| | | | |
|---|---|---|---|
| ***State:*** | *New York* | ***Filing Company:*** | *HealthNow New York Incorporated* |
| ***TOI/Sub-TOI:*** | *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense* | | |
| ***Product Name:*** | *CN1C3S0439_0614* | | |
| ***Project Name/Number:*** | *CN1C3S0439_0614/CN1C3S0439_0614* | | |

# Filing at a Glance

| | |
|---|---|
| Company: | HealthNow New York Incorporated |
| Product Name: | CN1C3S0439_0614 |
| State: | New York |
| TOI: | H15I Individual Health - Hospital/Surgical/Medical Expense |
| Sub-TOI: | H15I.001 Health - Hospital/Surgical/Medical Expense |
| Filing Type: | Prior Approval Exchange Form & Rate Filing |
| Date Submitted: | 06/12/2014 |
| SERFF Tr Num: | HLTH-129576773 |
| SERFF Status: | Assigned |
| State Tr Num: | 2014060164 |
| State Status: | |
| Co Tr Num: | CN1C3S0439_0614 |
| 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:** *HealthNow New York Incorporated*
**TOI/Sub-TOI:** *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
**Product Name:** *CN1C3S0439_0614*
**Project Name/Number:** *CN1C3S0439_0614/CN1C3S0439_0614*

## General Information

Project Name: CN1C3S0439_0614
Project Number: CN1C3S0439_0614
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Individual Market Type:
Filing Status Changed: 06/13/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number: CN1C3S0439

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Previous Filing Number: CN1C3S0439
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
Individual On Exchange

## Company and Contact

### Filing Contact Information

[redacted]
257 West Genesee Street
Buffalo, NY 14202

[redacted]

### Filing Company Information

HealthNow New York Incorporated
257 West Genesee Street
Buffalo, NY 14202
([redacted]

CoCode: 55204
Group Code: -99
Group Name:
FEIN Number: 16-1105741

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

## Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

## State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No.
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Article 43, 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. HLTH-129558148.

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

## Rate Information

Rate data applies to filing.

**Filing Method:** Exchange Forms & Rates
**Rate Change Type:** Neutral
**Overall Percentage of Last Rate Revision:** 0.000%
**Effective Date of Last Rate Revision:** 01/01/2014
**Filing Method of Last Filing:** Exchange Forms & Rates

### 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): |
|---|---|---|---|---|---|---|---|---|
| HealthNow New York Incorporated | Increase | 4.900% | 4.900% | $665,476 | 2,300 | $14,266,014 | 8.500% | -2.800% |

**State:** *New York* **Filing Company:** *HealthNow New York Incorporated*
**TOI/Sub-TOI:** *H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense*
**Product Name:** *CN1C3S0439_0614*
**Project Name/Number:** *CN1C3S0439_0614/CN1C3S0439_0614*

## 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 | CN1C3S0439_0614 | New | | Rate Manual - Individual On.pdf, |

HealthNow New York Inc.
2015 New York State Public Exchange Rate Submission: Individual On Exchange
Rate Manual Index
Rates Effective 1/1/2015

**Index:**


| Page # | Description |
|---|---|
| 1 | Overview |
| 2 | Region Definition |
| 3 | Benefit Summary Individual Plans - Region 2 |
| 4 | Benefit Summary Individual Plans - Regions 1 & 7 |
| 5 | Individual Rates Effective 2015 |

HealthNow New York Inc.
2015 New York State Public Exchange Rate Submission: Individual On Exchange
Rate Manual - Page 1
Rates Effective 1/1/2015

**Overview:**

The rates contained within this rate manual are for use on the New York State Public Health Insurance Exchange in the individual on exchange market. The individual medical and pharmacy rates are effective 1/1/2015 through 12/31/2015 and expire on 12/31/2015. The county the individual is located in from the region definition should be used to pick the applicable regional rate. There are no commissions payable on these products. Underwriting guidelines can be found in the HealthNow underwriting guidelines document. The rates included in this rate manual are filed under HealthNow SERFF number HLTH-129576773 and policy form numbers: CN1C3S0439_0614 and CR1R3N0443_0614. The projected loss ratio for the individual market is 89.2%.

HealthNow New York Inc.
2015 New York State Public Exchange Rate Submission: Individual On Exchange
Rate Manual - Page 2
Rates Effective 1/1/2015

**Region Definition:**

**On Exchange**

| Region | Counties | Geographic Factor |
|---|---|---|
| 1 | Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington | 1.311 |
| 2 | Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming | 0.940 |
| 7 | Clinton, Essex | 1.434 |
| 1A | Albany, Rensselaer, Saratoga, and Schenectady. | 1.195 |
| 2A | Erie and Niagara. | 0.950 |

Notes:

1. Region #7 includes more counties than listed but HealthNow will only participate within the listed counties.

**Benefit Summary - Individual Plans:**
Available in individual market for specified regions.

**All Regions**

| Benefit | Cost Share By Plan - In-Network | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medal | Platinum | Platinum | | Platinum | Gold | Gold | | Gold | Silver | Silver | | Silver | Bronze | Bronze | Bronze |
| Plan | Platinum Standard | Platinum 250** | | Platinum POS 110 | Gold Standard | Gold 850** | | Gold Aqua | Silver Standard | Silver 2000** | | Silver POS 7100 | Bronze Standard | Bronze Value | Bronze POS 8100EX |
| | | Tier 1 | Tier 2 | | | Tier 1 | Tier 2 | | | Tier 1 | Tier 2 | | | | |
| Region | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 | #2 |
| Standard/ NonStandard | Standard | Non-Standard | Non-Standard | Non-Standard | Standard | Non-Standard | Non-Standard | Non-Standard | Standard | Non-Standard | Non-Standard | Non-Standard | Standard | Non-Standard | Non-Standard |
| Availability | Both | Both | Both | Both | Both | Both | Both | Both | Both | Both | Both | Both | Both | Both | Both |
| AV | 88% | 88% | 88% | 89% | 79% | 78% | 78% | 82% | 71% | 69% | 69% | 69% | 62% | 62% | 61% |
| First Dollar | 0% | 0% | 0% | 0% | 0% | 0% | 0% | $500 | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Deductible (single) | 0% | $250 | $450 | 0% | $600 | $850 | $1,700 | $1,000 | $2,000 | $2,000 | $3,000 | $1,500 | $3,000 | $6,600 | $4,000 |
| OOP Maximum (single) | $2,000 | $6,600 | $6,600 | $4,000 | $4,000 | $6,600 | $6,600 | $5,000 | $5,500 | $6,000 | $6,000 | $5,000 | $6,350 | $6,600 | $6,450 |
| Network | Local | Local | Local | Local | Local | Local | Local | Local | Local | Local | Local | Local | Local | Local | Local |
| Deductible Applies to Rx | No | Yes | Yes | No | No | Yes | Yes | No | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Embedded Deductible | No | No | No | No | Yes | No | No | No | Yes | No | No | No | Yes | No | No |
| **Inpatient Hospital** | | | | | | | | | | | | | | | |
| ASA Rehab | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| Detox | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| Maternity | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| Med/Surg | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| Mental Health | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| Newborn | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| SNF | $500 | 8% | 10% | $500 | $1,000 | 15% | 25% | 20%* | $1,500 | 35% | 50% | $750 | 50% | 0% | 20% |
| **Outpatient Facility** | | | | | | | | | | | | | | | |
| Preventive* | 0% | 0%* | 0%* | 0% | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* |
| Abortion - Elective | $100 | 8% | 10% | $150 | $100 | 15% | 25% | 20% | $100 | 35% | 50% | $150 | 50% | 0% | 25% |
| Abortion - Non Elective | $100 | 8% | 10% | $150 | $100 | 15% | 25% | 20% | $100 | 35% | 50% | $150 | 50% | 0% | 25% |
| Cardiology | $15 | 8% | 10% | $20 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $25 | 50% | 0% | 20% |
| Chemotherapy | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Diagnostic | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Dialysis | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Emergency Room | $100 | 8% | 8% | $100 | $150 | 15% | 15% | 20% | $150 | 20% | 20% | $150 | 50% | 0% | 20% |
| Home Health | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Hospice | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Infusion Therapy | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Laboratory Tests | $35 | 0% | 10% | 0% | $40 | 0% | 25% | 20% | $50 | 0% | 50% | $40 | 50% | 0% | 20% |
| Mental Health / Substance Abuse | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Outpatient Surgery | $100 | 8% | 10% | $150 | $100 | 15% | 25% | 20% | $100 | 35% | 50% | $150 | 50% | 0% | 20% |
| Pre-Admission Testing | 0% | 8% | 10% | 0% | 0% | 15% | 25% | 0% | 0% | 35% | 50% | 0% | 50% | 0% | 0% |
| PT / OT / ST | $25 | 8% | 10% | $20 | $30 | 15% | 25% | 20% | $30 | $5 | $30 | $25 | 50% | 0% | 20% |
| Radiation Therapy | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Radiology | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Radiology - Advanced | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Urgent Care | $55 | $55 | $55 | $40 | $60 | $60 | $60 | 20% | $70 | $70 | $70 | $75 | 50% | 0% | 20% |
| Other | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| **Professional** | | | | | | | | | | | | | | | |
| Preventive* | 0% | 0%* | 0%* | 0% | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* |
| Office/Home Visit - PCP | $15 | 8% | 10% | $20 | $25 | 15% | 25% | 20% | $30 | $5 | $30 | $25 | 50% | $5* | 20% |
| Office/Home Visit - SCP | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Abortion - Elective | $35 | 8% | 10% | $25 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 25% |
| Abortion - Non Elective | $35 | 8% | 10% | $25 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 25% |
| Advanced Radiology | $35 | 8% | 10% | $25 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Allergy Shots | $25 | 8% | 10% | $25 | $33 | 0% | 0% | 20% | $40 | 35% | 50% | $33 | 50% | 0% | 20% |
| Allergy Tests | $25 | 8% | 10% | $25 | $33 | 15% | 25% | 20% | $40 | 35% | 50% | $33 | 50% | 0% | 20% |
| Ambulance | $100 | $200 | $200 | $100 | $150 | $200 | $200 | 20% | $150 | 35% | 50% | $150 | 50% | 0% | 20% |
| Anesthesia | 0% | 8% | 10% | 0% | 0% | 15% | 25% | 20% | 0%* | 35% | 50% | $40 | 50% | 0% | 20% |
| Cardiovascular | $15 | 8% | 10% | $20 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $25 | 50% | 0% | 20% |
| Chemotherapy | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Chiropractic | $35 | 8% | 10% | $20 | $40 | 15% | 25% | 20% | $50 | $5 | $30 | $25 | 50% | 0% | 20% |
| Consults | $25 | 8% | 10% | $25 | $33 | 15% | 25% | 20% | $40 | 0%* | 0% | $33 | 50% | 0% | 25% |
| Diabetic Drugs/Supplies | $15 | 8% | 10% | $20 | $25 | 15% | 25% | 20%* | $30 | $5 | $30 | $25 | 50% | 0% | 20% |
| Diabetic Education | $15 | 8% | 10% | $20 | $25 | 15% | 25% | 20%* | $30 | $5 | $30 | $25 | 50% | 0% | 20% |
| Dialysis | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | 0% | 50% | 0% | 20% |
| DME and Supplies | 10% | 50% | 50% | 50% | 20% | 50% | 50% | 20% | 30% | 50% | 50% | 50% | 50% | 0% | 20% |
| Facility Visits | $25 | 8% | 10% | $25 | $33 | 15% | 25% | 20% | $40 | 35% | 50% | $33 | 50% | 0% | 20% |
| Hearing Aid | 10% | 50% | 50% | 50% | 20% | 50% | 50% | 20% | 30% | 50% | 50% | 50% | 50% | 0% | 20% |
| Hearing Exam | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Home Care | $15 | 8% | 10% | $30 | $33 | 15% | 25% | 20% | $40 | 35% | 50% | $33 | 50% | 0% | 20% |
| Maternity | $15 | 8% | 10% | 0% | $25 | 15% | 25% | 0% | $30 | $5 | $30 | 0% | 50% | 0% | 0% |
| Mental Health | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Office-Administered Drugs | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Pathology / Laboratory | $35 | 0% | 10% | 0% | $40 | 0% | 25% | 20% | $50 | 0% | 50% | $40 | 50% | 0% | 20% |
| PT/OT/ST | $25 | 8% | 10% | $20 | $30 | 15% | 25% | 20% | $30 | $5 | $30 | $25 | 50% | 0% | 20% |
| Radiation Therapy | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Radiology | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| Substance Abuse | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Surgery - Facility (IP) | 0% | 8% | 10% | 0% | 0% | 15% | 25% | 20% | 0% | 35% | 50% | 0% | 50% | 0% | 25% |
| Surgery - Facility (OP) | 0% | 8% | 10% | $30 | 0% | 15% | 25% | 20% | 0% | 35% | 50% | $40 | 50% | 0% | 20% |
| Surgery - Office | $25 | 8% | 10% | $25 | $33 | 15% | 25% | 20% | $40 | 35% | 50% | $33 | 50% | 0% | 20% |
| Vision - Exam | $15 | 8% | 10% | $30 | $25 | 15% | 25% | 20% | $30 | 35% | 50% | $40 | 50% | 0% | 20% |
| Vision - Lenses & Frames | 10% | 10% | 10% | $30 | 20% | 20% | 20% | 20% | 30% | 30% | 30% | $40 | 50% | 0% | 20% |
| Other | $35 | 8% | 10% | $30 | $40 | 15% | 25% | 20% | $50 | 35% | 50% | $40 | 50% | 0% | 20% |
| **Drug** | | | | | | | | | | | | | | | |
| Generic | $10 | $2* | $2* | $5 | $10* | $5* | $5* | $15* | $10* | $5* | $5* | $5 | $10 | $10* | $5 |
| Brand | $30 | 20% | 20% | $30 | $35* | 30% | 30% | $50* | $35* | 50% | 50% | $30 | $35 | 0% | $30 |
| Non Formulary | $60 | 20% | 20% | 50% | $70* | 30% | 30% | 50%* | $70* | 50% | 50% | 50% | $70 | 0% | 50% |
| Supplies | 10% | 50% | 50% | 50% | 20% | 50% | 50% | 20% | 30% | 50% | 50% | 50% | 50% | 0% | 20% |
| **Out of Network** | | | | | | | | | | | | | | | |
| First Dollar | N/A | N/A | N/A | 0% | N/A | N/A | N/A | $500 | N/A | N/A | N/A | 0% | N/A | N/A | 0% |
| Deductible (single) | N/A | N/A | N/A | $1,500 | N/A | N/A | N/A | $1,000 | N/A | N/A | N/A | $1,500 | N/A | N/A | $4,000 |
| Coinsurance (Member) | N/A | N/A | N/A | 40% | N/A | N/A | N/A | 50% | N/A | N/A | N/A | 40% | N/A | N/A | 40% |
| OOP Maximum (single) | N/A | N/A | N/A | $4,000 | N/A | N/A | N/A | $10,000 | N/A | N/A | N/A | $10,000 | N/A | N/A | $10,000 |

*Deductible does not apply.
Deductible applies to all non-Rx services on all plans (except preventive or other indicated services).
Deductible applies to Rx where specified.
**Plan includes 2 PCP additions at $0 cost sharing in addition to preventive services.
There are no pediatric dental benefits on the above plans.
Non-single deductible and OOP Maximum are at 2X single amounts.

**Benefit Summary - Individual Plans:**
Available in individual market for specified regi

**All Regions**

| Benefit | Cost Share By Plan - In-Network | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Medal | Platinum | Platinum | Gold | Gold | Silver | Silver | Bronze | Bronze |
| Plan | Platinum Standard | Platinum 267*** | Gold Standard | Gold Aqua | Silver Standard | Silver HDHP-HSA 269 | Bronze Standard | Bronze HDHP-HSA 270 |
| Region | #1 and #7 | #1 and #7 | #1 and #7 | #1 and #7 | #1 and #7 | #1 and #7 | #1 and #7 | #1 and #7 |
| Standard/ NonStandard | Standard | Non-Standard | Standard | Non-Standard | Standard | Non-Standard | Standard | Non-Standard |
| Availability | Both | Both | Both | Both | Both | Both | Both | Both |
| AV | 88% | 91% | 79% | 79% | 71% | 68% | 62% | 59% |
| First Dollar | 0% | 0% | 0% | $500 | 0% | 0% | 0% | 0% |
| Deductible (single) | 0% | 0% | $600 | $2,000 | $2,000 | $2,000 | $3,000 | $5,000 |
| OOP Maximum (single) | $2,000 | $6,600 | $4,000 | $5,000 | $5,500 | $6,450 | $6,350 | $6,450 |
| Network | Local | Local | Local | Local | Local | Local | Local | Local |
| Deductible Applies to Rx | No | No | No | No | No | Yes | Yes | Yes |
| Embedded Deductible | No | No | Yes | No | Yes | No | Yes | No |
| **Inpatient Hospital** | | | | | | | | |
| ASA Rehab | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| Detox | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| Maternity | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| Med/Surg | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| Mental Health | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| Newborn | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| SNF | $500 | $150 | $1,000 | 20%* | $1,500 | 20% | 50% | 20% |
| **Outpatient Facility** | | | | | | | | |
| Preventive* | 0% | 0% | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* |
| Abortion - Elective | $100 | $150 | $100 | 20% | $100 | 20% | 50% | 20% |
| Abortion - Non Elective | $100 | $150 | $100 | 20% | $100 | 20% | 50% | 20% |
| Cardiology | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Chemotherapy | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Diagnostic | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Dialysis | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Emergency Room | $100 | $100 | $150 | 20% | $150 | 20% | 50% | 20% |
| Home Health | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Hospice | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Infusion Therapy | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Laboratory Tests | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Mental Health / Substance Abuse | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Outpatient Surgery | $100 | $150 | $100 | 20% | $100 | 20% | 50% | 20% |
| Pre-Admission Testing | 0% | 0% | 0% | 0% | 0% | 0% | 50% | 0% |
| PT / OT / ST | $25 | $25 | $30 | 20% | $30 | 20% | 50% | 20% |
| Radiation Therapy | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Radiology | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Radiology - Advanced | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Urgent Care | $55 | $75 | $60 | 20% | $70 | 20% | 50% | 20% |
| Other | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| **Professional** | | | | | | | | |
| Preventive* | 0% | 0% | 0%* | 0%* | 0%* | 0%* | 0%* | 0%* |
| Office/Home Visit - PCP | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Office/Home Visit - SCP | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Abortion - Elective | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Abortion - Non Elective | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Advanced Radiology | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Allergy Shots | $25 | $25 | $33 | 20% | $40 | 20% | 50% | 20% |
| Allergy Tests | $25 | $25 | $33 | 20% | $40 | 20% | 50% | 20% |
| Ambulance | $100 | $100 | $150 | 20% | $150 | 20% | 50% | 20% |
| Anesthesia | 0% | $25 | 0% | 20% | 0%* | 20% | 50% | 20% |
| Cardiovascular | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Chemotherapy | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Chiropractic | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Consults | $25 | $25 | $33 | 20% | $40 | 20% | 50% | 20% |
| Diabetic Drugs/Supplies | $15 | $25 | $25 | 20%* | $30 | 20% | 50% | 20% |
| Diabetic Education | $15 | $25 | $25 | 20%* | $30 | 20% | 50% | 20% |
| Dialysis | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| DME and Supplies | 10% | 50% | 20% | 20% | 30% | 20% | 50% | 20% |
| Facility Visits | $25 | $25 | $33 | 20% | $40 | 20% | 50% | 20% |
| Hearing Aid | 10% | 50% | 20% | 20% | 30% | 20% | 50% | 20% |
| Hearing Exam | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Home Care | $15 | $25 | $33 | 20% | $40 | 20% | 50% | 20% |
| Maternity | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Mental Health | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Office-Administered Drugs | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Pathology / Laboratory | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| PT/OT/ST | $25 | $25 | $30 | 20% | $30 | 20% | 50% | 20% |
| Radiation Therapy | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Radiology | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| Substance Abuse | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Surgery - Facility (IP) | 0% | 0% | 0% | 20% | 0% | 20% | 50% | 20% |
| Surgery - Facility (OP) | 0% | $25 | 0% | 20% | 0% | 20% | 50% | 20% |
| Surgery - Office | $25 | $25 | $33 | 20% | $40 | 20% | 50% | 20% |
| Vision - Exam | $15 | $25 | $25 | 20% | $30 | 20% | 50% | 20% |
| Vision - Lenses & Frames | 10% | $25 | 20% | 20% | 30% | 20%* | 50% | 20%* |
| Other | $35 | $25 | $40 | 20% | $50 | 20% | 50% | 20% |
| **Drug** | | | | | | | | |
| Generic | $10 | $4 | $10* | $10* | $10* | $4 | $10 | $4 |
| Brand | $30 | $30 | $35* | $35* | $35* | $35 | $35 | $50 |
| Non Formulary | $60 | $50 | $70* | $70* | $70* | $70 | $70 | $80 |
| Supplies | 10% | 50% | 20% | 20% | 30% | 20% | 50% | 20% |
| **Out of Network** | | | | | | | | |
| First Dollar | N/A | 0% | N/A | 0% | N/A | 0% | N/A | 0% |
| Deductible (single) | N/A | $5,000 | N/A | $5,000 | N/A | $5,000 | N/A | $5,000 |
| Coinsurance (Member) | N/A | 50% | N/A | 50% | N/A | 50% | N/A | 50% |
| OOP Maximum (single) | N/A | $10,000 | N/A | $10,000 | N/A | $10,000 | N/A | $10,000 |

*Deductible does not apply.
Deductible applies to all non-Rx services on all plans (except preventive or other indicated services).
Deductible applies to Rx where specified.
***Plan includes 3 PCP additions for adults and all pediatric PCP visits at $0 cost sharing in addition to preventive services.
There are no pediatric dental benefits on the above plans.
Non-single deductible and OOP Maximum are at 2X single amounts.

