040148	78124NY1040150	78124NY1040152	78124NY1040154	78124NY1040156	78124NY1040158	78124NY1040160
Premium Information	Average Rate PMPM								
	Member Months								
	Total Premium (TP)	$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%
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%
	Allowed Claims which are not the issuer's obligation:								
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$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!
	Allowed Claims PMPM	#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!

Section IV: Projected (12 months following effective date

	Plan ID (Standard Component ID):	78124NY1040146	78124NY1040148	78124NY1040150	78124NY1040152	78124NY1040154	78124NY1040156	78124NY1040158	78124NY1040160
Premium Information	Plan Adjusted Index Rate	$0.00	$0.00	$0.00	$0.00	$350.21	$353.75	$0.00	$0.00
	Member Months	-	-	-	-	180	24	-	-
	Total Premium (TP)	$0	$0	$0	$0	$63,038	$8,490	$0	$0
	EHB Percent of TP, [see instructions]	99.87%	99.87%	99.87%	99.87%	99.85%	99.85%	99.85%	99.85%
	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%
	Other benefits portion of TP	0.13%	0.13%	0.13%	0.13%	0.15%	0.15%	0.15%	0.15%
Claims Information	Total Allowed Claims (TAC)	$0	$0	$0	$0	$90,166	$12,144	$0	$0
	EHB Percent of TAC, [see instructions]	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%
	Other benefits portion of TAC	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	$41,160	$5,543	$0	$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$49,006	$6,600	$0	$0
	Net Amt of Rein								
	Net Amt of Risk Adj								

	Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$272.25	$275.00	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$500.92	$505.98	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$500.92	$505.98	#DIV/0!	#DIV/0!

EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

Company Name: Excellus Health Plan, Inc.
NAIC Code: 55107
SERFF Number: EXHP-129573829
Market Segment: all Groups On Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the 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]			
1114959327	161165049	United Health Services Hospitals, Inc.				
1174620629	160743134	Rochester General Hospital				
1629087580	150532221	Our Lady of Lourdes Memorial Hospital				
1033270699	141338471	Champlain Valley Physicians Hospital Medical Ce				
1144397100	222325405	Cayuga Medical Center at Ithaca				
1508815333	150532254	St. Joseph's Hospital Health Center				
1144288531	150622506	University Hospital at Syracuse				
1336366822	237221763	Unity Hospital				
1033107743	160960470	Crouse Hospital				
1598713745	150533577	Samaritan Medical Center				
1083605661	160743905	Arnot-Ogden Medical Center				
1194776351	160743024	F.F. Thompson Hospital				
1184717837	161576637	Faxton - St. Luke's Healthcare				
1063572733	135596796	Bassett Healthcare-The Mary Imogene				
1568548782	161012691	Canton-Potsdam Hospital				
1972548568	160743037	Highland Hospital of Rochester - EHP				
1093712911	150532054	Auburn Memorial Hospital				
1427119486	150559686	Claxton-Hepburn Medical Center				
1699709576	141731786	Adirondack Medical Center				

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
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 11: GENERAL INFORMATION ABOUT THE RATE FILING

Company Name: **Excellus Health Plan, Inc.**
NAIC Code: **55107**
SERFF Tracking #: **EXHP-129573829**
Market Segment: **Small Groups On Exchange**

A. Insurer Information:

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

Company mailing address: 165 Court Street, Rochester, NY 14647

B. Contact Person:

Rate filing contact person name, title	Contact phone number	Contact Email address
[redacted]	[redacted]	[redacted]

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information:

New rate applicability period	New rate effective date	SERFF Tracking Number
Rolling Rated: Q1: January 1, 2015-February 28, 2016 Q2: April 1, 2015-May 31, 2016 Q3: July 1, 2015 - August 31, 2016 Q4: October 1, 2015 - November 30, 2016	1/1/2015	EXHP-129573829

E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing): Small Group

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 number	Yes, under SERFF # EXHP-129572324

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.