**Individual Rates Effective 2015:**

**Tier Rates Region #2:**

| | Age | Platinum Standard | Platinum 250 | Platinum POS 110 | Gold Standard | Gold 850 | Gold Aqua | Silver Standard | Silver 2000 | Silver POS 7100 | Bronze Standard | Bronze Value | Bronze POS 8100EX |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Child Only | 26 | 254.91 | | | 219.62 | | | 188.38 | | | 153.56 | | |
| Single | 26 | 618.70 | 532.38 | 572.63 | 533.04 | 432.15 | 498.86 | 457.22 | 361.41 | 422.33 | 372.72 | 295.00 | 360.45 |
| | 30 | 626.00 | 538.67 | 579.38 | 539.33 | 437.25 | 504.75 | 462.61 | 365.68 | 427.31 | 377.12 | 298.48 | 364.71 |
| 2 Person | 26 | 1237.40 | 1064.76 | 1145.26 | 1066.08 | 864.30 | 997.72 | 914.44 | 722.82 | 844.66 | 745.44 | 590.00 | 720.90 |
| | 30 | 1266.84 | 1090.10 | 1172.50 | 1091.44 | 884.86 | 1021.47 | 936.18 | 740.03 | 864.75 | 763.18 | 604.04 | 738.06 |
| Sub + Child(ren) | 26 | 1051.79 | 905.05 | 973.47 | 906.17 | 734.66 | 848.06 | 777.28 | 614.39 | 717.96 | 633.62 | 501.51 | 612.77 |
| | 30 | 1076.78 | 926.56 | 996.60 | 927.70 | 752.11 | 868.22 | 795.74 | 629.01 | 735.02 | 648.69 | 513.41 | 627.34 |
| Family | 26 | 1763.30 | 1517.29 | 1631.99 | 1519.16 | 1231.62 | 1421.76 | 1303.07 | 1030.02 | 1203.64 | 1062.26 | 840.75 | 1027.28 |
| | 30 | 1805.20 | 1553.36 | 1670.76 | 1555.27 | 1260.90 | 1455.55 | 1334.03 | 1054.51 | 1232.24 | 1087.50 | 860.73 | 1051.71 |

**Tier Rates Region #1:**

| | Age | Platinum Standard | Platinum 267 | Gold Standard | Gold Aqua | Silver Standard | Silver HDHP-HSA 269 | Bronze Standard | Bronze HDHP-HSA 270 |
|---|---|---|---|---|---|---|---|---|---|
| Child Only | 26 | 312.31 | | 267.95 | | 228.24 | | 185.37 | |
| Single | 26 | 758.05 | 664.79 | 650.36 | 540.06 | 554.00 | 457.55 | 449.91 | 373.12 |
| | 30 | 767.00 | 672.64 | 658.03 | 546.43 | 560.54 | 462.95 | 455.22 | 377.53 |
| 2 Person | 26 | 1516.10 | 1329.58 | 1300.72 | 1080.12 | 1108.00 | 915.10 | 899.82 | 746.24 |
| | 30 | 1552.18 | 1361.22 | 1331.66 | 1105.81 | 1134.36 | 936.87 | 921.23 | 764.01 |
| Sub + Child(ren) | 26 | 1288.69 | 1130.15 | 1105.62 | 918.10 | 941.80 | 777.84 | 764.85 | 634.30 |
| | 30 | 1319.32 | 1157.01 | 1131.88 | 939.91 | 964.18 | 796.32 | 783.02 | 649.39 |
| Family | 26 | 2160.44 | 1894.65 | 1853.52 | 1539.17 | 1578.90 | 1304.02 | 1282.25 | 1063.40 |
| | 30 | 2211.80 | 1939.69 | 1897.56 | 1575.74 | 1616.43 | 1335.01 | 1312.71 | 1088.69 |

**Tier Rates Region #7:**

| | Age | Platinum Standard | | Gold Standard | | Silver Standard | | Bronze Standard | |
|---|---|---|---|---|---|---|---|---|---|
| Child Only | 26 | 339.14 | | 290.69 | | 247.43 | | 200.66 | |
| Single | 26 | 823.17 | | 705.56 | | 600.58 | | 487.04 | |
| | 30 | 832.88 | | 713.89 | | 607.67 | | 492.78 | |
| 2 Person | 26 | 1646.34 | | 1411.12 | | 1201.16 | | 974.08 | |
| | 30 | 1685.50 | | 1444.69 | | 1229.75 | | 997.24 | |
| Sub + Child(ren) | 26 | 1399.39 | | 1199.45 | | 1020.99 | | 827.97 | |
| | 30 | 1432.64 | | 1227.97 | | 1045.25 | | 847.63 | |
| Family | 26 | 2346.04 | | 2010.84 | | 1711.66 | | 1388.06 | |
| | 30 | 2401.78 | | 2058.64 | | 1752.34 | | 1421.03 | |

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

## Supporting Document Schedules

| | |
|---|---|
| **Satisfied - Item:** | Actuarial Value Calculations |
| **Comments:** | |
| **Attachment(s):** | Aqua Gold - NENY.pdf<br>POS 267.pdf<br>POS 269.pdf<br>POS 270.pdf<br>Aqua Gold - WNY.pdf<br>Bronze Value.pdf<br>Gold 850.pdf<br>Platinum 250.pdf<br>POS 110 Plus.pdf<br>POS 7100.pdf<br>POS 8100 Bronze.pdf<br>Silver 2000.pdf<br>Bronze Standard.pdf<br>Gold Standard.pdf<br>Platinum Standard.pdf<br>Silver Standard.pdf |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 13-Narrative Summary and Numerical Summary |
| **Comments:** | |
| **Attachment(s):** | Commercial Narrative - Individual.pdf<br>Exhibit 13 - Individual On.pdf |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 14A-Indiv Requested Percentage Changes |
| **Comments:** | |
| **Attachment(s):** | Exhibit 14 Individual Off.pdf<br>Exhibit 14 Individual Off.xlsx<br>Exhibit 14 Individual On.pdf<br>Exhibit 14 Individual On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 14B-Sm Grp Requested Percentage Changes |
| **Comments:** | |

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

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|---|---|
| **Attachment(s):** | Exhibit 14 Small Group Off.pdf<br>Exhibit 14 Small Group Off.xlsx<br>Exhibit 14 Small Group On.pdf<br>Exhibit 14 Small Group On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

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|---|---|
| **Satisfied - Item:** | Exhibit 15A-Indiv Distribution by Rate Adj Percentages |
| **Comments:** | |
| **Attachment(s):** | Exhibit 15 Individual Off.pdf<br>Exhibit 15 Individual Off.xlsx<br>Exhibit 15 Individual On.pdf<br>Exhibit 15 Individual On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

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|---|---|
| **Satisfied - Item:** | Exhibit 15B-Sm Grp Distribution by Rate Adj Percentages |
| **Comments:** | |
| **Attachment(s):** | Exhibit 15 Small Group Off.pdf<br>Exhibit 15 Small Group Off.xlsx<br>Exhibit 15 Small Group On.pdf<br>Exhibit 15 Small Group On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

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|---|---|
| **Satisfied - Item:** | Exhibit 16-Summary of Policy Form & Product Changes |
| **Comments:** | |
| **Attachment(s):** | Exhibit 16 - Individual On.pdf<br>Exhibit 16 - Individual On.xls |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 17-Claims Experience for 2011-13 (Sm Grps) |
| **Comments:** | |
| **Attachment(s):** | Exhibit 17 - Individual On.pdf<br>Exhibit 17 - Individual On.xlsx<br>Development Of Standardized Premium.pdf |
| **Item Status:** | |
| **Status Date:** | |

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

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|---|---|
| **Satisfied - Item:** | Exhibit 18-Index Rate Plan-Design Development |
| **Comments:** | |
| **Attachment(s):** | Exhibit 18 - Individual On.pdf<br>Exhibit 18 - Individual On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 19-Claim Trend, Admin Expenses & Profit |
| **Comments:** | |
| **Attachment(s):** | Exhibit 19 - Individual On.pdf<br>Exhibit 19 - Individual On.xls |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 20-HIOS ID Mapping |
| **Comments:** | |
| **Attachment(s):** | Exhibit 20 - Individual On.pdf<br>Exhibit 20 - Individual On.xls |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 22-Utilization Information |
| **Comments:** | |
| **Attachment(s):** | Exhibit 22 Individual On.pdf<br>Exhibit 22 Individual On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Exhibit 23-Requested 2015 Premium Rates |
| **Comments:** | |
| **Attachment(s):** | Exhibit 23 - Individual On.pdf<br>Exhibit 23 - Individual On.xlsx |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Initial Notice of Proposed Rate Adjustment |
| **Comments:** | |
| **Attachment(s):** | Template - Rate adjustment notice - initial (Individual Policyholder - final) v2.pdf<br>Proposed Premium Increase - Sample Attachment.pdf |

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

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|---|---|
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Redacted Documents for Web Posting |
| **Comments:** | |
| **Attachment(s):** | Exhibit 11 - Individual On - Redacted.pdf<br>Exhibit 11 - Individual On - Redacted.xls<br>Exhibit 21A - Individual On - Redacted.pdf<br>Exhibit 21A - Individual On - Redacted.xls<br>Exhibit 21B - Individual On - Redacted.pdf<br>Exhibit 21B - Individual On - Redacted.xls<br>Actuarial Memorandum Rate Filing - Individual On - Redacted.pdf<br>URRT Actuarial Memorandum - HN - Ind - Redacted.pdf<br>URRT Actuarial Memorandum - NENY - Ind - Redacted.pdf<br>URRT Actuarial Memorandum - WNY - Ind - Redacted.pdf |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Unified Rate Review Template |
| **Comments:** | |
| **Attachment(s):** | Unified_Rate_Review_Template_HN_Ind.xlsm<br>Unified_Rate_Review_Template_NENY_Ind.xlsm<br>Unified_Rate_Review_Template_WNY_Ind.xlsm<br>Unified Rate Review Template - HN - Ind.pdf<br>Unified Rate Review Template - NENY - Ind.pdf<br>Unified Rate Review Template - WNY - Ind.pdf |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Rate Development |
| **Comments:** | Attached. |
| **Attachment(s):** | Rate Development - Individual On.pdf |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Commission Schedules |
| **Comments:** | |

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

| | |
|---|---|
| **Attachment(s):** | BCBSWNY 2014 Broker Commission Schedule - Large Group.pdf<br>BCBSWNY 2014 Broker Commission Schedule - Small Group.pdf<br>BSNENY 2014 Broker Commission Schedule - Enhanced.pdf<br>BSNENY 2014 Broker Commission Schedule - Standard.pdf<br>HealthNow 2014 Broker Commission Schedule - Group.pdf<br>HealthNow 2014 Broker Commission Schedule - Individual.pdf<br>HealthNow 2014 Broker Commission Schedule - Tier 1.pdf<br>HealthNow 2014 Broker Commission Schedule - Tier 2.pdf<br>HealthNow 2014 Broker Commission Schedule - Tier 3.pdf |
| **Item Status:** | |
| **Status Date:** | |

| | |
|---|---|
| **Satisfied - Item:** | Underwriting Guidelines |
| **Comments:** | |
| **Attachment(s):** | BlueCross BlueShield of WNY Underwriting Guidelines.pdf<br>BlueShield of NENY Underwriting Guidelines.pdf<br>HealthNow Underwriting Guidelines.pdf |
| **Item Status:** | |
| **Status Date:** | |

***Attachment Exhibit 14 Individual Off.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Exhibit 14 Individual On.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Exhibit 14 Small Group Off.xlsx is not a PDF document and cannot be reproduced here.***

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***Attachment Exhibit 20 - Individual On.xls is not a PDF document and cannot be reproduced here.***

***Attachment Exhibit 22 Individual On.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Exhibit 23 - Individual On.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Exhibit 11 - Individual On - Redacted.xls is not a PDF document and cannot be reproduced here.***

**State:** New York **Filing Company:** HealthNow New York Incorporated
**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
**Product Name:** CN1C3S0439_0614
**Project Name/Number:** CN1C3S0439_0614/CN1C3S0439_0614

***Attachment Exhibit 21A - Individual On - Redacted.xls is not a PDF document and cannot be reproduced here.***

***Attachment Exhibit 21B - Individual On - Redacted.xls is not a PDF document and cannot be reproduced here.***

***Attachment Unified_Rate_Review_Template_HN_Ind.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Unified_Rate_Review_Template_NENY_Ind.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment Unified_Rate_Review_Template_WNY_Ind.xlsm is not a PDF document and cannot be reproduced here.***

**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: | $500.00 | 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 | $0.00 | | | | |
| Coinsurance (%, Insurer's Cost Share) | 80.00% | 100.00% | | | | |
| OOP Maximum ($) | $5,000.00 | | | | | |
| OOP Maximum if Separate ($) | | | | | | |

Click Here for Important Instructions

| Type of Benefit | Tier 1 Subject to Deductible? | Tier 1 Subject to Coinsurance? | Tier 1 Coinsurance, if different | Tier 1 Copay, if separate | Tier 2 Subject to Deductible? | Tier 2 Subject to Coinsurance? | Tier 2 Coinsurance, if different | Tier 2 Copay, if separate |
|---|---|---|---|---|---|---|---|---|
| **Medical** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Emergency Room Services | ☑ | ☑ | | | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☐ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☑ | | | ☑ | ☑ | | |
| Specialist Visit | ☑ | ☑ | | | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☑ | | | ☑ | ☑ | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Preventive Care/Screening/Immunization | ☐ | ☐ | 100% | $0.00 | ☐ | ☐ | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☐ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☐ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $10.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☐ | ☐ | | $35.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☐ | ☐ | | $70.00 | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☐ | ☐ | | $40.25 | ☑ | ☑ | | |

**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: | 78.6% |
| Metal Tier: | 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 | Platinum |

| HSA/HRA Options | |
|---|---|
| HSA/HRA Employer Contribution? | ☐ |
| Annual Contribution Amount: | |

| Narrow Network Options | |
|---|---|
| Blended Network/POS Plan? | ☐ |
| 1st Tier Utilization: | |
| 2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $0.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 100.00% | | | |
| OOP Maximum ($) | | | $6,600.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

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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) | ☐ | ☐ | | $150.00 | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☐ | ☐ | | $25.00 | ☑ | ☑ | | |
| 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 | ☐ | ☐ | | $25.00 | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☐ | ☐ | | $25.00 | ☑ | ☑ | | |
| Skilled Nursing Facility | ☐ | ☐ | | $150.00 | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☐ | ☐ | 87% | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☐ | ☐ | 94% | | ☑ | ☑ | | |
| **Drugs** | ☐ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $4.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☐ | ☐ | | $50.00 | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☐ | ☐ | | $33.00 | ☑ | ☑ | | |

**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): | 3 |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | ☐ |
| # Copays (1-10): | |

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 90.7% |
| Metal Tier: | 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 | Silver |

| HSA/HRA Options | |
|---|---|
| HSA/HRA Employer Contribution? | ☐ |
| Annual Contribution Amount: | |

| Narrow Network Options | |
|---|---|
| Blended Network/POS Plan? | ☐ |
| 1st Tier Utilization: | |
| 2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $2,000.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 80.00% | | | |
| OOP Maximum ($) | | | $6,450.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

Click Here for Important Instructions

| Type of Benefit | Tier 1 Subject to Deductible? | Tier 1 Subject to Coinsurance? | Tier 1 Coinsurance, if different | Tier 1 Copay, if separate | Tier 2 Subject to Deductible? | Tier 2 Subject to Coinsurance? | Tier 2 Coinsurance, if different | Tier 2 Copay, if separate |
|---|---|---|---|---|---|---|---|---|
| **Medical** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Emergency Room Services | ☑ | ☑ | | | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☑ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☑ | | | ☑ | ☑ | | |
| Specialist Visit | ☑ | ☑ | | | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☑ | | | ☑ | ☑ | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Preventive Care/Screening/Immunization | ☐ | ☐ | 100% | $0.00 | ☐ | ☐ | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Generics | ☑ | ☑ | | $4.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☑ | ☑ | | $35.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☑ | | $70.00 | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☑ | | $40.25 | ☑ | ☑ | | |

**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: | 68.2% |
| Metal Tier: | 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 | Bronze |

| HSA/HRA Options | |
|---|---|
| HSA/HRA Employer Contribution? | ☐ |
| Annual Contribution Amount: | |

| Narrow Network Options | |
|---|---|
| Blended Network/POS Plan? | ☐ |
| 1st Tier Utilization: | |
| 2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $5,000.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 80.00% | | | |
| OOP Maximum ($) | | | $6,450.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

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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 | ☑ | ☑ | | | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☑ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☑ | | | ☑ | ☑ | | |
| Specialist Visit | ☑ | ☑ | | | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☑ | | | ☑ | ☑ | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Preventive Care/Screening/Immunization | ☐ | ☐ | 100% | $0.00 | ☐ | ☐ | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☑ | ☐ | | $4.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☑ | ☐ | | $50.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☐ | | $80.00 | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☐ | | $54.50 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 58.7% |
| Metal Tier: | Bronze |

# Gold Aqua

**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: | $500.00 | 1st Tier Utilization:<br>2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | $1,000.00 | $0.00 | | | | |
| Coinsurance (%, Insurer's Cost Share) | 80.00% | 99.99% | | | | |
| OOP Maximum ($) | $5,000.00 | | | | | |
| OOP Maximum if Separate ($) | | | | | | |

Click Here for Important Instructions

| Type of Benefit | Tier 1 Subject to Deductible? | Tier 1 Subject to Coinsurance? | Tier 1 Coinsurance, if different | Tier 1 Copay, if separate | Tier 2 Subject to Deductible? | Tier 2 Subject to Coinsurance? | Tier 2 Coinsurance, if different | Tier 2 Copay, if separate |
|---|---|---|---|---|---|---|---|---|
| **Medical** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Emergency Room Services | ☑ | ☑ | | | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☐ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☑ | | | ☑ | ☑ | | |
| Specialist Visit | ☑ | ☑ | | | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☑ | | | ☑ | ☑ | | |
| | | | | | | | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☑ | | | ☑ | ☑ | | |
| | | | | | | | | |
| | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | | | | | | | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | |
| Non-Preventive Well Baby Visits and Care | ☐ | ☐ | | | ☐ | ☐ | | |
| Preventive Care/Screening/Immunization | | | 100% | $0.00 | | | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☐ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $15.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☐ | ☐ | | $50.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☐ | ☑ | 50% | | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☐ | ☐ | | $261.05 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 81.5% |
| Metal Tier: | Gold |

# Bronze Value

**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:<br>2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $6,600.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 100.00% | | | |
| OOP Maximum ($) | | | $6,600.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

Click Here for Important Instructions

| Type of Benefit | Tier 1 Subject to Deductible? | Tier 1 Subject to Coinsurance? | Tier 1 Coinsurance, if different | Tier 1 Copay, if separate | Tier 2 Subject to Deductible? | Tier 2 Subject to Coinsurance? | Tier 2 Coinsurance, if different | Tier 2 Copay, if separate |
|---|---|---|---|---|---|---|---|---|
| **Medical** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Emergency Room Services | ☑ | ☑ | | | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☑ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☐ | ☐ | | $5.00 | ☑ | ☑ | | |
| 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% | |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $10.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☑ | ☑ | | | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☑ | | | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☑ | | | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 62.0% |
| Metal Tier: | Bronze |

# Gold 850

**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 | |
|---|---|
| HSA/HRA Employer Contribution? | ☐ |
| Annual Contribution Amount: | |

| Narrow Network Options | |
|---|---|
| Blended Network/POS Plan? | ☑ |
| 1st Tier Utilization: | 90% |
| 2nd Tier Utilization: | 10% |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $850.00 | | | $1,700.00 |
| Coinsurance (%, Insurer's Cost Share) | | | 85.00% | | | 75.00% |
| OOP Maximum ($) | | | $6,600.00 | | | $6,600.00 |
| OOP Maximum if Separate ($) | | | | | | |

Click Here for Important Instructions

| Type of Benefit | Tier 1 Subject to Deductible? | Tier 1 Subject to Coinsurance? | Tier 1 Coinsurance, if different | Tier 1 Copay, if separate | Tier 2 Subject to Deductible? | Tier 2 Subject to Coinsurance? | Tier 2 Coinsurance, if different | Tier 2 Copay, if separate |
|---|---|---|---|---|---|---|---|---|
| **Medical** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Emergency Room Services | ☑ | ☑ | | | ☑ | ☑ | 85% | |
| 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 | ☑ | ☐ | | $0.00 | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $5.00 | ☐ | ☐ | | $5.00 |
| Preferred Brand Drugs | ☑ | ☑ | 70% | | ☑ | ☑ | 70% | |
| Non-Preferred Brand Drugs | ☑ | ☑ | 70% | | ☑ | ☑ | 70% | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☑ | 70% | | ☑ | ☑ | 70% | |

**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): | 2 |

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 78.3% |
| Metal Tier: | Gold |

# Platinum 250

**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 | |
|---|---|
| HSA/HRA Employer Contribution? | ☐ |
| Annual Contribution Amount: | |

| Narrow Network Options | |
|---|---|
| Blended Network/POS Plan? | ☑ |
| 1st Tier Utilization: | 90% |
| 2nd Tier Utilization: | 10% |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $250.00 | | | $450.00 |
| Coinsurance (%, Insurer's Cost Share) | | | 92.00% | | | 90.00% |
| OOP Maximum ($) | | | $6,600.00 | | | $6,600.00 |
| OOP Maximum if Separate ($) | | | | | | |

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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 | ☑ | ☑ | | | ☑ | ☑ | 92% | |
| 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 | ☑ | ☐ | | $0.00 | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $2.00 | ☐ | ☐ | | $2.00 |
| Preferred Brand Drugs | ☑ | ☑ | 80% | | ☑ | ☑ | 80% | |
| Non-Preferred Brand Drugs | ☑ | ☑ | 80% | | ☑ | ☑ | 80% | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☑ | 80% | | ☑ | ☑ | 80% | |

**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): | 2 |

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 88.4% |
| Metal Tier: | Platinum |

# Platinum POS 110

**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 | Platinu |

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

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | $0.00 | $0.00 | | | | |
| Coinsurance (%, Insurer's Cost Share) | 99.99% | 99.99% | | | | |
| OOP Maximum ($) | $4,000.00 | | | | | |
| OOP Maximum if Separate ($) | | | | | | |

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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 | ☐ | ☐ | | $100.00 | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☐ | ☐ | | $500.00 | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☐ | ☐ | | $20.00 | ☑ | ☑ | | |
| Specialist Visit | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| | | | | | | | | |
| Imaging (CT/PET Scans, MRIs) | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| | | | | | | | | |
| | | | | | | | | |
| Rehabilitative Speech Therapy | ☐ | ☐ | | $20.00 | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☐ | ☐ | | $20.00 | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | |
| Non-Preventive Well Baby Visits and Care | ☐ | ☐ | | | ☐ | ☐ | | |
| Preventive Care/Screening/Immunization | | | 100% | $0.00 | | | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☐ | ☐ | | $0.00 | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| Skilled Nursing Facility | ☐ | ☐ | | $500.00 | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☐ | ☑ | 87% | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☐ | ☑ | 93% | | ☑ | ☑ | | |
| **Drugs** | ☐ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $5.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☐ | ☑ | 50% | | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☐ | ☐ | | $244.05 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 89.2% |
| Metal Tier: | Platinum |

# Silver POS 7100

**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:<br>2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $1,500.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 99.99% | | | |
| OOP Maximum ($) | | | $5,000.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

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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) | ☑ | ☐ | | $750.00 | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☐ | | $25.00 | ☑ | ☑ | | |
| Specialist Visit | ☑ | ☐ | | $40.00 | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☐ | | $40.00 | ☑ | ☑ | | |
| | | | | | | | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☐ | | $40.00 | ☑ | ☑ | | |
| | | | | | | | | |
| | ☑ | ☐ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | | | | $25.00 | | | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☐ | | $25.00 | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | |
| Non-Preventive Well Baby Visits and Care | ☐ | ☐ | | | ☐ | ☐ | | |
| 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 | ☑ | ☐ | | $750.00 | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | 87% | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | 91% | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☑ | ☐ | | $5.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☑ | ☐ | | $30.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☑ | 50% | | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☐ | | $244.05 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 68.6% |
| Metal Tier: | Silver |

# Bronze POS 8100 Pkg2

**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:<br>2nd Tier Utilization: | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $4,000.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 80.00% | | | |
| OOP Maximum ($) | | | $6,450.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

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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 | ☑ | ☑ | | | ☑ | ☑ | | |
| 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 | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | |
| Non-Preventive Well Baby Visits and Care | ☐ | ☐ | | | ☐ | ☐ | | |
| Preventive Care/Screening/Immunization | | | 100% | $0.00 | | | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☑ | ☑ | | $5.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☑ | ☑ | | $30.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☑ | 50% | | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☑ | | $244.05 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 60.92% |
| Metal Tier: | Bronze |

# Silver 2000

**User Inputs for Plan Parameters**

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

| HSA/HRA Options | |
|---|---|
| HSA/HRA Employer Contribution? | ☐ |
| Annual Contribution Amount: | |

| Narrow Network Options | |
|---|---|
| Blended Network/POS Plan? | ☑ |
| 1st Tier Utilization: | 90% |
| 2nd Tier Utilization: | 10% |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $2,000.00 | | | $3,000.00 |
| Coinsurance (%, Insurer's Cost Share) | | | 65.00% | | | 50.00% |
| OOP Maximum ($) | | | $6,000.00 | | | $6,000.00 |
| OOP Maximum if Separate ($) | | | | | | |

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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 | ☑ | ☑ | 80% | | ☑ | ☑ | 80% | |
| All Inpatient Hospital Services (inc. MHSA) | ☑ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☐ | | $5.00 | ☑ | ☐ | | $30.00 |
| Specialist Visit | ☑ | ☑ | | | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☑ | | | ☑ | ☑ | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | ☑ | ☐ | | $5.00 | ☑ | ☐ | | $30.00 |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☐ | | $5.00 | ☑ | ☐ | | $30.00 |
| Preventive Care/Screening/Immunization | ☐ | ☐ | 100% | $0.00 | ☐ | ☐ | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☐ | | $0.00 | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☑ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $5.00 | ☐ | ☐ | | $5.00 |
| Preferred Brand Drugs | ☑ | ☑ | 50% | | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☑ | 50% | | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☑ | 50% | | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

| | |
|---|---|
| Set a Maximum on Specialty Rx Coinsurance Payments? | ☐ |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | ☐ |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | ☐ |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | ☑ |
| # Copays (1-10): | 2 |

**Output**

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 69.0% |
| Metal Tier: | 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 | Bronze |

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

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---|---|---|---|---|---|---|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible ($) | | | $3,000.00 | | | |
| Coinsurance (%, Insurer's Cost Share) | | | 50.00% | | | |
| OOP Maximum ($) | | | $6,350.00 | | | |
| OOP Maximum if Separate ($) | | | | | | |

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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 | ☑ | ☑ | | | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☑ | ☑ | | | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☑ | ☑ | | | ☑ | ☑ | | |
| Specialist Visit | ☑ | ☑ | | | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☑ | ☑ | | | ☑ | ☑ | | |
| Imaging (CT/PET Scans, MRIs) | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☑ | ☑ | | | ☑ | ☑ | | |
| Preventive Care/Screening/Immunization | ☐ | ☐ | 100% | $0.00 | ☐ | ☐ | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☑ | ☑ | | | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☑ | ☑ | | | ☑ | ☑ | | |
| Skilled Nursing Facility | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☑ | ☑ | | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☑ | ☑ | | | ☑ | ☑ | | |
| **Drugs** | ☑ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☑ | ☐ | | $10.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☑ | ☐ | | $35.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☑ | ☐ | | $70.00 | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☑ | ☐ | | $70.00 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 61.99% |
| Metal Tier: | 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 | Gold |

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

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

Click Here for Important Instructions

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|---|---|---|---|---|---|---|---|---|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | 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?<br>Specialty Rx Coinsurance Maximum: | ☐ |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10): | ☐ |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10): | ☐ |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | ☐ |

**Output**

Calculate

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 79.05% |
| Metal Tier: | 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 | Platinum |

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

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

Click Here for Important Instructions

| Type of Benefit | Tier 1 Subject to Deductible? | Tier 1 Subject to Coinsurance? | Tier 1 Coinsurance, if different | Tier 1 Copay, if separate | Tier 2 Subject to Deductible? | Tier 2 Subject to Coinsurance? | Tier 2 Coinsurance, if different | Tier 2 Copay, if separate |
|---|---|---|---|---|---|---|---|---|
| **Medical** | ☐ All | ☐ All | | | ☑ All | ☑ All | | |
| Emergency Room Services | ☐ | ☐ | | $100.00 | ☑ | ☑ | | |
| All Inpatient Hospital Services (inc. MHSA) | ☐ | ☐ | | $500.00 | ☑ | ☑ | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | ☐ | ☐ | | $15.00 | ☑ | ☑ | | |
| Specialist Visit | ☐ | ☐ | | $35.00 | ☑ | ☑ | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | ☐ | ☐ | | $15.00 | ☑ | ☑ | | |
| Imaging (CT/PET Scans, MRIs) | ☐ | ☐ | | $35.00 | ☑ | ☑ | | |
| Rehabilitative Speech Therapy | ☐ | ☐ | | $25.00 | ☑ | ☑ | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | ☐ | ☐ | | $25.00 | ☑ | ☑ | | |
| Preventive Care/Screening/Immunization | ☐ | ☐ | 100% | $0.00 | ☐ | ☐ | 100% | $0.00 |
| Laboratory Outpatient and Professional Services | ☐ | ☐ | | $35.00 | ☑ | ☑ | | |
| X-rays and Diagnostic Imaging | ☐ | ☐ | | $35.00 | ☑ | ☑ | | |
| Skilled Nursing Facility | ☐ | ☐ | | $500.00 | ☑ | ☑ | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | ☐ | ☑ | 96.28% | | ☑ | ☑ | | |
| Outpatient Surgery Physician/Surgical Services | ☐ | ☑ | 93.75% | | ☑ | ☑ | | |
| **Drugs** | ☐ All | ☐ All | | | ☑ All | ☑ All | | |
| Generics | ☐ | ☐ | | $10.00 | ☑ | ☑ | | |
| Preferred Brand Drugs | ☐ | ☐ | | $30.00 | ☑ | ☑ | | |
| Non-Preferred Brand Drugs | ☐ | ☐ | | $60.00 | ☑ | ☑ | | |
| Specialty Drugs (i.e. high-cost) | ☐ | ☐ | | $60.00 | ☑ | ☑ | | |

**Options for Additional Benefit Design Limits:**

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

**Output**

Calculate

| | |
|---|---|
| Status/Error Messages: | Calculation Successful. |
| Actuarial Value: | 88.12% |
| Metal Tier: | 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 | Silver |

| HSA/HRA Options | | Narrow Network Options | |
|---|---|---|---|
| HSA/HRA Employer Contribution? | ☐ | Blended Network/POS Plan? | ☐ |
| Annual Contribution Amount: | | 1st Tier Utilization:<br>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?<br>Specialty Rx Coinsurance Maximum: | ☐ |
| Set a Maximum Number of Days for Charging an IP Copay?<br># Days (1-10): | ☐ |
| Begin Primary Care Cost-Sharing After a Set Number of Visits?<br># Visits (1-10): | ☐ |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?<br># Copays (1-10): | ☐ |

**Output**

Calculate

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

6/13/2014
APPLICATION TO THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
FOR A PREMIUM ADJUSTMENT

NAIC #: 55204
SERFF Tracking #s: HLTH-129576797, HLTH-129576773

TO BE EFFECTIVE UPON 2015 RENEWAL DATE

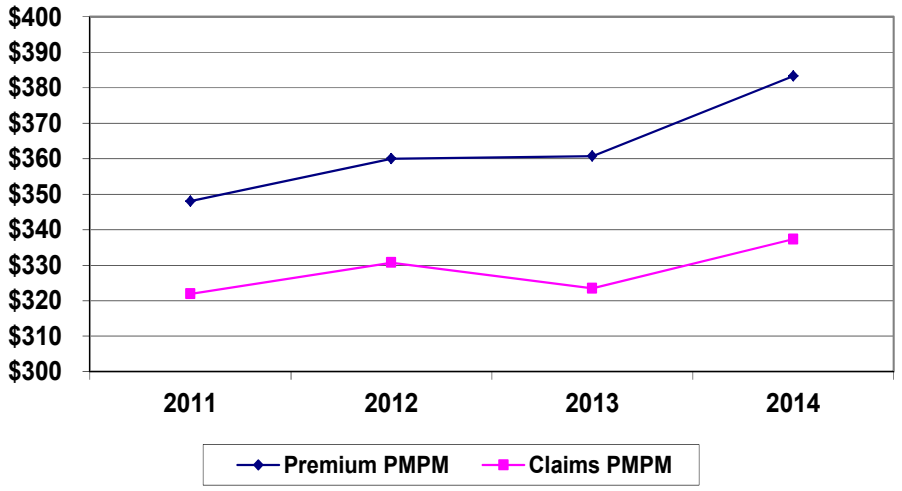
THIS APPLICATION IS FOR INDIVIDUAL COMMUNITY-RATED PRODUCTS

**1. Introduction.**

We have submitted this application to modify premium rates. The trend of constantly rising health care costs has been ongoing for some time. As a company that listens carefully to our members, we understand the difficult choices that rising premiums can cause among our members. We prepared this application after giving serious consideration of the impact of these increases and after implementing measures to reduce costs as much as possible.

Consistent with experience around the country, the annual rise in premium rates correlates closely with the annual rise in health care costs. This includes hospital, doctor, and other services. The chart below demonstrates that premiums rise to follow the increasing per-person cost of care incurred by our community-rated members. The costs are presented on a per member per month basis (PMPM).

**History of Increases**




More information is provided on the following pages. We hope that the review of these materials will help explain why rises in premium costs are occurring.

We have done our best to limit increases in health care costs by:

- Implementing programs designed to reduce medical waste and to help our members to better manage their health to prevent costly medical conditions (See section 8 for details on these programs.)
- Negotiating with doctors, hospitals, and other providers to limit their annual fee increases. However, we have been cautious during these negotiations because it is important that providers receive sufficient payment from us to assure they are ready, willing, and able to provide the quality care our members deserve.

**2. Members affected.**

This rate change application affects only the members enrolled in individual, community-rated products. "Community rated" means that all members with the same coverage have the same premium; premiums do not vary by age, sex, medical conditions, or usage of health care services. Most other groups and government programs are subject to different premium setting rules and a different approval process than those that apply to this application.

The rate change will be effective on 1/1/2015.

Based on current membership numbers, we estimate that 4,000 members will be affected by the rate change.

We have elected to sell products on the ACA health reform exchange for certain rating regions in which we do business. In New York this is called the New York State of Health.

Our individual community-rated products are offered in the following New York State defined rating regions within the listed counties:

**Region 1 (Albany Area):** Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

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

**Region 5 (Rochester Area):** Monroe, Wayne

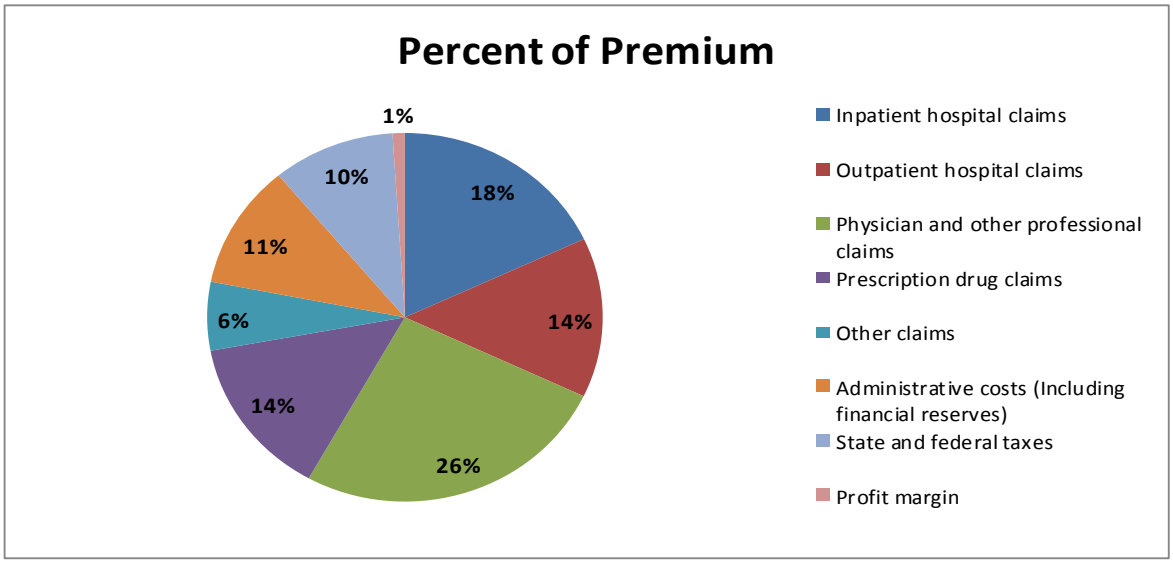
**Region 6 (Syracuse Area):** Chemung, Onondaga

**Region 7 (Utica/Watertown Area):** Clinton, Essex, Oswego

The New York State defined rating regions may contain more counties than those in which we operate. Any specific product we offer may be available only within a subset of our rating regions. In addition, any specific product offered within a rating region may only be available in a subset of the listed counties.

**3. Where premium dollars go.**

Percentage of premiums allocated to different cost categories in a typical year.



**4. Rising health care costs.**

We change premium rates only after careful review of the current costs we are paying for our members' care and we determine patterns of rising costs. Below is a summary of the key factors in determining our rates, and why they require change.

**A. Use of services**. How many medical services members use—doctor visits, prescriptions, surgeries, X-rays, lab tests, hospital stays, etc.—is part of this calculation. We measure the number of services used per 1,000 members to calculate usage rates.

Sometimes the nature of the care rendered becomes more extensive than it was the prior year. For example, if a doctor uses more complicated and expensive tests instead of the less costly tests used last year, the amount we pay rises. In many years, there is an increase **both** in the number of services used on average and in the intensity/cost of those services.

In general, we expect that utilization will change in our region as follows:

| **Utilization Changes** | **2014**[1] | **2015**[2] |
|---|---|---|
| Inpatient hospital | -2.4% | 0.9% |
| Outpatient hospital | 0.6% | 2.1% |
| Physician / professional | 0.3% | 0.9% |
| Prescription drug | -3.4% | -3.5% |

**B. Price of services.** These are unit prices charged by pharmaceutical companies, hospitals, doctors, and other providers of medical services. These are the average fee increases the various categories of providers agreed to accept:

| **Price Changes** | **2014** | **2015** |
|---|---|---|
| Inpatient hospital | 6.1% | 1.7% |
| Outpatient hospital | 5.5% | 2.9% |
| Physician / professional | 0.6% | 1.4% |
| Prescription drug | 9.3% | 8.2% |

[1] The current year is not yet concluded so our data at the time of this application is a projection for all 2014 statistics.
[2] All 2015 statistics are based on our most recent projections.

**C. Copay/deductible leveraging.** If a plan design has fixed-dollar deductibles and copays rather than a percent coinsurance, the costs to the insurer will increase at a higher rate when the price of medical services increases.

**Example:**
*Year 1:* The fee for an office visit is $100. The member with the copay plan pays a copay of $25 and we would pay the remaining $75.

*Year 2:* The doctor's fees increases 5% to $105. The member still pays a copay of $25 but now we pay the remaining $80, which is a 6.67% increase for us. This additional 1.67% increase above the 5% increase in fees is called leveraging. We expect this to impact the individual community-rated products as follows:

| Leveraging | 2014 | 2015 |
|---|---|---|
| Individual | 0.9% | 0.7% |

**D. Population Demographics.** Different age and gender combinations typically have different average costs to insure. Because community rating does not allow us to vary rates by age or gender, the costs for everyone must go up if the mix within a product, or our entire block of business, shifts toward more expensive combinations. We expect this to impact the individual community-rated products as follows:

| Medical Demographic Shift | 2014 | 2015 |
|---|---|---|
| Individual | 0.7% | 0.0% |

| Prescription Drug Demographic Shift | 2014 | 2015 |
|---|---|---|
| Individual | 0.9% | 0.0% |

**E. Administrative costs.** These are our operating costs, including our costs for sales, customer service, processing and paying claims, reviewing utilization and quality of care to ensure claims payments are appropriate, and detecting fraud and abuse.

Our actual/anticipated per member per month administrative costs (as reflected in our individual community-rated products) are as follows:

| Administrative Costs | 2014 | 2015 |
|---|---|---|
| Individual | $45.51 | $39.21 |

**5. Changes due to the federal Affordable Care Act (ACA).**

The benefits we cover have been changed in many instances to conform to the benefits required under the ACA. We are required to cover all essential health benefits, which is a set of benefits all plans statewide must cover in the individual community-rated market. The cost of those additional benefits (compared to the benefits we covered in 2013) is approximately 2% of our individual premium.

**6. State health care taxes and federal ACA fees.**

New York State law requires that we pay several state taxes or assessments:

**A. A "surcharge"** of 9.63% on each claim payment we make for hospital inpatient care or hospital outpatient care. This is similar to a sales tax. We paid approximately $12.7 million on our community-rated business during 2013.

**B. An "assessment"** on each person (life) we cover for persons residing in New York State. The assessment is larger for family coverage than for single persons. The assessment varies by geographic region of the state. We paid approximately $2.8 million on our community-rated business during 2013.

The surcharges and assessments are mandated by New York's Health Care Reform Act of 1997 (HCRA). The State uses the monies for a variety of purposes, such as funding the State Medicaid program, funding hospitals for providing care to patients without any health insurance, and a variety of other State health care grants and insurance subsidy programs.

**C. A fee** to fund the operations of the New York State Department of Financial Services (formerly the Insurance Department), as it is funded by insurers rather than by state income or typical state taxes. We paid approximately $2.6 million on our community-rated business during 2013.

The combination of all our payments of the state health care taxes above constitutes approximately 5% of our community-rated premiums.

The federal Affordable Care Act (ACA) has some financial implications for the increased rates we propose. Under the ACA we must pay a health insurance tax to the federal government. Based on our best estimates, we have reflected this tax in our premiums as an expense 2.5% of premium.

The ACA contains provisions designed to balance the insurance market so that premiums do not increase significantly as a result of one insurer covering far more high cost members than are covered by an average insurer. New York has had a similar system for many years which will now be replaced by the federal system. The federal system requires insurers who enroll more healthy individuals than the average insurer to pay funds to the federal government. The federal government then pays those funds to insurers who enroll more old and sick individuals than the average insurer. We project that the populations we insure will be healthier than the New York average and thus we project we will pay funds into the federal risk adjustment process. The payment we must make to the federal government will increase our premiums by approximately 2% from what those premiums would otherwise be. The new premiums we propose already take into account the increase in premium rates.

The ACA also contains a transitional reinsurance program designed to protect insurers in the individual market from some high claims costs that might not be taken into account by the risk adjustment process. The program is funded by a fee on health insurers. For 2015, we will pay $44 per enrollee per year in the individual community-rated market. The reinsurance receipts we receive from this program subsidize our individual market coverage, paying up to 50% of our claims that exceed $70,000 per enrollee.

The ACA also contains provisions to balance out unusually large profits or losses insurers may incur during the implementation of the ACA. Because these provisions are designed to protect against mispricing, we have not built any assumptions regarding their impact into our rates.

In total, the ACA expenses account for approximately 6% of our community rated premiums.

The combination of both the state health care taxes and the federal ACA fees constitutes approximately 11% of our community-rated premiums.

**7. Our finances.**

We maintain financial reserves for the protection of our customers. This money is either in the bank or other accounts so that funds are available when there is a surge in claims, or for any other reason that we need to pay claims for our members in the event current premiums are not sufficient to pay claims and expenses.

Reserves are measured as a percentage of our annual premiums. We are a not-for-profit insurer, so none of the funds in our reserves are used to pay stockholders or dividends to investors. These reserves are funded by gains from our product portfolio and income from investment of these reserves in fixed income and other securities. As of December 31, 2013, our corporate reserves were 24.0% of our annual premiums.

There are a few financial measures that directly affect pricing.

**A. Medical Loss Ratio.** One method to evaluate the value members receive from their health plan is to determine what portion of all premiums paid are used to pay for medical services members use, as opposed to the expenses of the insurer. This is called the "medical loss ratio" or MLR. Our MLR on individual community-rated business subject to this annual rate application is as follows:

| Loss ratios | 2014 | 2015 |
|---|---|---|
| Individual | 80% | 89% |

**B. Gains/Losses.** In order to produce funds to add to our financial reserves our revenues must exceed our expenses. Our gain/loss on community-rated business subject to this annual rate application is as follows:

| Gain/Loss | 2014 | 2015 |
|---|---|---|
| Individual | 1.0% | 1.0% |

**8. Our Cost Control and Quality Improvement Efforts.**

We have implemented several initiatives to improve the health of our members and ensure they receive the high quality medical care they deserve.

**A. Disease Management.** We have programs that work with members with certain chronic conditions to help them learn to keep their conditions under control. The major conditions that these programs focus on are:

- Asthma
- Back pain
- Congestive heart failure
- Coronary artery disease
- Chronic obstructive pulmonary disease
- Diabetes

**B. Coordination of Care.** These care management programs are designed to improve the health outcomes and satisfaction of our members through collaborative relationships with the members and their providers. We enable our members to make informed health care decisions and help them navigate through their treatment plan. This ensures the care that they receive is appropriate, high in quality, and cost effective.

**C. Hospital Readmission Reduction.** Preauthorization processes ensure that a member has the right procedure performed by the right professional in the right place at the right time. We do extensive medical review on claims to make sure the procedure is medically necessary.

**D. Improving Patient Safety and Reducing Medical Errors.** Our Medical Economics staff analyzes information, which allows us to contact members who may need assistance with managing their quality of care, ensuring they do not get readmitted to the hospital, or coordinating a plan of care with their physician.

**E. The Quality Improvement Program.** Continuously assesses and recommends improvements for the care delivered by our participating practitioners/providers.

**F. Wellness and Health Promotion Activities.** A number of wellness initiatives support increased healthy activities for individuals.

**G. Fraud detection.** It is an unfortunate reality that some customers and providers submit claims for services that were not delivered, or for amounts higher than what is appropriate. Our fraud detection staff conducts audits of claims payments, and works with the Department of Financial Services and local prosecutors to protect our members from these costs.

**9. Unusual increases or decreases.**

Many people ask why premium rates are rising faster than the inflation rate of the general economy, especially when they themselves do not frequently use medical services. The shifting population within each of our products is an important factor in premium increases (called adverse selection). Just like auto insurance, the premium for health insurance consists of costs for many people who use little or no health care services in a particular year, which is balanced against the costs of a few people who have

extensive health care costs. The balance of those two categories is a key factor in determining premiums.

> **Example:** Assume the product pool consists of 98 members with low health care costs ($5 each) and two members with high costs ($55 each), and thus total claims expenses of $600.
>
> - (98 x $5 = $490) + (2 x $55 = $110) = $600 total
> - Divided by 100 members = $6.00 average cost per member.
>
> If eight of the low-cost members buy other coverage or drop their insurance, there are now 90 members with low costs and two members with high costs.
>
> - (90 x $5 = $450) + (2 x $55 = $110) = $560 total.
> - Divided by 92 members = $6.90 new average cost per member.
>
> That's a **15% increase** in premiums due solely to the changed composition of our insurance pool.
>
> Another 10% or so is added to account for the rising price of prescriptions, hospitals etc., and (see section 4 above) and then the premium increase becomes 25%.

The affect of this constant factor in premium setting is magnified when rising health care costs and a sluggish economy cause more people than usual to drop their coverage, or seek other, lower-cost products.

Another key factor is that insurance premiums are an average. We must insure a great many relatively healthy persons in order to balance out the healthcare costs of the relatively few people (in any given year) who incur high health care costs. Approximately 20% percent of the people we insure incur 85% of our total health care costs (an approximate average of $11,500 per person, per year). The other 80% of the people we insure incur merely 15% of our total health care costs (an approximate average of $550 per person, per year). Therefore it is easy to see why a large proportion of the people we insure believe their premiums are high in relation to the health care costs they personally incur. On the other hand, when any of our customers become seriously ill and join that small minority of our customers whose health care costs are higher than their premiums, they are reminded of the averaging effect of insurance.

For more specific information about any increase of 10% or more, visit http://companyprofiles.healthcare.gov .

**10. Conclusion.**

For all these reasons, we must respectfully request a rate adjustment. Although we understand our customers' reluctance to have premiums increase, it is an unfortunate reality that our revenues must increase to meet our rising expenses, and we must maintain funds in our reserve account to protect our customers.

Accompanying this narrative is the NYS Exhibit 13 which provides a numerical summary of selected information from this rate filing and prior rate filings.

## EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

| | |
|---|---|
| **Company** | HealthNow New York Inc. |
| **NAIC Code:** | 55204 |
| **SERFF Tra** | HLTH-129576773 |
| **Market Segment:** | Individuals 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 | 678.89 | 589.50 | 487.40 | 413.79 | N/A |
| 2015 Premium Rates | 650.76 | 548.15 | 464.65 | 394.32 | 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 | 5.2% |

**C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]*:**

| | 2011 to 2012 | 2012 to 2013 | 2013 to 2014 |
|---|---|---|---|
| Average Rate Adjustment | N/A | N/A | N/A |

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

| 2011 | | 2012 | 2013 |
|---|---|---|---|
| MLR | N/A | N/A | N/A |

**E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]*:**

| | 2013 | 2014 | 2015 |
|---|---|---|---|
| Annual Claim Trend Rates | N/A | 6.0% | 4.5% |
| Expense Ratios | N/A | 15.1% | 12.7% |
| Pre Tax Profit Ratios | N/A | 1.3% | 1.3% |

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

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

**– for Individual Medical Plans**

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576797
**Market Segment:** Individuals Off Exchange

1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
3) Market segment refers to Individual plans.
4) The requested percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract.
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 Department). A
6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be
7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, and rating
9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, and rating region
10) The weighted average percentage should be developed based on annualized premium volume or membership for that market segment, medical product, metal level, and rating region, including
11) This exhibit must be submitted as an Excel file and as a PDF file.

**Individual Medical Plan Products**

| Market Segment | Effective Date of New Rate | Metal Level (or catastrophic) | Rating Region | Product Name | Product Street Name | Requested Percentage Rate Change | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lowest | Highest | Weighted Avg |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | Platinum 250 | Platinum 250 | 4.34% | 4.34% | 4.34% |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | Platinum POS | Platinum POS | -3.67% | -3.67% | -3.67% |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | Platinum Standard | Platinum Standard | 6.61% | 6.61% | 6.61% |
| Individual | 1/1/2015 | Gold | 2 - Buffalo Area | Gold Standard | Gold Standard | 5.04% | 5.04% | 5.04% |
| Individual | 1/1/2015 | Silver | 2 - Buffalo Area | Silver 2000 | Silver 2000 | -1.73% | -1.73% | -1.73% |
| Individual | 1/1/2015 | Silver | 2 - Buffalo Area | Silver Standard | Silver Standard | 8.50% | 8.50% | 8.50% |
| Individual | 1/1/2015 | Bronze | 2 - Buffalo Area | Bronze Standard | Bronze Standard | 4.57% | 4.57% | 4.57% |
| Individual | 1/1/2015 | Platinum | 1 - Albany Area | Platinum POS | Platinum POS | -0.68% | -0.68% | -0.68% |
| Individual | 1/1/2015 | Platinum | 1 - Albany Area | Platinum Standard | Platinum Standard | 0.64% | 0.64% | 0.64% |
| Individual | 1/1/2015 | Gold | 1 - Albany Area | Gold Standard | Gold Standard | -0.91% | -0.91% | -0.91% |
| Individual | 1/1/2015 | Silver | 1 - Albany Area | Silver Standard | Silver Standard | 1.79% | 1.79% | 1.79% |
| Individual | 1/1/2015 | Bronze | 1 - Albany Area | Bronze Standard | Bronze Standard | -1.51% | -1.51% | -1.51% |
| Individual | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | Platinum POS | Platinum POS | 3.03% | 3.03% | 3.03% |
| Individual | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | Platinum Standard | Platinum Standard | 4.35% | 4.35% | 4.35% |
| Individual | 1/1/2015 | Gold | 7 - Utica/Watertown Area | Gold Standard | Gold Standard | 2.71% | 2.71% | 2.71% |
| Individual | 1/1/2015 | Silver | 7 - Utica/Watertown Area | Silver Standard | Silver Standard | 5.51% | 5.51% | 5.51% |
| Individual | 1/1/2015 | Bronze | 7 - Utica/Watertown Area | Bronze Standard | Bronze Standard | 2.01% | 2.01% | 2.01% |
| Individual | 1/1/2015 | Platinum | 5 - Rochester Area | Platinum POS | Platinum POS | -3.67% | -3.67% | -3.67% |
| Individual | 1/1/2015 | Platinum | 5 - Rochester Area | Platinum Standard | Platinum Standard | 6.61% | 6.61% | 6.61% |
| Individual | 1/1/2015 | Gold | 5 - Rochester Area | Gold Standard | Gold Standard | 5.04% | 5.04% | 5.04% |
| Individual | 1/1/2015 | Silver | 5 - Rochester Area | Silver Standard | Silver Standard | 8.50% | 8.50% | 8.50% |
| Individual | 1/1/2015 | Bronze | 5 - Rochester Area | Bronze Standard | Bronze Standard | 4.57% | 4.57% | 4.57% |
| Individual | 1/1/2015 | Platinum | 6 - Syracuse Area | Platinum POS | Platinum POS | -0.68% | -0.68% | -0.68% |
| Individual | 1/1/2015 | Platinum | 6 - Syracuse Area | Platinum Standard | Platinum Standard | 0.64% | 0.64% | 0.64% |
| Individual | 1/1/2015 | Gold | 6 - Syracuse Area | Gold Standard | Gold Standard | -0.91% | -0.91% | -0.91% |
| Individual | 1/1/2015 | Silver | 6 - Syracuse Area | Silver Standard | Silver Standard | 1.79% | 1.79% | 1.79% |
| Individual | 1/1/2015 | Bronze | 6 - Syracuse Area | Bronze Standard | Bronze Standard | -1.51% | -1.51% | -1.51% |

# EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES
## – for Individual Medical Plans

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576773
**Market Segment:** Individuals On Exchange

1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
3) Market segment refers to Individual plans.
4) The requested percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract.
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 Department). A
6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be
7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, and rating
9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, and rating region
10) The weighted average percentage should be developed based on annualized premium volume or membership for that market segment, medical product, metal level, and rating region, including
11) This exhibit must be submitted as an Excel file and as a PDF file.

**Individual Medical Plan Products**

| Market Segment | Effective Date of New Rate | Metal Level (or catastrophic) | Rating Region | Product Name | Product Street Name | Requested Percentage Rate Change | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lowest | Highest | Weighted Avg |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | Platinum 250 | Platinum 250 | 4.34% | 4.34% | 4.34% |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | Platinum POS | Platinum POS | -3.67% | -3.67% | -3.67% |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | Platinum Standard | Platinum Standard | 6.61% | 6.61% | 6.61% |
| Individual | 1/1/2015 | Gold | 2 - Buffalo Area | Gold Standard | Gold Standard | 5.04% | 5.04% | 5.04% |
| Individual | 1/1/2015 | Silver | 2 - Buffalo Area | Silver 2000 | Silver 2000 | -1.73% | -1.73% | -1.73% |
| Individual | 1/1/2015 | Silver | 2 - Buffalo Area | Silver Standard | Silver Standard | 8.50% | 8.50% | 8.50% |
| Individual | 1/1/2015 | Bronze | 2 - Buffalo Area | Bronze Standard | Bronze Standard | 4.57% | 4.57% | 4.57% |
| Individual | 1/1/2015 | Platinum | 1 - Albany Area | Platinum POS | Platinum POS | -0.68% | -0.68% | -0.68% |
| Individual | 1/1/2015 | Platinum | 1 - Albany Area | Platinum Standard | Platinum Standard | 0.64% | 0.64% | 0.64% |
| Individual | 1/1/2015 | Gold | 1 - Albany Area | Gold Standard | Gold Standard | -0.91% | -0.91% | -0.91% |
| Individual | 1/1/2015 | Silver | 1 - Albany Area | Silver Standard | Silver Standard | 1.79% | 1.79% | 1.79% |
| Individual | 1/1/2015 | Bronze | 1 - Albany Area | Bronze Standard | Bronze Standard | -1.51% | -1.51% | -1.51% |
| Individual | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | Platinum POS | Platinum POS | 3.03% | 3.03% | 3.03% |
| Individual | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | Platinum Standard | Platinum Standard | 4.35% | 4.35% | 4.35% |
| Individual | 1/1/2015 | Gold | 7 - Utica/Watertown Area | Gold Standard | Gold Standard | 2.71% | 2.71% | 2.71% |
| Individual | 1/1/2015 | Silver | 7 - Utica/Watertown Area | Silver Standard | Silver Standard | 5.51% | 5.51% | 5.51% |
| Individual | 1/1/2015 | Bronze | 7 - Utica/Watertown Area | Bronze Standard | Bronze Standard | 2.01% | 2.01% | 2.01% |
| Individual | 1/1/2015 | Platinum | 5 - Rochester Area | Platinum POS | Platinum POS | -3.67% | -3.67% | -3.67% |
| Individual | 1/1/2015 | Platinum | 5 - Rochester Area | Platinum Standard | Platinum Standard | 6.61% | 6.61% | 6.61% |
| Individual | 1/1/2015 | Gold | 5 - Rochester Area | Gold Standard | Gold Standard | 5.04% | 5.04% | 5.04% |
| Individual | 1/1/2015 | Silver | 5 - Rochester Area | Silver Standard | Silver Standard | 8.50% | 8.50% | 8.50% |
| Individual | 1/1/2015 | Bronze | 5 - Rochester Area | Bronze Standard | Bronze Standard | 4.57% | 4.57% | 4.57% |
| Individual | 1/1/2015 | Platinum | 6 - Syracuse Area | Platinum POS | Platinum POS | -0.68% | -0.68% | -0.68% |
| Individual | 1/1/2015 | Platinum | 6 - Syracuse Area | Platinum Standard | Platinum Standard | 0.64% | 0.64% | 0.64% |
| Individual | 1/1/2015 | Gold | 6 - Syracuse Area | Gold Standard | Gold Standard | -0.91% | -0.91% | -0.91% |
| Individual | 1/1/2015 | Silver | 6 - Syracuse Area | Silver Standard | Silver Standard | 1.79% | 1.79% | 1.79% |
| Individual | 1/1/2015 | Bronze | 6 - Syracuse Area | Bronze Standard | Bronze Standard | -1.51% | -1.51% | -1.51% |

# EXHIBIT 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGE TO EXISTING RATES
## – for Small Group Medical Plans

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576705
**Market Segment:** Small Groups Off Exchange

1) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
2) Market segment refers to the Small Group.
3) The requested percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the
4) The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1
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 Department). A separate row is to
6) 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
7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that market segment, medical product, metal level, rating region, and rate
9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, rating region, and rate period.
10) The weighted average percentage should be developed based on annualized premium volume or membership for that market segment, medical product, metal level, rating region, and rate period, including any
11) Use this Exhibit for Small Group Medical Plans.
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 | Submitted Percentage Rate Change | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lowest | Highest | Weighted Avg |
| Small Group | 1/1/2015 | Platinum | 2 - Buffalo Area | HMO 110 | HMO 110 | 0.92% | 0.92% | 0.92% |
| Small Group | 1/1/2015 | Platinum | 2 - Buffalo Area | PPO 800 | PPO 800 | -4.50% | -4.50% | -4.50% |
| Small Group | 1/1/2015 | Gold | 2 - Buffalo Area | Aqua | Aqua | -1.02% | -1.02% | -1.02% |
| Small Group | 1/1/2015 | Gold | 2 - Buffalo Area | Healthy NY | Healthy NY | 5.57% | 5.57% | 5.57% |
| Small Group | 1/1/2015 | Silver | 2 - Buffalo Area | Align Blended | Align Blended | -7.08% | -7.08% | -7.08% |
| Small Group | 1/1/2015 | Silver | 2 - Buffalo Area | POS 7100 | POS 7100 | -7.80% | -7.80% | -7.80% |
| Small Group | 1/1/2015 | Silver | 2 - Buffalo Area | POS 8100 S | POS 8100 S | -5.14% | -5.14% | -5.14% |
| Small Group | 1/1/2015 | Bronze | 2 - Buffalo Area | POS 8100 B | POS 8100 B | 0.94% | 0.94% | 0.94% |
| Small Group | 1/1/2015 | Platinum | 1 - Albany Area | Platinum Standard | Platinum Standard | -3.32% | -3.32% | -3.32% |
| Small Group | 1/1/2015 | Gold | 1 - Albany Area | Healthy NY | Healthy NY | 4.18% | 4.18% | 4.18% |
| Small Group | 1/1/2015 | Gold | 1 - Albany Area | Gold Standard | Gold Standard | 5.50% | 5.50% | 5.50% |
| Small Group | 1/1/2015 | Silver | 1 - Albany Area | Silver Standard | Silver Standard | -1.58% | -1.58% | -1.58% |
| Small Group | 1/1/2015 | Bronze | 1 - Albany Area | Bronze Standard | Bronze Standard | 5.67% | 5.67% | 5.67% |
| Small Group | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | Platinum Standard | Platinum Standard | 0.99% | 0.99% | 0.99% |
| Small Group | 1/1/2015 | Gold | 7 - Utica/Watertown Area | Healthy NY | Healthy NY | 8.79% | 8.79% | 8.79% |
| Small Group | 1/1/2015 | Gold | 7 - Utica/Watertown Area | Gold Standard | Gold Standard | 10.22% | 10.22% | 10.22% |
| Small Group | 1/1/2015 | Silver | 7 - Utica/Watertown Area | Silver Standard | Silver Standard | 2.69% | 2.69% | 2.69% |
| Small Group | 1/1/2015 | Bronze | 7 - Utica/Watertown Area | Bronze Standard | Bronze Standard | 10.30% | 10.30% | 10.30% |
| Small Group | 1/1/2015 | Gold | 5 - Rochester Area | Healthy NY | Healthy NY | 3.49% | 3.49% | 3.49% |
| Small Group | 1/1/2015 | Gold | 6 - Syracuse Area | Healthy NY | Healthy NY | 4.18% | 4.18% | 4.18% |

# EXHIBIT 14 - PART B: SUMMARY OF REQUESTED PERCENTAGE CHANGE TO EXISTING RATES
## – for Small Group Medical Plans

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576737
**Market Segment:** Small Groups On Exchange

1) The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
2) Market segment refers to the Small Group.
3) The requested percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the
4) The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1
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 Department). A separate row is to
6) 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
7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that that market segment, medical product, metal level, rating region, and rate
9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, rating region, and rate period.
10) The weighted average percentage should be developed based on annualized premium volume or membership for that market segment, medical product, metal level, rating region, and rate period, including any
11) Use this Exhibit for Small Group Medical Plans.
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 | Submitted Percentage Rate Change | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lowest | Highest | Weighted Avg |
| Small Group | 1/1/2015 | Platinum | 2 - Buffalo Area | HMO 110 | HMO 110 | 0.92% | 0.92% | 0.92% |
| Small Group | 1/1/2015 | Platinum | 2 - Buffalo Area | PPO 800 | PPO 800 | -4.50% | -4.50% | -4.50% |
| Small Group | 1/1/2015 | Gold | 2 - Buffalo Area | Aqua | Aqua | -1.02% | -1.02% | -1.02% |
| Small Group | 1/1/2015 | Gold | 2 - Buffalo Area | Healthy NY | Healthy NY | 5.57% | 5.57% | 5.57% |
| Small Group | 1/1/2015 | Silver | 2 - Buffalo Area | Align Blended | Align Blended | -7.08% | -7.08% | -7.08% |
| Small Group | 1/1/2015 | Silver | 2 - Buffalo Area | POS 7100 | POS 7100 | -7.80% | -7.80% | -7.80% |
| Small Group | 1/1/2015 | Silver | 2 - Buffalo Area | POS 8100 S | POS 8100 S | -5.14% | -5.14% | -5.14% |
| Small Group | 1/1/2015 | Bronze | 2 - Buffalo Area | POS 8100 B | POS 8100 B | 0.94% | 0.94% | 0.94% |
| Small Group | 1/1/2015 | Platinum | 1 - Albany Area | Platinum Standard | Platinum Standard | -3.32% | -3.32% | -3.32% |
| Small Group | 1/1/2015 | Gold | 1 - Albany Area | Healthy NY | Healthy NY | 4.18% | 4.18% | 4.18% |
| Small Group | 1/1/2015 | Gold | 1 - Albany Area | Gold Standard | Gold Standard | 5.50% | 5.50% | 5.50% |
| Small Group | 1/1/2015 | Silver | 1 - Albany Area | Silver Standard | Silver Standard | -1.58% | -1.58% | -1.58% |
| Small Group | 1/1/2015 | Bronze | 1 - Albany Area | Bronze Standard | Bronze Standard | 5.67% | 5.67% | 5.67% |
| Small Group | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | Platinum Standard | Platinum Standard | 0.99% | 0.99% | 0.99% |
| Small Group | 1/1/2015 | Gold | 7 - Utica/Watertown Area | Healthy NY | Healthy NY | 8.79% | 8.79% | 8.79% |
| Small Group | 1/1/2015 | Gold | 7 - Utica/Watertown Area | Gold Standard | Gold Standard | 10.22% | 10.22% | 10.22% |
| Small Group | 1/1/2015 | Silver | 7 - Utica/Watertown Area | Silver Standard | Silver Standard | 2.69% | 2.69% | 2.69% |
| Small Group | 1/1/2015 | Bronze | 7 - Utica/Watertown Area | Bronze Standard | Bronze Standard | 10.30% | 10.30% | 10.30% |
| Small Group | 1/1/2015 | Gold | 5 - Rochester Area | Healthy NY | Healthy NY | 3.49% | 3.49% | 3.49% |
| Small Group | 1/1/2015 | Gold | 6 - Syracuse Area | Healthy NY | Healthy NY | 4.18% | 4.18% | 4.18% |
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# EXHIBIT 15 - PART A: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR INDIVIDUAL PRODUCTS

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576797
**Market Segment:** Individuals Off Exchange

**Instructions:**

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

**Distribution by Requested Rate Adjustment**

| Market Segment | Effective Date | Metal Level (or catastrophic) | Rating Region | Weighted Avg Change % | Annualized Premiums as of | Total # of Members as of | Total # of Contracts as of | Number of (*) with Requested Percentage Rate Change at Renewal | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | mm/dd/yyyy | | | Decrease | No Change | 0.1% - 4.9% | 5.0% - 9.9% | 10.0% - 14.9% | 15.0% - 19.9% | 20.0% - 24.9% | 25.0% - 29.9% | 30.0% - 39.9% | 40.0% - 49.9% | 50.0% or higher |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | 6.4% | 3,310,728 | 559 | 425 | - | - | 63 | 496 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 2 - Buffalo Area | 5.0% | 1,147,077 | 235 | 152 | - | - | - | 235 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 2 - Buffalo Area | 5.1% | 10,033,077 | 2,532 | 1,926 | 934 | - | - | 1,598 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 2 - Buffalo Area | 4.6% | 869,436 | 245 | 174 | - | - | 245 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 1 - Albany Area | 0.6% | 334,192 | 44 | 38 | - | - | 44 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 1 - Albany Area | -0.9% | 25,871 | 4 | 4 | 4 | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 1 - Albany Area | 1.8% | 100,991 | 21 | 16 | - | - | 21 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 1 - Albany Area | -1.5% | 6,926 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | 4.4% | 19,106 | 3 | 2 | - | - | 3 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 7 - Utica/Watertown Area | 0.0% | - | 14 | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 7 - Utica/Watertown Area | 5.5% | 69,036 | 2 | 11 | - | - | - | 14 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 7 - Utica/Watertown Area | 2.0% | 11,581 | 2 | 2 | - | - | 2 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 5 - Rochester Area | -3.7% | 7,335 | 3 | 2 | 3 | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
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| Individual | | | | | | | | | | | | | | | | | | |
| **Market Segment Total:** | | | | 0.0% | 15,935,353 | 3,665 | 2,753 | 942 | - | 378 | 2,343 | - | - | - | - | - | - | - |

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

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576773
**Market Segment:** Individuals 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 distribution is by number of members or number of contracts. The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
3) The Weighted Average Percentage should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/Metal Level and for the market segment in total.
4) Market segment refers to Individual market segment.
5) Rating region refers to the standard rating regions applicable to this submission. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
6) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze, catastrophic).
7) Provide the distribution of contracts or members affected by proposed rate change for all contracts by rating region/metal level.
8) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
9) Enter the sum of the counts in the various columns, and the market segment weighted avg change %.
10) This exhibit must be submitted as an Excel file and a PDF file.

**Distribution by Requested Rate Adjustment**

| Market Segment | Effective Date | Metal Level (or catastrophic) | Rating Region | Weighted Avg Change % | Annualized Premiums as of | Total # of Members as of | Total # of Contracts as of | Number of (*) with Requested Percentage Rate Change at Renewal | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | mm/dd/yyyy | | | Decrease | No Change | 0.1% - 4.9% | 5.0% - 9.9% | 10.0% - 14.9% | 15.0% - 19.9% | 20.0% - 24.9% | 25.0% - 29.9% | 30.0% - 39.9% | 40.0% - 49.9% | 50.0% or higher |
| Individual | 1/1/2015 | Platinum | 2 - Buffalo Area | 6.4% | 3,310,728 | 559 | 425 | - | - | 63 | 496 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 2 - Buffalo Area | 5.0% | 1,147,077 | 235 | 152 | - | - | - | 235 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 2 - Buffalo Area | 5.1% | 10,033,077 | 2,532 | 1,926 | 934 | - | - | 1,598 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 2 - Buffalo Area | 4.6% | 869,436 | 245 | 174 | - | - | 245 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 1 - Albany Area | 0.6% | 334,192 | 44 | 38 | - | - | 44 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 1 - Albany Area | -0.9% | 25,871 | 4 | 4 | 4 | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 1 - Albany Area | 1.8% | 100,991 | 21 | 16 | - | - | 21 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 1 - Albany Area | -1.5% | 6,926 | 1 | 1 | 1 | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 7 - Utica/Watertown Area | 4.4% | 19,106 | 3 | 2 | - | - | 3 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 7 - Utica/Watertown Area | 0.0% | - | 14 | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 7 - Utica/Watertown Area | 5.5% | 69,036 | 2 | 11 | - | - | - | 14 | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 7 - Utica/Watertown Area | 2.0% | 11,581 | 2 | 2 | - | - | 2 | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 5 - Rochester Area | -3.7% | 7,335 | 3 | 2 | 3 | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Platinum | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Gold | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Silver | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Individual | 1/1/2015 | Bronze | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
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| Individual | | | | | | | | | | | | | | | | | | |
| **Market Segment Total:** | | | | 5.188% | 15,935,353 | 3,665 | 2,753 | 942 | - | 378 | 2,343 | - | - | - | - | - | - | - |

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

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576705
**Market Segment:** Small Groups Off Exchange

**Instructions:**

**1)** The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
**2)** The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2015 for a quarterly rolling rate structure).
**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 should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/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 submission. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
**7)** Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
**8)** Provide distribution information by quarter of renewal.
**9)** Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
**10)** After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
**11)** This exhibit must be submitted as an Excel file and a PDF file.

**Distribution BY Requested Rate Adjustment**

| Market Segment | Effective Date | Metal Level | Rating Region | Weighted Avg Change % | Annualized Premiums as of | Total # of Members as of | Total # of Contracts as of | Number of (*) with Requested Percentage Rate Change at Renewal | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | mm/dd/yyyy | | | 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 | 1/12015 | Platinum | 2 - Buffalo Area | -0.2% | 29,449,559 | 6,980 | 3,820 | 1,239 | - | 5,741 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 2 - Buffalo Area | -0.5% | 17,541,829 | 5,292 | 3,049 | 4,941 | - | - | 351 | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 2 - Buffalo Area | -6.4% | 23,445,969 | 7,537 | 3,852 | 7,537 | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 2 - Buffalo Area | 0.9% | 2,641,224 | 1,165 | 621 | - | - | 1,165 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 1 - Albany Area | -3.3% | 155,452 | 29 | 16 | 29 | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 1 - Albany Area | 4.2% | 1,078,263 | 198 | 128 | - | - | 194 | 4 | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 1 - Albany Area | -1.6% | 5,708 | 6 | 2 | 6 | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 1 - Albany Area | 5.7% | 348,462 | 80 | 53 | - | - | - | 80 | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 7 - Utica/Watertown Area | 1.0% | 8,208 | 5 | 5 | - | - | 5 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 7 - Utica/Watertown Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 7 - Utica/Watertown Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 7 - Utica/Watertown Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 5 - Rochester Area | 3.5% | 109,552 | 26 | 14 | - | - | 26 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 6 - Syracuse Area | 4.2% | 113,140 | 20 | 15 | - | - | 20 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
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| Small Group | | | | | | | | | | | | | | | | | | |
| | **Market Segment Total:** | | | | 74,897,365 | 21,338 | 11,575 | 13,752.00 | - | 7,151 | 435 | - | - | - | - | - | - | - |

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

**Company Name:** HealthNow NY, Inc
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576737
**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. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2015 for a quarterly rolling rate structure).
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 should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/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 submission. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
7) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze).
8) Provide distribution information by quarter of renewal.
9) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
10) After each effective period/market segment combination there should be a market segment total row. Enter the effective period in the applicable column, the sum of the counts in the various columns, and the market segment weighted avg change %.
11) This exhibit must be submitted as an Excel file and a PDF file.

**Distribution BY Requested Rate Adjustment**

| Market Segment | Effective Date | Metal Level | Rating Region | Weighted Avg Change % | Annualized Premiums as of | Total # of Members as of | Total # of Contracts as of | Number of (*) with Requested Percentage Rate Change at Renewal | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | mm/dd/yyyy | | | 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 | 1/12015 | Platinum | 2 - Buffalo Area | -0.2% | 29,449,559 | 6,980 | 3,820 | 1,239 | - | 5,741 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 2 - Buffalo Area | -0.5% | 17,541,829 | 5,292 | 3,049 | 4,941 | - | - | 351 | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 2 - Buffalo Area | -6.4% | 23,445,969 | 7,537 | 3,852 | 7,537 | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 2 - Buffalo Area | 0.9% | 2,641,224 | 1,165 | 621 | - | - | 1,165 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 1 - Albany Area | -3.3% | 155,452 | 29 | 16 | 29 | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 1 - Albany Area | 4.2% | 1,078,263 | 198 | 128 | - | - | 194 | 4 | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 1 - Albany Area | -1.6% | 5,708 | 6 | 2 | 6 | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 1 - Albany Area | 5.7% | 348,462 | 80 | 53 | - | - | - | 80 | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 7 - Utica/Watertown Area | 1.0% | 8,208 | 5 | 5 | - | - | 5 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 7 - Utica/Watertown Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 7 - Utica/Watertown Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 7 - Utica/Watertown Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 5 - Rochester Area | 3.5% | 109,552 | 26 | 14 | - | - | 26 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 5 - Rochester Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Platinum | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Gold | 6 - Syracuse Area | 4.2% | 113,140 | 20 | 15 | - | - | 20 | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Silver | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Small Group | 1/12015 | Bronze | 6 - Syracuse Area | 0.0% | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
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| Small Group | | | | | | | | | | | | | | | | | | |
| | **Market Segment Total:** | | | -2.0692% | 74,897,365 | 21,338 | 11,575 | 13,752.00 | - | 7,151 | 435 | - | - | - | - | - | - | - |

# EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

**Company Name:** HealthNow New York Inc.

**NAIC Code:** 55204

**SERFF Number:** HLTH-129576773

**Market Segment:** Individuals 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.

****There are no such filings.**

**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 |
|---|---|---|---|---|---|---|---|
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## EXHIBIT 17: HISTORICAL CLAIM DATA BY POLICY FORMS INCLUDED IN RATE ADJUSTMENT FILING

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment:** Individuals On Exchange

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

**2) In Column 4, market segment refers to Small Group, Small Group Sole Proprietors and Small Group Healthy NY Business.**

**3)** Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, and Consumer Health Plans. Indicate appropriate designation for policy form, etc.

**4)** The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
**5)** Note that many cells include a drop down list. Use the drop down list for entries.
**6)** If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
**7)** This exhibit must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | SG-All Others | SG-Sole P | SG-HNY | | | | Individuals On Exchange | Individual Off Exchange | Small Groups Or Small Groups Off Exchange | | | | | | | | | | | |
| | HMO | HMO based POS | POS - Out of network portion | EPO | PPO | Comprehensive Major Medical | | Non-HMO based POS | Consumer Health Plans | Base+Supplemental | | | | | | | | | | | |
| | For Profit | Non Profit | | Open | Closed | | | Yes | No | | | Yes | No | | | | | | | | |
| | Platinum | Gold | Silver | Bronze | Catatrophic | NA | | | | | | | | | | | | | | | |
| **Data Item for Specified Base Medical Policy Form** | | | | | | | | | | | | **Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)** | | | | | | | | | |
| 1a. Base medical policy form number | 1b. Product Name as in Rate Manual | 1c. Product Street Name as indicated to consumers | 2. Rating Pool Identification | 3. Effective date of rate change (mm/dd/yy) | 4. Market Segment [drop down menu] | 5. Product type (see above for examples) [drop down menu] | 6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu] | 7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu] | 8. Number of policyholders affected by rate change. (For group business this is number of groups.) | 9. Number of covered lives affected by rate change | | 14.1 Beginning Date of the experience period (mm/dd/y) | 14.2 Ending Date of the experience period (mm/dd/yy) | 14.3 Member months for experience period | 14.4 Earned premiums for experience period ($) | 14.5 Standardized earned premiums for experience period ($) | 14.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($) | 14.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($) | 14.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($) | 14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool or the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($) | 14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($) |
| B5-CC-1A8 (6/90) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 3 | 5 | XX | 01/01/13 | 12/31/13 | 153 | 214,225 | 227,821 | 61,748 | 62,351 | 0 | 1,726 | 8,941 |
| B5-CCM-1(Rev) (7/94) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 3 | 3 | XX | 01/01/13 | 12/31/13 | 375 | 418,514 | 451,367 | 231,365 | 233,375 | 0 | 4,231 | 21,914 |
| B5NNY-1 (12/83) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Albany Traditional** | | | | | | | | | **6** | **8** | **XX** | **01/01/13** | **12/31/13** | **528** | **632,739** | **679,188** | **293,113** | **295,726** | **0** | **5,958** | **30,855** |
| HN-EPO.COM | EPO | Sky | EPO | 01/01/2015 | SG-All Others | EPO | Yes | Open | 188 | 342 | XX | 01/01/13 | 12/31/13 | 42,845 | 17,886,153 | 21,444,354 | 17,161,017 | 17,298,431 | 0 | 483,442 | 2,503,783 |
| L3G3N0195 | EPO | Sky | EPO | 01/01/2015 | SG-All Others | EPO | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 8,641 | 2,872,208 | 3,325,512 | 3,156,758 | 3,183,314 | 0 | 97,501 | 504,964 |
| C33G3N0428 | EPO | Sky | EPO | 01/01/2015 | SG-All Others | EPO | Yes | Open | 111 | 168 | XX | 01/01/13 | 12/31/13 | 6,703 | 2,422,114 | 2,597,578 | 1,946,898 | 1,963,534 | 0 | 75,633 | 391,711 |
| **Total Albany EPO** | | | | | | | | | **299** | **510** | **XX** | **01/01/13** | **12/31/13** | **58,189** | **23,180,475** | **27,367,443** | **22,264,673** | **22,445,279** | **0** | **656,576** | **3,400,458** |
| HN-PPO.COM | PPO | PPO 800 | PPO | 01/01/2015 | SG-All Others | PPO | Yes | Open | 34 | 65 | XX | 01/01/13 | 12/31/13 | 2,055 | 451,093 | 484,992 | 239,240 | 241,430 | 0 | 23,188 | 120,090 |
| HN-PPO.COM-2 | PPO | PPO 800 | PPO | 01/01/2015 | SG-All Others | PPO | Yes | Open | 161 | 300 | XX | 01/01/13 | 12/31/13 | 9,526 | 4,498,885 | 4,804,651 | 3,733,906 | 3,764,356 | 0 | 107,487 | 556,682 |
| **Total Albany PPO** | | | | | | | | | **195** | **365** | **XX** | **01/01/13** | **12/31/13** | **11,581** | **4,949,978** | **5,289,643** | **3,973,147** | **4,005,785** | **0** | **130,674** | **676,772** |
| L53G3N0232 | Aqua | Aqua | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 4,838 | 1,651,412 | 1,891,400 | 1,167,428 | 1,177,384 | 0 | 54,590 | 282,724 |
| C33G3N0392 | HDHP 8000 | HDHP 8000 | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 140 | 261 | XX | 01/01/13 | 12/31/13 | 8,619 | 2,846,460 | 3,053,377 | 3,039,901 | 3,066,624 | 0 | 97,253 | 503,679 |
| L33G3N0289 | HDHP 7000 | HDHP 7000 | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 7,711 | 2,391,050 | 2,733,591 | 2,491,595 | 2,512,025 | 0 | 87,007 | 450,617 |
| L53G3N0195 | POS Lite | POS 150/POS 250 | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 8,641 | 2,872,208 | 3,325,512 | 3,156,758 | 3,183,314 | 0 | 97,501 | 504,964 |
| **Total Albany Aqua/POS/HDHP** | | | | | | | | | **140** | **261** | **XX** | **01/01/13** | **12/31/13** | **29,809** | **9,761,130** | **11,003,880** | **9,855,681** | **9,939,349** | **0** | **336,350** | **1,741,983** |
| HN-HMO 2 & HN-POS.2 | HMO 100 | HMO 100 | HMO based POS | 01/01/2015 | SG-All Others | HMO based POS | Yes | Open | 255 | 475 | XX | 01/01/13 | 12/31/13 | 21,013 | 8,855,328 | 9,802,336 | 7,742,126 | 7,800,072 | 0 | (100,880) | 1,005,416 |
| **Total Albany HMO 100** | | | | | | | | | **255** | **475** | **XX** | **01/01/13** | **12/31/13** | **21,013** | **8,855,328** | **9,802,336** | **7,742,126** | **7,800,072** | **0** | **(100,880)** | **1,005,416** |
| L51G4N0004 | HMO 200 | HMO 200 | HMO based POS | 01/01/2015 | SG-All Others | HMO based POS | Yes | Open | 380 | 681 | XX | 01/01/13 | 12/31/13 | 2,347 | 1,642,986 | 1,837,019 | 1,079,189 | 1,085,068 | 0 | (11,268) | 112,298 |
| HN-HMO-1 | HMO 200 | HMO 200 | HMO | 01/01/2015 | SG-All Others | HMO | Yes | Open | 2 | 2 | XX | 01/01/13 | 12/31/13 | 24 | 31,066 | 32,911 | 15,425 | 15,481 | 0 | (115) | 1,148 |
| **Total Albany HMO 200** | | | | | | | | | **382** | **683** | **XX** | **01/01/13** | **12/31/13** | **2,371** | **1,674,052** | **1,869,931** | **1,094,614** | **1,100,549** | **0** | **(11,383)** | **113,446** |
| HN-HNY.Grp | Healthy New York | Healthy New York | HMO | 01/01/2015 | SG-HNY | HMO | Yes | Open | 7 | 8 | XX | 01/01/13 | 12/31/13 | 11,070 | 3,184,405 | 3,184,405 | 3,294,487 | 3,332,529 | (942,898) | 0 | 226,326 |
| **Total Albany Group Healthy New York** | | | | | | | | | **7** | **8** | **XX** | **01/01/13** | **12/31/13** | **11,070** | **3,184,405** | **3,184,405** | **3,294,487** | **3,332,529** | **(942,898)** | **0** | **226,326** |
| BCC-15 | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 2 | 3 | XX | 01/01/13 | 12/31/13 | 190 | 289,210 | 308,778 | 127,609 | 128,934 | 0 | 886 | 7,567 |
| H-1321 (S/L) w/H-1533, BCMS-4, BCBSMM-7 (Rev 1993) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 146 | 197 | XX | 01/01/13 | 12/31/13 | 1,937 | 2,881,436 | 3,075,951 | 1,594,779 | 1,614,139 | 0 | 9,037 | 77,147 |
| H-1575 & BCMS-1 (Rev 1993) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 2 | 2 | XX | 01/01/13 | 12/31/13 | 17 | 70,440 | 75,982 | 1,078 | 1,092 | 0 | 79 | 677 |
| H-1575 & BCMS-1 (Rev 1993) w/BCBSMM-7 (Rev 1993) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 150 | 297 | XX | 01/01/13 | 12/31/13 | 8,285 | 8,304,335 | 8,796,714 | 7,931,189 | 8,027,633 | 0 | 38,651 | 329,974 |
| H-1575 & BCMS-1 (Rev 1993) w/BCMM-4 (Rev 1993) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 12 | 13,287 | 14,333 | 1,332 | 1,349 | 0 | 56 | 478 |
| H-1321 (S/L) w/H-1533, BCMS-4, BCMM-4 (Rev 1993) | Traditional | Traditional | Comprehensive Major Medical | 01/01/2015 | SG-All Others | Comprehensive Major Medical | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 24 | 26,575 | 28,666 | 8,210 | 8,318 | 0 | 112 | 956 |
| **Total Buffalo Traditional** | | | | | | | | | **300** | **489** | **XX** | **01/01/13** | **12/31/13** | **10,465** | **11,585,283** | **12,300,424** | **9,664,197** | **9,781,465** | **0** | **48,821** | **416,799** |
| HN-PPO.COM-2 | PPO | PPO 800 | PPO | 01/01/2015 | SG-All Others | PPO | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 675 | 353,777 | 433,982 | 435,565 | 440,097 | 0 | 3,149 | 26,884 |
| **Total Buffalo PPO** | | | | | | | | | **0** | **0** | **XX** | **01/01/13** | **12/31/13** | **675** | **353,777** | **433,982** | **435,565** | **440,097** | **0** | **3,149** | **26,884** |
| L53G3N0232 | Aqua | Aqua | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 4,141 | 7,320 | XX | 01/01/13 | 12/31/13 | 171,544 | 53,458,918 | 58,607,141 | 39,485,903 | 39,905,071 | 0 | 800,288 | 6,832,230 |
| C33G3N0392 | HDHP 8000 | HDHP 8000 | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 4,536 | 8,894 | XX | 01/01/13 | 12/31/13 | 199,014 | 46,075,106 | 49,967,097 | 40,340,978 | 40,792,031 | 0 | 928,441 | 7,926,301 |
| L33G3N0289 | HDHP 7000 | HDHP 7000 | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 1,723 | 3,645 | XX | 01/01/13 | 12/31/13 | 71,043 | 19,159,681 | 20,887,926 | 18,327,098 | 18,529,147 | 0 | 331,430 | 2,829,490 |
| L53G3N0195 | POS Lite | POS 150/POS 250 | Non-HMO based POS | 01/01/2015 | SG-All Others | Non-HMO based POS | Yes | Open | 2,854 | 5,172 | XX | 01/01/13 | 12/31/13 | 148,495 | 44,882,751 | 49,256,294 | 37,518,579 | 37,895,113 | 0 | 692,759 | 5,914,238 |
| **Total Buffalo Aqua/POS/HDHP** | | | | | | | | | **13,254** | **25,031** | **XX** | **01/01/13** | **12/31/13** | **590,096** | **163,576,456** | **178,718,458** | **135,672,558** | **137,121,362** | **0** | **2,752,918** | **23,502,259** |
| HN-HMO 2 & HN-POS.2 | HMO 100 | HMO 100 | HMO based POS | 01/01/2015 | SG-All Others | HMO based POS | Yes | Open | 2,154 | 3,557 | XX | 01/01/13 | 12/31/13 | 57,887 | 26,438,239 | 28,813,602 | 21,615,610 | 21,764,232 | 0 | 808,681,002 | 2,306,021 |
| **Total Buffalo HMO 100** | | | | | | | | | **2,154** | **3,557** | **XX** | **01/01/13** | **12/31/13** | **57,887** | **26,438,239** | **28,813,602** | **21,615,610** | **21,764,232** | **0** | **808,681,002** | **2,306,021** |
| CB-283 | HMO 200 | HMO 200 | HMO based POS | 01/01/2015 | SG-All Others | HMO based POS | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 0 | 0 | 0 | 542 | 542 | 0 | 0 | 0 |
| L51G4N0004 | HMO 200 | HMO 200 | HMO | 01/01/2015 | SG-All Others | HMO | Yes | Open | 590 | 1,053 | XX | 01/01/13 | 12/31/13 | 15,373 | 8,768,809 | 9,458,187 | 7,375,830 | 7,427,223 | 0 | 268,216,398 | 612,142 |
| **Total Buffalo HMO 200** | | | | | | | | | **590** | **1,053** | **XX** | **01/01/13** | **12/31/13** | **15,373** | **8,768,809** | **9,458,187** | **7,376,372** | **7,427,765** | **0** | **268,216,398** | **612,142** |
| HN-HNY.Grp | Healthy New York | Healthy New York | HMO | 01/01/2015 | SG-HNY | HMO | Yes | Open | 0 | 0 | XX | 01/01/13 | 12/31/13 | 9,679 | 2,804,028 | 2,804,028 | 2,211,873 | 2,238,069 | (648,491) | 0 | 258,252 |
| **Total Buffalo Group Healthy New York** | | | | | | | | | **0** | **0** | **XX** | **01/01/13** | **12/31/13** | **9,679** | **2,804,028** | **2,804,028** | **2,211,873** | **2,238,069** | **(648,491)** | **0** | **258,252** |

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

**First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)**

| | 15.1 Beginning date of the experience period (mmddyy) | 15.2 Ending Date of the experience period (mmddyy) | 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 | 597 | 721,849 | 745,094 | 313,126 | 313,129 | 0 | 3,490 | 30,095 | XX |
| XX | 01/01/12 | 12/31/12 | 1,333 | 1,341,036 | 1,423,919 | 1,407,953 | 1,407,967 | 0 | 7,792 | 67,197 | XX |
| XX | 01/01/12 | 12/31/12 | 251 | 256,601 | 279,682 | 170,940 | 170,942 | 0 | 1,467 | 12,653 | XX |
| **XX** | **01/01/12** | **12/31/12** | **2,181** | **2,319,485** | **2,448,695** | **1,892,019** | **1,892,038** | **0** | **12,749** | **109,945** | **XX** |
| XX | 01/01/12 | 12/31/12 | 133,128 | 53,501,864 | 68,666,289 | 50,360,979 | 50,361,406 | 0 | 778,193 | 6,711,020 | XX |
| XX | 01/01/12 | 12/31/12 | 38,528 | 12,394,944 | 14,876,834 | 11,298,081 | 11,298,177 | 0 | 225,213 | 1,942,207 | XX |
| XX | 01/01/12 | 12/31/12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XX |
| **XX** | **01/01/12** | **12/31/12** | **171,656** | **65,896,808** | **83,543,123** | **61,659,060** | **61,659,583** | **0** | **1,003,406** | **8,653,227** | **XX** |
| XX | 01/01/12 | 12/31/12 | 3,785 | 688,593 | 815,757 | 460,724 | 460,729 | 0 | 22,125 | 190,803 | XX |
| XX | 01/01/12 | 12/31/12 | 3,432 | 1,666,231 | 1,926,578 | 1,220,854 | 1,220,864 | 0 | 20,062 | 173,008 | XX |
| **XX** | **01/01/12** | **12/31/12** | **7,217** | **2,354,823** | **2,742,335** | **1,681,578** | **1,681,593** | **0** | **42,187** | **363,811** | **XX** |
| XX | 01/01/12 | 12/31/12 | 22,379 | 7,326,318 | 8,798,141 | 4,203,005 | 4,203,042 | 0 | 130,815 | 1,128,132 | XX |
| XX | 01/01/12 | 12/31/12 | 1,586 | 478,935 | 562,270 | 306,310 | 306,313 | 0 | 9,271 | 79,951 | XX |
| XX | 01/01/12 | 12/31/12 | 35,256 | 10,156,919 | 12,430,644 | 8,269,769 | 8,269,838 | 0 | 206,087 | 1,777,265 | XX |
| XX | 01/01/12 | 12/31/12 | 38,528 | 12,394,944 | 14,876,834 | 11,298,081 | 11,298,177 | 0 | 225,213 | 1,942,207 | XX |
| **XX** | **01/01/12** | **12/31/12** | **97,749** | **30,357,117** | **36,667,890** | **24,077,164** | **24,077,370** | **0** | **571,387** | **4,927,555** | **XX** |
| XX | 01/01/12 | 12/31/12 | 22,276 | 7,792,794 | 9,942,108 | 6,756,293 | 6,756,136 | 0 | (97,700) | 931,564 | XX |
| **XX** | **01/01/12** | **12/31/12** | **22,276** | **7,792,794** | **9,942,108** | **6,756,293** | **6,756,136** | **0** | **(97,700)** | **931,564** | **XX** |
| XX | 01/01/12 | 12/31/12 | 4,527 | 2,700,658 | 3,441,426 | 2,721,669 | 2,721,606 | 0 | (19,855) | 189,315 | XX |
| XX | 01/01/12 | 12/31/12 | 48 | 56,694 | 64,895 | 17,555 | 17,554 | 0 | (211) | 2,007 | XX |
| **XX** | **01/01/12** | **12/31/12** | **4,575** | **2,757,352** | **3,506,320** | **2,739,223** | **2,739,160** | **0** | **(20,065)** | **191,323** | **XX** |
| XX | 01/01/12 | 12/31/12 | 11,750 | 2,964,761 | 3,484,523 | 3,511,134 | 3,511,113 | (668,622) | 0 | 289,718 | XX |
| **XX** | **01/01/12** | **12/31/12** | **11,750** | **2,964,761** | **3,484,523** | **3,511,134** | **3,511,113** | **(668,622)** | **0** | **289,718** | **XX** |
| XX | 01/01/12 | 12/31/12 | 228 | 310,650 | 340,518 | 146,134 | 146,135 | 0 | 1,445 | 8,609 | XX |
| XX | 01/01/12 | 12/31/12 | 2,517 | 3,661,659 | 3,930,340 | 1,796,680 | 1,796,694 | 0 | 15,949 | 95,044 | XX |
| XX | 01/01/12 | 12/31/12 | 38 | 80,634 | 87,554 | 13,916 | 13,916 | 0 | 241 | 1,435 | XX |
| XX | 01/01/12 | 12/31/12 | 10,754 | 10,453,786 | 11,310,405 | 8,929,485 | 8,929,560 | 0 | 68,142 | 406,080 | XX |
| XX | 01/01/12 | 12/31/12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XX |
| XX | 01/01/12 | 12/31/12 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XX |
| **XX** | **01/01/12** | **12/31/12** | **13,537** | **14,506,728** | **15,668,818** | **10,886,215** | **10,886,305** | **0** | **85,776** | **511,168** | **XX** |
| XX | 01/01/12 | 12/31/12 | 2,231 | 1,138,519 | 1,472,139 | 1,197,750 | 1,197,759 | 0 | 14,137 | 84,244 | XX |
| **XX** | **01/01/12** | **12/31/12** | **2,231** | **1,138,519** | **1,472,139** | **1,197,750** | **1,197,759** | **0** | **14,137** | **84,244** | **XX** |
| XX | 01/01/12 | 12/31/12 | 182,962 | 50,224,007 | 63,232,533 | 36,840,498 | 36,840,765 | 0 | 1,159,327 | 6,908,798 | XX |
| XX | 01/01/12 | 12/31/12 | 111,709 | 23,456,141 | 27,510,593 | 20,256,376 | 20,256,529 | 0 | 707,837 | 4,218,225 | XX |
| XX | 01/01/12 | 12/31/12 | 91,214 | 24,346,249 | 29,739,249 | 23,332,548 | 23,332,724 | 0 | 577,972 | 3,444,317 | XX |
| XX | 01/01/12 | 12/31/12 | 168,068 | 49,057,981 | 58,979,066 | 45,684,903 | 45,685,221 | 0 | 1,064,952 | 6,346,389 | XX |
| **XX** | **01/01/12** | **12/31/12** | **553,953** | **147,084,378** | **179,461,441** | **126,114,325** | **126,115,238** | **0** | **3,510,087** | **20,917,729** | **XX** |
| XX | 01/01/12 | 12/31/12 | 79,901 | 34,716,823 | 41,805,989 | 32,041,728 | 32,041,693 | 0 | 2,109,844 | 2,980,216 | XX |
| **XX** | **01/01/12** | **12/31/12** | **79,901** | **34,716,823** | **41,805,989** | **32,041,728** | **32,041,693** | **0** | **2,109,844** | **2,980,216** | **XX** |
| XX | 01/01/12 | 12/31/12 | 97 | 100,296 | 115,732 | 46,139 | 46,139 | 0 | 2,561 | 3,618 | XX |
| XX | 01/01/12 | 12/31/12 | 19,715 | 11,130,698 | 12,788,055 | 9,564,039 | 9,564,029 | 0 | 520,589 | 735,347 | XX |
| **XX** | **01/01/12** | **12/31/12** | **19,812** | **11,230,995** | **12,903,787** | **9,610,178** | **9,610,168** | **0** | **523,150** | **738,965** | **XX** |
| XX | 01/01/12 | 12/31/12 | 10,697 | 2,708,658 | 3,172,141 | 2,585,163 | 2,585,145 | (687,175) | 0 | 288,299 | XX |
| **XX** | **01/01/12** | **12/31/12** | **10,697** | **2,708,658** | **3,172,141** | **2,585,163** | **2,585,145** | **(687,175)** | **0** | **288,299** | **XX** |

**Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)**

| | 16.1 Beginning date of the experience period (mmddyy) | 16.2 Ending Date of the experience period (mmddyy) | 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 | 826 | 1,051,464 | 1,036,534 | 536,206 | 536,207 | 0 | 8,584 | 41,060 | XX |
| XX | 01/01/11 | 12/31/11 | 1,543 | 1,583,099 | 1,554,430 | 1,019,614 | 1,019,614 | 0 | 16,035 | 76,702 | XX |
| XX | 01/01/11 | 12/31/11 | 276 | 303,097 | 295,809 | 381,210 | 381,210 | 0 | 2,868 | 13,720 | XX |
| **XX** | **01/01/11** | **12/31/11** | **2,645.00** | **2,937,660** | **2,886,774** | **1,937,030** | **1,937,031** | **0** | **27,487** | **131,481** | **XX** |
| XX | 01/01/11 | 12/31/11 | 172,170 | 63,726,472 | 91,217,544 | 63,796,027 | 63,796,067 | 0 | 1,789,200 | 8,558,460 | XX |
| XX | 01/01/11 | 12/31/11 | 51,205 | 14,902,454 | 20,070,943 | 13,832,991 | 13,832,999 | 0 | 532,125 | 2,545,368 | XX |
| XX | 01/01/11 | 12/31/11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XX |
| **XX** | **01/01/11** | **12/31/11** | **223,375.00** | **78,628,926** | **111,288,487** | **77,629,018** | **77,629,066** | **0** | **2,321,325** | **11,103,828** | **XX** |
| XX | 01/01/11 | 12/31/11 | 7,912 | 1,305,779 | 1,789,475 | 862,631 | 862,632 | 0 | 82,222 | 393,300 | XX |
| XX | 01/01/11 | 12/31/11 | 2,704 | 1,105,833 | 1,492,690 | 1,072,071 | 1,072,072 | 0 | 28,100 | 134,414 | XX |
| **XX** | **01/01/11** | **12/31/11** | **10,616.00** | **2,411,613** | **3,282,164** | **1,934,703** | **1,934,704** | **0** | **110,322** | **527,715** | **XX** |
| XX | 01/01/11 | 12/31/11 | 25,496 | 7,477,884 | 10,067,416 | 4,761,770 | 4,761,773 | 0 | 264,956 | 1,267,390 | XX |
| XX | 01/01/11 | 12/31/11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XX |
| XX | 01/01/11 | 12/31/11 | 41,003 | 10,665,300 | 14,588,275 | 8,808,216 | 8,808,222 | 0 | 426,105 | 2,038,233 | XX |
| XX | 01/01/11 | 12/31/11 | 51,205 | 14,902,454 | 20,070,943 | 13,832,991 | 13,832,999 | 0 | 532,125 | 2,545,368 | XX |
| **XX** | **01/01/11** | **12/31/11** | **117,704.00** | **33,045,638** | **44,726,634** | **27,402,977** | **27,402,995** | **0** | **1,223,186** | **5,850,990** | **XX** |
| XX | 01/01/11 | 12/31/11 | 33,857 | 11,350,967 | 16,627,759 | 10,994,211 | 10,994,195 | 0 | (231,351) | 2,001,181 | XX |
| **XX** | **01/01/11** | **12/31/11** | **33,857.00** | **11,350,967** | **16,627,759** | **10,994,211** | **10,994,195** | **0** | **-231,351** | **2,001,181** | **XX** |
| XX | 01/01/11 | 12/31/11 | 10,331 | 5,471,358 | 8,141,161 | 5,371,222 | 5,371,214 | 0 | (70,593) | 610,633 | XX |
| XX | 01/01/11 | 12/31/11 | 48 | 51,195 | 54,843 | 44,169 | 44,169 | 0 | (328) | 2,837 | XX |
| **XX** | **01/01/11** | **12/31/11** | **10,379.00** | **5,522,555** | **8,206,003** | **5,415,391** | **5,415,383** | **0** | **-70,921** | **613,470** | **XX** |
| XX | 01/01/11 | 12/31/11 | 12,412 | 3,067,899 | 3,812,874 | 3,237,231 | 3,237,229 | (1,137,501) | 0 | 417,471 | XX |
| **XX** | **01/01/11** | **12/31/11** | **12,412.00** | **3,067,899** | **3,812,874** | **3,237,231** | **3,237,229** | **-1,137,501** | **0** | **417,471** | **XX** |
| XX | 01/01/11 | 12/31/11 | 259 | 304,336 | 397,138 | 106,427 | 106,428 | 0 | (247) | 10,742 | XX |
| XX | 01/01/11 | 12/31/11 | 3,486 | 4,416,329 | 5,589,657 | 2,574,054 | 2,574,066 | 0 | (3,324) | 144,576 | XX |
| XX | 01/01/11 | 12/31/11 | 211 | 193,542 | 244,643 | 21,674 | 21,674 | 0 | (201) | 8,751 | XX |
| XX | 01/01/11 | 12/31/11 | 15,344 | 13,099,818 | 16,639,804 | 12,326,023 | 12,326,085 | 0 | (14,631) | 636,369 | XX |
| XX | 01/01/11 | 12/31/11 | 5 | 5,914 | 8,605 | 0 | 0 | 0 | (5) | 207 | XX |
| XX | 01/01/11 | 12/31/11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XX |
| **XX** | **01/01/11** | **12/31/11** | **19,305.00** | **18,019,939** | **22,879,847** | **15,028,178** | **15,028,253** | **0** | **-18,408** | **800,644** | **XX** |
| XX | 01/01/11 | 12/31/11 | 2,825 | 1,290,042 | 1,925,619 | 1,308,578 | 1,308,583 | 0 | (2,694) | 117,162 | XX |
| **XX** | **01/01/11** | **12/31/11** | **2,825.00** | **1,290,042** | **1,925,619** | **1,308,578** | **1,308,583** | **0** | **-2,694** | **117,162** | **XX** |
| XX | 01/01/11 | 12/31/11 | 164,686 | 40,914,775 | 58,408,642 | 32,191,882 | 32,192,024 | 0 | (157,031) | 6,830,092 | XX |
| XX | 01/01/11 | 12/31/11 | 691 | 129,870 | 155,422 | 106,989 | 106,990 | 0 | (659) | 28,658 | XX |
| XX | 01/01/11 | 12/31/11 | 176,714 | 41,257,877 | 57,225,613 | 37,792,005 | 37,792,174 | 0 | (168,500) | 7,328,934 | XX |
| XX | 01/01/11 | 12/31/11 | 174,014 | 45,823,714 | 63,034,242 | 42,516,561 | 42,516,738 | 0 | (165,926) | 7,216,956 | XX |
| **XX** | **01/01/11** | **12/31/11** | **516,105.00** | **128,126,036** | **178,823,919** | **112,607,438** | **112,607,926** | **0** | **-492,117** | **21,404,641** | **XX** |
| XX | 01/01/11 | 12/31/11 | 116,904 | 45,681,931 | 64,320,906 | 40,058,482 | 40,058,455 | 0 | 2,546,221 | 4,420,979 | XX |
| **XX** | **01/01/11** | **12/31/11** | **116,904.00** | **45,681,931** | **64,320,906** | **40,058,482** | **40,058,455** | **0** | **2,546,221** | **4,420,979** | **XX** |
| XX | 01/01/11 | 12/31/11 | 85 | 78,110 | 101,730 | 106,063 | 106,063 | 0 | 1,851 | 3,214 | XX |
| XX | 01/01/11 | 12/31/11 | 28,778 | 15,140,073 | 19,822,344 | 12,200,399 | 12,200,391 | 0 | 626,797 | 1,088,303 | XX |
| **XX** | **01/01/11** | **12/31/11** | **28,863.00** | **15,218,183** | **19,924,074** | **12,306,461** | **12,306,454** | **0** | **628,649** | **1,091,517** | **XX** |
| XX | 01/01/11 | 12/31/11 | 11,794 | 2,894,799 | 3,509,234 | 2,634,195 | 2,634,194 | (1,107,172) | 0 | 396,685 | XX |
| **XX** | **01/01/11** | **12/31/11** | **11,794.00** | **2,894,799** | **3,509,234** | **2,634,195** | **2,634,194** | **-1,107,172** | **0** | **396,685** | **XX** |

**Development of Standardized Premiums**
**HealthNow, Inc.**

Within each combination of Region, Product and Segment, Earned Premiums were split out by the year and quarter of renewal. An adjustment factor, representing the overall premium rate increase applicable to that particular region/product/segment combination between the time of renewal and Q4 2013, was then applied to develop the standardized Q4 2013 premium.

Table A below shows a grid of premium adjustment factors that would be used to adjust 2012 earned premiums to Q4 2013 standardized premiums..

For example, to convert the Jan-12 earned premium for a February renewal group, the factor is 1.221, which is the product of all the quarterly increases in Table B. In January 2012, a February renewal group would still be paying its Q1 2011 premium rate; thus the need to step up its premium rate through all the applicable quarterly increases from Q2 2011 through Q4 2013.

**Table A**

| | Incurral/Earned Month | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Renewal Month | Jan-12 | 12-Feb | 12-Mar | 12-Apr | 12-May | 12-Jun | 12-Jul | 12-Aug | 12-Sep | 12-Oct | 12-Nov | 12-Dec |
| Jan | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 |
| Feb | 1.221 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 |
| Mar | 1.221 | 1.221 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 | 1.245 |
| Apr | 1.185 | 1.185 | 1.185 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 |
| May | 1.185 | 1.185 | 1.185 | 1.185 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 |
| Jun | 1.185 | 1.185 | 1.185 | 1.185 | 1.185 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 | 1.221 |
| Jul | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.197 | 1.197 | 1.197 | 1.197 | 1.197 | 1.197 |
| Aug | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.197 | 1.197 | 1.197 | 1.197 | 1.197 |
| Sep | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.195 | 1.197 | 1.197 | 1.197 | 1.197 |
| Oct | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.173 | 1.173 | 1.173 |
| Nov | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.173 | 1.173 |
| Dec | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.167 | 1.173 |

**Table B**

| Quarter | Quarterly Premium Increase |
|---|---|
| Q2 2011 | 1.030 |
| Q3 2011 | 0.992 |
| Q4 2011 | 1.024 |
| Q1 2012 | 0.937 |
| Q2 2012 | 1.020 |
| Q3 2012 | 1.020 |
| Q4 2012 | 1.020 |
| Q1 2013 | 1.088 |
| Q2 2013 | 1.026 |
| Q3 2013 | 1.025 |
| Q4 2013 | 1.025 |

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

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment :** Individuals On Exchange

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

| Line # | General | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Product* | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans |
| 2 | Product ID* | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 |
| 3 | Metal Level (or catastrophic)* | Platinum | Platinum | Platinum | Platinum | Platinum | Platinum | Platinum | Gold | Gold | Gold |
| 4 | AV Metal Value (HHS Calculator)* | 0.881 | 0.881 | 0.881 | 0.884 | 0.884 | 0.892 | 0.892 | 0.791 | 0.791 | 0.791 |
| 5 | AV Pricing Value (total, risk pool experience based)* | 0.945 | 0.945 | 0.945 | 0.906 | 0.906 | 0.936 | 0.936 | 0.854 | 0.854 | 0.854 |
| 6 | Plan Type* | EPO | EPO | EPO | POS | POS | POS | POS | EPO | EPO | EPO |
| 7 | Plan Name* | Platinum Standard | Platinum Standard | Platinum Standard | Platinum 250 | Platinum 250 | Platinum POS 110 | Platinum POS 110 | Gold Standard | Gold Standard | Gold Standard |
| 8 | HIOS Plan ID* | 49526NY0450035 | 49526NY0450036 | 49526NY0450037 | 49526NY0450038 | 49526NY0450039 | 49526NY0450040 | 49526NY0450041 | 49526NY0450026 | 49526NY0450027 | 49526NY0450028 |
| 9 | Exchange Plan?* | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

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

| | Experience Period Index Rate | |
|---|---|---|
| 10A | Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period | 219,587,343 |
| 10B | Member-Months for Latest Experience Period | 807,371 |
| 10C | Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor) | 271.98 |
| 11 | Average Pricing Actuarial Value reflected in experience period | 0.823 |
| 12 | **AV Adjusted Experience Period Index Rate PMPM (L10C / L11)** | **330.65** |

| | Market Wide Adjustments to the AV Adjusted Experience Period Index Rate | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Impact of adjusting experience period data to EHB benefit level | 1.012 | | | | | | | | | |
| 14 | Market wide adjustment for changes in provider network ** | 1.000 | | | | | | | | | |
| 15 | Market wide adjustment for fee schedule changes ** | 1.000 | | | | | | | | | |
| 16 | Market wide adjustment for utilization management changes ** | 1.000 | | | | | | | | | |
| 17 | Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives ** | 1.000 | | | | | | | | | |
| 18 | **Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **** | 1.000 | | | | | | | | | |
| 19 | **Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]** | **1.239** | | | | | | | | | |
| 20 | Adjustment for changes in distribution of risk pool membership by rating regions ** | 1.000 | | | | | | | | | |
| 21 | Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, | 1.000 | | | | | | | | | |
| 22 | Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery) | 0.958 | | | | | | | | | |
| 23 | Impact of adjustments due to experience period claim data not being sufficiently credible | 1.000 | | | | | | | | | |
| 24 | Claim trend projection factor (midpoint of experience period to mid point of rate applicability period) | 1.092 | | | | | | | | | |
| 25 | Other 1 (Non-System Claims) | 1.020 | | | | | | | | | |
| 26 | Other 2 (Reinsurance Contribution) | 1.011 | | | | | | | | | |
| 27 | Other 3 (specify) | 1.000 | | | | | | | | | |
| 28 | **Impact of Market Wide Adjustments (product L13 through L27)** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** |

** Not Included in Claim Trend Adjustment

| | Plan Level Adjustments | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Pricing actuarial value (without induced demand factor) # | 0.945 | 0.945 | 0.945 | 0.906 | 0.906 | 0.936 | 0.936 | 0.854 | 0.854 | 0.854 |
| 30 | Pricing actuarial value (only the induced demand factor) # | 1.078 | 1.078 | 1.078 | 1.053 | 1.053 | 1.072 | 1.072 | 1.020 | 1.020 | 1.020 |
| 31 | Impact of provider network characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 32 | Impact of delivery system characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 33 | Impact of utilization management practices ## | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 |
| 34 | Impact on claim costs from quality improvement and cost containment initiatives ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 35 | Benefits in additional to EHB (greater than 1.00) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 36 | Administrative costs (excluding Exchange user fees and profits) | 1.128 | 1.128 | 1.128 | 1.128 | 1.128 | 1.128 | 1.128 | 1.123 | 1.123 | 1.123 |
| 37 | Profit/Contribution to surplus margins | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 |
| 38 | Impact of eligibility categories (catastrophic plans only) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 39 | Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.032 | 1.032 | 1.000 | 1.000 | 1.000 |
| 40 | Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 41 | Other 1 (PPACA Insurer Tax) | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 |
| 42 | Other 2 (specify) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 43 | **Impact of Plan Level Adjustments (product L29 through L42)** | **1.167** | **1.167** | **1.167** | **1.094** | **1.094** | **1.186** | **1.186** | **0.994** | **0.994** | **0.994** |

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 44 | **TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)** | **521.71** | **521.71** | **521.71** | **489.06** | **489.06** | **530.32** | **530.32** | **444.28** | **444.28** | **444.28** |

## Exhibit 18 - Index Rate/Plan-Design Level Adju

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment :** Individuals On Exchange

| Line # | General | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Product* | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans |
| 2 | Product ID* | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 |
| 3 | Metal Level (or catastrophic)* | Gold | Gold | Gold | Gold | Silver | Silver | Silver | Silver | Silver |
| 4 | AV Metal Value (HHS Calculator)* | 0.783 | 0.783 | 0.815 | 0.815 | 0.707 | 0.707 | 0.707 | 0.690 | 0.690 |
| 5 | AV Pricing Value (total, risk pool experience based)* | 0.806 | 0.806 | 0.850 | 0.850 | 0.767 | 0.767 | 0.767 | 0.703 | 0.703 |
| 6 | Plan Type* | POS | POS | POS | POS | EPO | EPO | EPO | POS | POS |
| 7 | Plan Name* | Gold 850 | Gold 850 | Gold Aqua | Gold Aqua | Silver Standard | Silver Standard | Silver Standard | Silver 2000 | Silver 2000 |
| 8 | HIOS Plan ID* | 49526NY0450029 | 49526NY0450030 | 49526NY0450031 | 49526NY0450032 | 49526NY0450014 | 49526NY0450015 | 49526NY0450016 | 49526NY0450017 | 49526NY0450018 |
| 9 | Exchange Plan?* | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

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

| | Experience Period Index Rate | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10A | Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period | | | | | | | | | |
| 10B | Member-Months for Latest Experience Period | | | | | | | | | |
| 10C | Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor) | | | | | | | | | |
| 11 | Average Pricing Actuarial Value reflected in experience period | | | | | | | | | |
| 12 | **AV Adjusted Experience Period Index Rate PMPM (L10C / L11)** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** |

| | Market Wide Adjustments to the AV Adjusted Experience Period Index Rate | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Impact of adjusting experience period data to EHB benefit level | | | | | | | | | |
| 14 | Market wide adjustment for changes in provider network ** | | | | | | | | | |
| 15 | Market wide adjustment for fee schedule changes ** | | | | | | | | | |
| 16 | Market wide adjustment for utilization management changes ** | | | | | | | | | |
| 17 | Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives ** | | | | | | | | | |
| 18 | **Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **** | | | | | | | | | |
| 19 | **Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]** | | | | | | | | | |
| 20 | Adjustment for changes in distribution of risk pool membership by rating regions ** | | | | | | | | | |
| 21 | Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery. | | | | | | | | | |
| 22 | Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery). | | | | | | | | | |
| 23 | Impact of adjustments due to experience period claim data not being sufficiently credible | | | | | | | | | |
| 24 | Claim trend projection factor (midpoint of experience period to mid point of rate applicability period) | | | | | | | | | |
| 25 | Other 1 (Non-System Claims) | | | | | | | | | |
| 26 | Other 2 (Reinsurance Contribution) | | | | | | | | | |
| 27 | Other 3 (specify) | | | | | | | | | |
| 28 | **Impact of Market Wide Adjustments (product L13 through L27)** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** |

** Not Included in Claim Trend Adjustment

| | Plan Level Adjustments | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Pricing actuarial value (without induced demand factor) # | 0.806 | 0.806 | 0.850 | 0.850 | 0.767 | 0.767 | 0.767 | 0.703 | 0.703 |
| 30 | Pricing actuarial value (only the induced demand factor) # | 0.991 | 0.991 | 1.017 | 1.017 | 0.971 | 0.971 | 0.971 | 0.943 | 0.943 |
| 31 | Impact of provider network characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 32 | Impact of delivery system characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 33 | Impact of utilization management practices ## | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 |
| 34 | Impact on claim costs from quality improvement and cost containment initiatives ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 35 | Benefits in additional to EHB (greater than 1.00) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 36 | Administrative costs (excluding Exchange user fees and profits) | 1.123 | 1.123 | 1.123 | 1.123 | 1.113 | 1.113 | 1.113 | 1.113 | 1.113 |
| 37 | Profit/Contribution to surplus margins | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 |
| 38 | Impact of eligibility categories (catastrophic plans only) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 39 | Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable) | 1.000 | 1.000 | 1.030 | 1.030 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 40 | Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 41 | Other 1 (PPACA Insurer Tax) | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 |
| 42 | Other 2 (specify) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 43 | **Impact of Plan Level Adjustments (product L29 through L42)** | **0.912** | **0.912** | **1.016** | **1.016** | **0.842** | **0.842** | **0.842** | **0.750** | **0.750** |

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 44 | **TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)** | **407.59** | **407.59** | **454.50** | **454.50** | **376.42** | **376.42** | **376.42** | **335.12** | **335.12** |

## Exhibit 18 - Index Rate/Plan-Design Level Adju

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment :** Individuals On Exchange

| Line # | General | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Product* | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans |
| 2 | Product ID* | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 | 49526NY045 |
| 3 | Metal Level (or catastrophic)* | Silver | Silver | Bronze | Bronze | Bronze | Bronze | Bronze | Bronze | Bronze |
| 4 | AV Metal Value (HHS Calculator)* | 0.686 | 0.686 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.609 | 0.609 |
| 5 | AV Pricing Value (total, risk pool experience based)* | 0.753 | 0.753 | 0.649 | 0.649 | 0.649 | 0.592 | 0.592 | 0.623 | 0.623 |
| 6 | Plan Type* | POS | POS | EPO | EPO | EPO | POS | POS | POS | POS |
| 7 | Plan Name* | Silver POS 7100 | Silver POS 7100 | Bronze Standard | Bronze Standard | Bronze Standard | Bronze Value | Bronze Value | Bronze POS 8100EX | Bronze POS 8100EX |
| 8 | HIOS Plan ID* | 49526NY0450019 | 49526NY0450020 | 49526NY0450001 | 49526NY0450002 | 49526NY0450003 | 49526NY0450006 | 49526NY0450007 | 49526NY0450008 | 49526NY0450009 |
| 9 | Exchange Plan?* | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

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

| | Experience Period Index Rate | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10A | Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period | | | | | | | | | |
| 10B | Member-Months for Latest Experience Period | | | | | | | | | |
| 10C | Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor) | | | | | | | | | |
| 11 | Average Pricing Actuarial Value reflected in experience period | | | | | | | | | |
| 12 | **AV Adjusted Experience Period Index Rate PMPM (L10C / L11)** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** |

| | Market Wide Adjustments to the AV Adjusted Experience Period Index Rate | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Impact of adjusting experience period data to EHB benefit level | | | | | | | | | |
| 14 | Market wide adjustment for changes in provider network ** | | | | | | | | | |
| 15 | Market wide adjustment for fee schedule changes ** | | | | | | | | | |
| 16 | Market wide adjustment for utilization management changes ** | | | | | | | | | |
| 17 | Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives ** | | | | | | | | | |
| 18 | **Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **** | | | | | | | | | |
| 19 | **Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]** | | | | | | | | | |
| 20 | Adjustment for changes in distribution of risk pool membership by rating regions ** | | | | | | | | | |
| 21 | Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery. | | | | | | | | | |
| 22 | Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery). | | | | | | | | | |
| 23 | Impact of adjustments due to experience period claim data not being sufficiently credible | | | | | | | | | |
| 24 | Claim trend projection factor (midpoint of experience period to mid point of rate applicability period) | | | | | | | | | |
| 25 | Other 1 (Non-System Claims) | | | | | | | | | |
| 26 | Other 2 (Reinsurance Contribution) | | | | | | | | | |
| 27 | Other 3 (specify) | | | | | | | | | |
| 28 | **Impact of Market Wide Adjustments (product L13 through L27)** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** |

** Not Included in Claim Trend Adjustment

| | Plan Level Adjustments | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Pricing actuarial value (without induced demand factor) # | 0.753 | 0.753 | 0.649 | 0.649 | 0.649 | 0.592 | 0.592 | 0.623 | 0.623 |
| 30 | Pricing actuarial value (only the induced demand factor) # | 0.964 | 0.964 | 0.926 | 0.926 | 0.926 | 0.860 | 0.860 | 0.919 | 0.919 |
| 31 | Impact of provider network characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 32 | Impact of delivery system characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 33 | Impact of utilization management practices ## | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 |
| 34 | Impact on claim costs from quality improvement and cost containment initiatives ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 35 | Benefits in additional to EHB (greater than 1.00) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 36 | Administrative costs (excluding Exchange user fees and profits) | 1.113 | 1.113 | 1.105 | 1.105 | 1.105 | 1.105 | 1.105 | 1.105 | 1.105 |
| 37 | Profit/Contribution to surplus margins | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 |
| 38 | Impact of eligibility categories (catastrophic plans only) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 39 | Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable) | 1.027 | 1.027 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.024 | 1.024 |
| 40 | Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 41 | Other 1 (PPACA Insurer Tax) | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 |
| 42 | Other 2 (specify) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 43 | **Impact of Plan Level Adjustments (product L29 through L42)** | **0.844** | **0.844** | **0.675** | **0.675** | **0.675** | **0.572** | **0.572** | **0.658** | **0.658** |

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

## Beyond what is reflected in Market Wide adjustments

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 44 | **TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)** | **377.24** | **377.24** | **301.86** | **301.86** | **301.86** | **255.68** | **255.68** | **294.06** | **294.06** |

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

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment :** Individuals On Exchange

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

| Line # | General | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Product* | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans |
| 2 | Product ID* | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 |
| 3 | Metal Level (or catastrophic)* | Platinum | Platinum | Platinum | Platinum | Platinum | Gold | Gold | Gold | Gold | Gold |
| 4 | AV Metal Value (HHS Calculator)* | 0.881 | 0.881 | 0.881 | 0.907 | 0.907 | 0.791 | 0.791 | 0.791 | 0.786 | 0.786 |
| 5 | AV Pricing Value (total, risk pool experience based)* | 0.945 | 0.945 | 0.945 | 0.937 | 0.937 | 0.853 | 0.853 | 0.853 | 0.811 | 0.811 |
| 6 | Plan Type* | EPO | EPO | EPO | POS | POS | EPO | EPO | EPO | POS | POS |
| 7 | Plan Name* | Platinum Standard | Platinum Standard | Platinum Standard | Platinum 267 | Platinum 267 | Gold Standard | Gold Standard | Gold Standard | Gold Aqua | Gold Aqua |
| 8 | HIOS Plan ID* | 36346NY0480035 | 36346NY0480036 | 36346NY0480037 | 36346NY0480045 | 36346NY0480046 | 36346NY0480026 | 36346NY0480027 | 36346NY0480028 | 36346NY0480031 | 36346NY0480032 |
| 9 | Exchange Plan?* | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

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

| | Experience Period Index Rate | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10A | Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period | 219,587,343 | | | | | | | | | |
| 10B | Member-Months for Latest Experience Period | 807,371 | | | | | | | | | |
| 10C | Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor) | 271.98 | | | | | | | | | |
| 11 | Average Pricing Actuarial Value reflected in experience period | 0.823 | | | | | | | | | |
| 12 | **AV Adjusted Experience Period Index Rate PMPM (L10C / L11)** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** |

| | Market Wide Adjustments to the AV Adjusted Experience Period Index Rate | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Impact of adjusting experience period data to EHB benefit level | 1.012 | | | | | | | | | |
| 14 | Market wide adjustment for changes in provider network ** | 1.000 | | | | | | | | | |
| 15 | Market wide adjustment for fee schedule changes ** | 1.000 | | | | | | | | | |
| 16 | Market wide adjustment for utilization management changes ** | 1.000 | | | | | | | | | |
| 17 | Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives ** | 1.000 | | | | | | | | | |
| 18 | **Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **** | 1.000 | | | | | | | | | |
| 19 | **Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]** | **1.239** | | | | | | | | | |
| 20 | Adjustment for changes in distribution of risk pool membership by rating regions ** | 1.000 | | | | | | | | | |
| 21 | Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery) | 1.000 | | | | | | | | | |
| 22 | Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery) | 0.958 | | | | | | | | | |
| 23 | Impact of adjustments due to experience period claim data not being sufficiently credible | 1.000 | | | | | | | | | |
| 24 | Claim trend projection factor (midpoint of experience period to mid point of rate applicability period) | 1.092 | | | | | | | | | |
| 25 | Other 1 (Non-System Claims) | 1.020 | | | | | | | | | |
| 26 | Other 2 (Reinsurance Contribution) | 1.011 | | | | | | | | | |
| 27 | Other 3 (specify) | 1.000 | | | | | | | | | |
| 28 | **Impact of Market Wide Adjustments (product L13 through L27)** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** |

** Not Included in Claim Trend Adjustment

| | Plan Level Adjustments | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Pricing actuarial value (without induced demand factor) # | 0.945 | 0.945 | 0.945 | 0.937 | 0.937 | 0.853 | 0.853 | 0.853 | 0.811 | 0.811 |
| 30 | Pricing actuarial value (only the induced demand factor) # | 1.078 | 1.078 | 1.078 | 1.073 | 1.073 | 1.019 | 1.019 | 1.019 | 0.992 | 0.992 |
| 31 | Impact of provider network characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 32 | Impact of delivery system characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 33 | Impact of utilization management practices ## | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 |
| 34 | Impact on claim costs from quality improvement and cost containment initiatives ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 35 | Benefits in additional to EHB (greater than 1.00) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 36 | Administrative costs (excluding Exchange user fees and profits) | 1.128 | 1.128 | 1.128 | 1.128 | 1.128 | 1.123 | 1.123 | 1.123 | 1.123 | 1.123 |
| 37 | Profit/Contribution to surplus margins | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 |
| 38 | Impact of eligibility categories (catastrophic plans only) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 39 | Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable) | 1.000 | 1.000 | 1.000 | 1.023 | 1.023 | 1.000 | 1.000 | 1.000 | 1.023 | 1.023 |
| 40 | Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 41 | Other 1 (PPACA Insurer Tax) | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 |
| 42 | Other 2 (specify) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 43 | **Impact of Plan Level Adjustments (product L29 through L42)** | **1.167** | **1.167** | **1.167** | **1.178** | **1.178** | **0.992** | **0.992** | **0.992** | **0.938** | **0.938** |

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 44 | **TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)** | **521.71** | **521.71** | **521.71** | **526.85** | **526.85** | **443.53** | **443.53** | **443.53** | **419.57** | **419.57** |

## Exhibit 18 - Index Rate/Plan-Design Level Ad

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment :** Individuals On Exchange

| Line # | General | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Product* | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans | Individual Exchange Plans |
| 2 | Product ID* | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 | 36346NY048 |
| 3 | Metal Level (or catastrophic)* | Silver | Silver | Silver | Silver | Silver | Bronze | Bronze | Bronze | Bronze | Bronze |
| 4 | AV Metal Value (HHS Calculator)* | 0.707 | 0.707 | 0.707 | 0.681 | 0.681 | 0.620 | 0.620 | 0.620 | 0.587 | 0.587 |
| 5 | AV Pricing Value (total, risk pool experience based)* | 0.763 | 0.763 | 0.763 | 0.714 | 0.714 | 0.646 | 0.646 | 0.646 | 0.594 | 0.594 |
| 6 | Plan Type* | EPO | EPO | EPO | POS | POS | EPO | EPO | EPO | POS | POS |
| 7 | Plan Name* | Silver Standard | Silver Standard | Silver Standard | Silver HDHP-HSA 269 | Silver HDHP-HSA 269 | Bronze Standard | Bronze Standard | Bronze Standard | Bronze HDHP-HSA 270 | Bronze HDHP-HSA 270 |
| 8 | HIOS Plan ID* | 36346NY0480014 | 36346NY0480015 | 36346NY0480016 | 36346NY0480019 | 36346NY0480020 | 36346NY0480001 | 36346NY0480002 | 36346NY0480003 | 36346NY0480006 | 36346NY0480007 |
| 9 | Exchange Plan?* | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

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

| | Experience Period Index Rate | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10A | Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period | | | | | | | | | | |
| 10B | Member-Months for Latest Experience Period | | | | | | | | | | |
| 10C | Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor) | | | | | | | | | | |
| 11 | Average Pricing Actuarial Value reflected in experience period | | | | | | | | | | |
| 12 | **AV Adjusted Experience Period Index Rate PMPM (L10C / L11)** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** | **330.65** |

| | Market Wide Adjustments to the AV Adjusted Experience Period Index Rate | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Impact of adjusting experience period data to EHB benefit level | | | | | | | | | | |
| 14 | Market wide adjustment for changes in provider network ** | | | | | | | | | | |
| 15 | Market wide adjustment for fee schedule changes ** | | | | | | | | | | |
| 16 | Market wide adjustment for utilization management changes ** | | | | | | | | | | |
| 17 | Market wide adustment for impact on claim costs from quality improvement and cost containment initiatives ** | | | | | | | | | | |
| 18 | **Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics ** ** | | | | | | | | | | |
| 19 | **Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]** | | | | | | | | | | |
| 20 | Adjustment for changes in distribution of risk pool membership by rating regions ** | | | | | | | | | | |
| 21 | Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery. | | | | | | | | | | |
| 22 | Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery) | | | | | | | | | | |
| 23 | Impact of adjustments due to experience period claim data not being sufficiently credible | | | | | | | | | | |
| 24 | Claim trend projection factor (midpoint of experience period to mid point of rate applicability period) | | | | | | | | | | |
| 25 | Other 1 (Non-System Claims) | | | | | | | | | | |
| 26 | Other 2 (Reinsurance Contribution) | | | | | | | | | | |
| 27 | Other 3 (specify) | | | | | | | | | | |
| 28 | **Impact of Market Wide Adjustments (product L13 through L27)** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** | **1.352** |

** Not Included in Claim Trend Adjustment

| | Plan Level Adjustments | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 29 | Pricing actuarial value (without induced demand factor) # | 0.763 | 0.763 | 0.763 | 0.714 | 0.714 | 0.646 | 0.646 | 0.646 | 0.594 | 0.594 |
| 30 | Pricing actuarial value (only the induced demand factor) # | 0.969 | 0.969 | 0.969 | 0.946 | 0.946 | 0.925 | 0.925 | 0.925 | 0.913 | 0.913 |
| 31 | Impact of provider network characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 32 | Impact of delivery system characteristics ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 33 | Impact of utilization management practices ## | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 | 0.981 |
| 34 | Impact on claim costs from quality improvement and cost containment initiatives ## | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 35 | Benefits in additional to EHB (greater than 1.00) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 36 | Administrative costs (excluding Exchange user fees and profits) | 1.113 | 1.113 | 1.113 | 1.113 | 1.113 | 1.105 | 1.105 | 1.105 | 1.105 | 1.105 |
| 37 | Profit/Contribution to surplus margins | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 | 1.010 |
| 38 | Impact of eligibility categories (catastrophic plans only) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 39 | Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable) | 1.000 | 1.000 | 1.000 | 1.023 | 1.023 | 1.000 | 1.000 | 1.000 | 1.023 | 1.023 |
| 40 | Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 41 | Other 1 (PPACA Insurer Tax) | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 | 1.026 |
| 42 | Other 2 (specify) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| 43 | **Impact of Plan Level Adjustments (product L29 through L42)** | **0.836** | **0.836** | **0.836** | **0.781** | **0.781** | **0.671** | **0.671** | **0.671** | **0.623** | **0.623** |

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 44 | **TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)** | **373.86** | **373.86** | **373.86** | **349.34** | **349.34** | **299.87** | **299.87** | **299.87** | **278.48** | **278.48** |

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

**Company Name:** HealthNow New York Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment:** Individuals 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 100%).

**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 4/30/2014 | | 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 Exhibit - as a % of gross | 6.3 Commissions and broker fees - as a % of gross premium | 6.4 Premium Taxes - as a % of gross premium | 6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium | 6.6 Other administrative expenses - as a % of gross premium | 6.7 Subtotal columns 6.1 through 6.6 | 7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium | 8. State income tax 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 | 288 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.04% | 0.58% | 0.00% | 3.55% | 6.15% | 10.33% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 11.61% |
| Gold | On Std | 93 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.05% | 0.68% | 0.00% | 3.64% | 6.91% | 11.28% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 12.56% |
| Silver | On Std | 1,405 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.06% | 0.79% | 0.00% | 3.75% | 7.44% | 12.05% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 13.33% |
| Bronze | On Std | 117 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.07% | 0.98% | 0.00% | 3.93% | 8.52% | 13.50% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 14.78% |
| Platinum | On Non Std | 63 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.06% | 0.74% | 0.00% | 3.70% | 7.84% | 12.34% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 13.62% |
| Gold | On Non Std | 91 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.07% | 0.90% | 0.00% | 3.85% | 9.15% | 13.96% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 15.24% |
| Silver | On Non Std | 942 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.08% | 1.07% | 0.00% | 4.01% | 9.98% | 15.13% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 16.41% |
| Bronze | On Non Std | 230 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.10% | 1.25% | 0.00% | 4.18% | 10.85% | 16.37% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 17.65% |
| Platinum | Off Std | 258 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.05% | 0.59% | 0.00% | 3.56% | 6.23% | 10.43% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 11.71% |
| Gold | Off Std | 146 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.05% | 0.68% | 0.00% | 3.64% | 6.91% | 11.28% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 12.56% |
| Silver | Off Std | 228 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.06% | 0.79% | 0.00% | 3.75% | 7.44% | 12.05% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 13.33% |
| Bronze | Off Std | 131 | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.07% | 0.98% | 0.00% | 3.93% | 8.52% | 13.50% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 14.78% |
| Platinum | Off Non Std | N/A | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.06% | 0.74% | 0.00% | 3.70% | 7.84% | 12.34% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 13.62% |
| Gold | Off Non Std | N/A | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.07% | 0.90% | 0.00% | 3.85% | 9.15% | 13.96% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 15.24% |
| Silver | Off Non Std | N/A | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.08% | 1.07% | 0.00% | 4.01% | 9.98% | 15.13% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 16.41% |
| Bronze | Off Non Std | N/A | XX | 01/01/15 | 12/31/15 | 4.52% | 0.00% | 0.10% | 1.25% | 0.00% | 4.18% | 10.85% | 16.37% | 1.00% | 0.00% | 0.00% | 0.28% | 20.00% | 0.00% | 17.65% |
| Catastrophic | On Std | N/A | XX | | | | | | | | | | | | | | | | | |

**EXHIBIT 19: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES**

| | | | | | For the rate period included in the prior rate adjustment filing | | | | | | | | For the rate period included in the prior 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 4/30/2014 | | | 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 % of gross | 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 | 288 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.03% | 0.00% | 0.00% | 3.33% | 10.16% | 13.52% | 1.00% | 0.00% | 0.00% | 0.21% | 20.00% | 0.00% | 14.73% |
| Gold | On Std | 93 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.45% | 10.81% | 14.29% | 1.00% | 0.00% | 0.00% | 0.24% | 20.00% | 0.00% | 15.53% |
| Silver | On Std | 1,405 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.64% | 10.69% | 14.37% | 1.00% | 0.00% | 0.00% | 0.29% | 20.00% | 0.00% | 15.65% |
| Bronze | On Std | 117 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.85% | 12.29% | 16.18% | 1.00% | 0.00% | 0.00% | 0.34% | 20.00% | 0.00% | 17.52% |
| Platinum | On Non Std | 63 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.43% | 11.45% | 14.92% | 1.00% | 0.00% | 0.00% | 0.23% | 20.00% | 0.00% | 16.15% |
| Gold | On Non Std | 91 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.57% | 12.18% | 15.79% | 1.00% | 0.00% | 0.00% | 0.27% | 20.00% | 0.00% | 17.06% |
| Silver | On Non Std | 942 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.79% | 12.11% | 15.94% | 1.00% | 0.00% | 0.00% | 0.32% | 20.00% | 0.00% | 17.27% |
| Bronze | On Non Std | 230 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 4.00% | 13.63% | 17.68% | 1.00% | 0.00% | 0.00% | 0.38% | 20.00% | 0.00% | 19.05% |
| Platinum | Off Std | 258 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.03% | 0.00% | 0.00% | 3.33% | 10.16% | 13.52% | 1.00% | 0.00% | 0.00% | 0.21% | 20.00% | 0.00% | 14.73% |
| Gold | Off Std | 146 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.45% | 10.81% | 14.29% | 1.00% | 0.00% | 0.00% | 0.24% | 20.00% | 0.00% | 15.53% |
| Silver | Off Std | 228 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.64% | 10.69% | 14.37% | 1.00% | 0.00% | 0.00% | 0.29% | 20.00% | 0.00% | 15.65% |
| Bronze | Off Std | 131 | XX | XX | 01/01/14 | 12/31/14 | 5.97% | 0.00% | 0.04% | 0.00% | 0.00% | 3.85% | 12.29% | 16.18% | 1.00% | 0.00% | 0.00% | 0.34% | 20.00% | 0.00% | 17.52% |
| Platinum | Off Non Std | N/A | XX | XX | | | | | | | | | | | | | | | | | |
| Gold | Off Non Std | N/A | XX | XX | | | | | | | | | | | | | | | | | |
| Silver | Off Non Std | N/A | XX | XX | | | | | | | | | | | | | | | | | |
| Bronze | Off Non Std | N/A | XX | XX | | | | | | | | | | | | | | | | | |
| Catastrophic | On Std | N/A | XX | XX | | | | | | | | | | | | | | | | | |

# EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: HealthNow New York Inc. d/b/a BlueCross BlueShield of WNY and BlueShield of NEN
NAIC Code: 5520
SERFF Number: HLTH-12957677
Market Segmen: Individuals On Exchang

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<br>HIOS ID | 2<br>Rate Manual Plan Name | 3<br>Metal Level | 4<br>Exchange Plan?<br>(on, off, both) | 5<br>Standard Plan Design?<br>(yes, no) | 6<br>Limiting Child Age?<br>(26 or 30) | 7<br>Domestic Partner Coverage Included? (yes, no) | 8<br>Family Planning Coverage?<br>(included, excluded) | 9<br>Pediatric Dental Coverage Included? (yes, no) | 10. Out of Network Benefits? (yes, no) | 11<br>Include Benefits in Addition to EHB?<br>(yes, no) |
|---|---|---|---|---|---|---|---|---|---|---|
| 36346NY0480001 | Bronze Standard | Bronze | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480002 | Bronze Standard | Bronze | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480003 | Bronze Standard | Bronze | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 36346NY0480006 | Bronze HDHP-HSA 270 | Bronze | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480007 | Bronze HDHP-HSA 270 | Bronze | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480014 | Silver Standard | Silver | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480015 | Silver Standard | Silver | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480016 | Silver Standard | Silver | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 36346NY0480019 | Silver HDHP-HSA 269 | Silver | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480020 | Silver HDHP-HSA 269 | Silver | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480026 | Gold Standard | Gold | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480027 | Gold Standard | Gold | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480028 | Gold Standard | Gold | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 36346NY0480031 | Gold Aqua | Gold | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480032 | Gold Aqua | Gold | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480035 | Platinum Standard | Platinum | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480036 | Platinum Standard | Platinum | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 36346NY0480037 | Platinum Standard | Platinum | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 36346NY0480045 | Platinum 267 | Platinum | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 36346NY0480046 | Platinum 267 | Platinum | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 36346NY0490001 | Blue Pediatric Dental | NA | BOTH | YES | | NO | EXCLUDED | YES | NO | NO |
| 36346NY0490002 | Blue Value Dental | NA | BOTH | NO | | YES | EXCLUDED | YES | NO | YES |
| | | | | | | | | | | |
| 49526NY0450001 | Bronze Standard | Bronze | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450002 | Bronze Standard | Bronze | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450003 | Bronze Standard | Bronze | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 49526NY0450006 | Bronze Value | Bronze | BOTH | NO | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450007 | Bronze Value | Bronze | BOTH | NO | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450008 | Bronze POS 8100EX | Bronze | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450009 | Bronze POS 8100EX | Bronze | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450014 | Silver Standard | Silver | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450015 | Silver Standard | Silver | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450016 | Silver Standard | Silver | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 49526NY0450017 | Silver 2000 | Silver | BOTH | NO | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450018 | Silver 2000 | Silver | BOTH | NO | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450019 | Silver POS 7100 | Silver | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450020 | Silver POS 7100 | Silver | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450026 | Gold Standard | Gold | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450027 | Gold Standard | Gold | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450028 | Gold Standard | Gold | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 49526NY0450029 | Gold 850 | Gold | BOTH | NO | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450030 | Gold 850 | Gold | BOTH | NO | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450031 | Gold Aqua | Gold | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450032 | Gold Aqua | Gold | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450035 | Platinum Standard | Platinum | BOTH | YES | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450036 | Platinum Standard | Platinum | BOTH | YES | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450037 | Platinum Standard | Platinum | BOTH | YES | | YES | INCLUDED | NO | NO | NO |
| 49526NY0450038 | Platinum 250 | Platinum | BOTH | NO | 26 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450039 | Platinum 250 | Platinum | BOTH | NO | 29 | YES | INCLUDED | NO | NO | NO |
| 49526NY0450040 | Platinum POS 110 | Platinum | BOTH | NO | 26 | YES | INCLUDED | NO | YES | NO |
| 49526NY0450041 | Platinum POS 110 | Platinum | BOTH | NO | 29 | YES | INCLUDED | NO | YES | NO |
| 49526NY0460001 | Blue Pediatric Dental | NA | BOTH | YES | | NO | EXCLUDED | YES | NO | NO |
| 49526NY0460002 | Blue Value Dental | NA | BOTH | NO | | YES | EXCLUDED | YES | NO | YES |

**EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS**

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 95204
**SERFF Number:** HLTH-129576773
**Market Segment:** Individuals On Exchange

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

| Experience Period: | 1/1/13 - 12/31/13 | | | | | | 1/1/12 - 12/31/12 | | | | | | 1/1/11 - 12/31/11 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Medical and Hospital | 2. Number of Services | 3. Amounts of Allowed Charges | 4. Average Membership | 5. Average Allowed Charge [=3/2] | 6. Utilization per Member [=2/4] | 7. Allowed Charge per Member [=3/4] | 2. Number of Services | 3. Amounts of Allowed Charges | 4. Average Membership | 5. Average Allowed Charge [=3/2] | 6. Utilization per Member [=2/4] | 7. Allowed Charge per Member [=3/4] | 2. Number of Services | 3. Amounts of Allowed Charges | 4. Average Membership | 5. Average Allowed Charge [=3/2] | 6. Utilization per Member [=2/4] | 7. Allowed Charge per Member [=3/4] |
| Inpatient Hospital | 3,770 | $56,289,977 | 65,779 | $14,931.03 | 0.06 | $855.75 | 4,764 | $62,742,033 | 78,047 | $13,170.03 | 0.06 | $803.90 | 5,478 | $71,587,328 | 85,948 | $13,068.15 | 0.06 | $832.92 |
| Inpatient Mental Health | 48 | $278,062 | 65,779 | $5,792.95 | 0.00 | $4.23 | 142 | $963,266 | 78,047 | $6,783.57 | 0.00 | $12.34 | 125 | $794,394 | 85,948 | $6,355.15 | 0.00 | $9.24 |
| Inpatient Alcohol and Sub. Abuse | 97 | $528,822 | 65,779 | $5,451.77 | 0.00 | $8.04 | 107 | $507,301 | 78,047 | $4,741.13 | 0.00 | $6.50 | 92 | $398,763 | 85,948 | $4,334.38 | 0.00 | $4.64 |
| Newborn Birth Services | 1,861 | $1,962,856 | 65,779 | $1,054.73 | 0.03 | $29.84 | 2,433 | $2,357,644 | 78,047 | $969.03 | 0.03 | $30.21 | 2,687 | $2,671,876 | 85,948 | $994.37 | 0.03 | $31.09 |
| Primary Care | 148,364 | $15,538,465 | 65,779 | $104.73 | 2.26 | $236.22 | 189,240 | $19,365,819 | 78,047 | $102.33 | 2.42 | $248.13 | 211,306 | $20,766,384 | 85,948 | $98.28 | 2.46 | $241.62 |
| Physician Specialty Services | 116,507 | $18,772,061 | 65,779 | $161.12 | 1.77 | $285.38 | 152,084 | $24,813,841 | 78,047 | $163.16 | 1.95 | $317.94 | 165,715 | $26,383,864 | 85,948 | $159.21 | 1.93 | $306.98 |
| Ambulatory Surgery | 81,832 | $42,720,897 | 65,779 | $522.06 | 1.24 | $649.46 | 99,264 | $51,604,468 | 78,047 | $519.87 | 1.27 | $661.20 | 110,029 | $56,311,090 | 85,948 | $511.78 | 1.28 | $655.18 |
| Other Professional Services | 36,662 | $7,685,724 | 65,779 | $209.64 | 0.56 | $116.84 | 29,997 | $6,995,956 | 78,047 | $233.22 | 0.38 | $89.64 | 39,353 | $7,820,912 | 85,948 | $198.74 | 0.46 | $91.00 |
| Special Therapies | 49,423 | $4,469,372 | 65,779 | $90.43 | 0.75 | $67.95 | 50,388 | $5,301,110 | 78,047 | $105.21 | 0.65 | $67.92 | 49,873 | $5,007,534 | 85,948 | $100.41 | 0.58 | $58.26 |
| Out-of-Area Other | 10,796 | $3,535,059 | 65,779 | $327.44 | 0.16 | $53.74 | 13,444 | $4,225,985 | 78,047 | $314.34 | 0.17 | $54.15 | 14,087 | $5,279,656 | 85,948 | $374.79 | 0.16 | $61.43 |
| Emergency Room | 9,117 | $6,010,791 | 65,779 | $659.29 | 0.14 | $91.38 | 12,012 | $7,454,139 | 78,047 | $620.56 | 0.15 | $95.51 | 13,521 | $7,743,266 | 85,948 | $572.68 | 0.16 | $90.09 |
| Outpatient Mental Health | 33,653 | $4,097,768 | 65,779 | $121.77 | 0.51 | $62.30 | 42,508 | $4,452,217 | 78,047 | $104.74 | 0.54 | $57.05 | 46,321 | $4,728,596 | 85,948 | $102.08 | 0.54 | $55.02 |
| Outpatient Drug & Alcohol Treatment | 8,008 | $996,561 | 65,779 | $124.45 | 0.12 | $15.15 | 9,319 | $1,128,209 | 78,047 | $121.07 | 0.12 | $14.46 | 7,533 | $913,006 | 85,948 | $121.20 | 0.09 | $10.62 |
| Dental (excluding Orthodontia) | 0 | $0 | 65,779 | $0.00 | 0.00 | $0.00 | 0 | $0 | 78,047 | $0.00 | 0.00 | $0.00 | 0 | $0 | 85,948 | $0.00 | 0.00 | $0.00 |
| Pharmacy | 809,860 | $58,025,720 | 63,993 | $71.65 | 12.66 | $906.75 | 952,152 | $70,299,282 | 75,898 | $73.83 | 12.55 | $926.24 | 1,014,124 | $76,076,550 | 83,519 | $75.02 | 12.14 | $910.89 |
| Durable Medical Equipment | 15,629 | $3,259,234 | 65,779 | $208.54 | 0.24 | $49.55 | 18,163 | $3,600,342 | 78,047 | $198.22 | 0.23 | $46.13 | 19,563 | $3,717,506 | 85,948 | $190.03 | 0.23 | $43.25 |
| Home Health Care | 898 | $462,356 | 65,779 | $514.87 | 0.01 | $7.03 | 963 | $459,297 | 78,047 | $476.94 | 0.01 | $5.88 | 1,216 | $406,729 | 85,948 | $334.48 | 0.01 | $4.73 |
| Transportation -Emergent | 1,741 | $1,935,862 | 65,779 | $1,111.93 | 0.03 | $29.43 | 2,124 | $2,312,338 | 78,047 | $1,088.67 | 0.03 | $29.63 | 2,479 | $2,388,114 | 85,948 | $963.34 | 0.03 | $27.79 |
| Diagnostic Testing, Lab & X-Ray | 222,369 | $29,356,622 | 65,779 | $132.02 | 3.38 | $446.29 | 269,265 | $37,106,699 | 78,047 | $137.81 | 3.45 | $475.44 | 303,442 | $38,993,604 | 85,948 | $128.50 | 3.53 | $453.69 |
| Family Planning | 2,533 | $337,361 | 65,779 | $133.19 | 0.04 | $5.13 | 2,892 | $396,480 | 78,047 | $137.10 | 0.04 | $5.08 | 3,023 | $374,452 | 85,948 | $123.87 | 0.04 | $4.36 |
| Vision Care (incl. eyeglasses) | 6,407 | $716,407 | 65,779 | $111.82 | 0.10 | $10.89 | 7,075 | $778,116 | 78,047 | $109.98 | 0.09 | $9.97 | 7,477 | $754,740 | 85,948 | $100.94 | 0.09 | $8.78 |
| Pharmacy( (Non Prescription Drugs) | 0 | $0 | 65,779 | $0.00 | 0.00 | $0.00 | 0 | $0 | 78,047 | $0.00 | 0.00 | $0.00 | 0 | $0 | 85,948 | $0.00 | 0.00 | $0.00 |
| Speech & Hearing | 933 | $110,178 | 65,779 | $118.09 | 0.01 | $1.67 | 1,044 | $145,093 | 78,047 | $138.98 | 0.01 | $1.86 | 1,000 | $133,183 | 85,948 | $133.18 | 0.01 | $1.55 |
| Other Medical | 13,183 | $7,414,107 | 65,779 | $562.40 | 0.20 | $112.71 | 15,924 | $8,835,463 | 78,047 | $554.85 | 0.20 | $113.21 | 15,998 | $9,001,835 | 85,948 | $563.04 | 0.19 | $104.74 |
| Total Medical & Hospital | 1,573,691 | $264,504,260 | 65,779 | $168.08 | 23.92 | $4,021.12 | 1,875,304 | $315,845,097 | 78,047 | $168.42 | 24.03 | $4,046.87 | 2,034,432 | $342,253,383 | 85,948 | $168.23 | 23.67 | $3,982.11 |

## EXHIBIT 23: SUMMARY OF REQUESTED 2015 PREMIUM RATES

**Company Name:** HealthNow New York, Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment:** iduals 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 |
| 49526NY0450036 | Platinum | IND | On | Standard | No | | 626.00 | | | | | | |
| 49526NY0450039 | Platinum | IND | On | Non-Standard | No | | 538.67 | | | | | | |
| 49526NY0450041 | Platinum | IND | On | Non-Standard | No | | 579.38 | | | | | | |
| 49526NY0450027 | Gold | IND | On | Standard | No | | 539.33 | | | | | | |
| 49526NY0450030 | Gold | IND | On | Non-Standard | No | | 437.25 | | | | | | |
| 49526NY0450032 | Gold | IND | On | Non-Standard | No | | 504.75 | | | | | | |
| 49526NY0450015 | Silver | IND | On | Standard | No | | 462.61 | | | | | | |
| 49526NY0450018 | Silver | IND | On | Non-Standard | No | | 365.68 | | | | | | |
| 49526NY0450020 | Silver | IND | On | Non-Standard | No | | 427.31 | | | | | | |
| 49526NY0450002 | Bronze | IND | On | Standard | No | | 377.12 | | | | | | |
| 49526NY0450007 | Bronze | IND | On | Non-Standard | No | | 298.48 | | | | | | |
| 49526NY0450009 | Bronze | IND | On | Non-Standard | No | | 364.71 | | | | | | |
| 36346NY0480036 | Platinum | IND | On | Standard | No | 767.00 | | | | | | 832.88 | |
| 36346NY0480046 | Platinum | IND | On | Non-Standard | No | 672.64 | | | | | | | |
| 36346NY0480027 | Gold | IND | On | Standard | No | 658.03 | | | | | | 713.89 | |
| 36346NY0480032 | Gold | IND | On | Non-Standard | No | 546.43 | | | | | | | |
| 36346NY0480015 | Silver | IND | On | Standard | No | 560.54 | | | | | | 607.67 | |
| 36346NY0480020 | Silver | IND | On | Non-Standard | No | 462.95 | | | | | | | |
| 36346NY0480002 | Bronze | IND | On | Standard | No | 455.22 | | | | | | 492.78 | |
| 36346NY0480007 | Bronze | IND | On | Non-Standard | No | 377.53 | | | | | | | |

[Individual]

[Date]

[Contact Name]
[Address]
[City State Zip]

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

Dear [Name]:

[HealthNow New York, Inc. (HealthNow)][BlueCross BlueShield of Western New York (BlueCross BlueShield)][BlueShield of Northeastern New York (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 notify you when we submit requests for premium rate changes to the DFS.

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

**Proposed Premium Rate Change**

If approved, the percentage change to your premium is listed in the enclosed grid. Please reference the product name and HIOS identification number provided in the subject line of this letter.

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

Please note that while we try to provide you with the most accurate information possible, the final rate percentage change 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**

Health care costs have been rising for some time. We listen carefully to our members. We understand the difficult choices that rising premiums can cause. We prepared the premium rate change request after giving serious consideration of the impact of these increases and after implementing measures to reduce costs as much as possible. Consistent with experience around the country, the annual rise in premium rates correlates closely with the annual rise in health care costs; this includes hospital, doctor, and other services. For more detailed information, please visit our summary of rate changes at the following website: [healthnow.com][
https://securews.bcbswny.com/web/content/WNYmember/contact/about-us/nys-financial-

department-services.html][https://securews.bsneny.com/web/content/NENYmember/contact/about-us/nys-department-of-financial-services.html]

**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 us at:

> [HealthNow New York, Inc.][BlueCross BlueShield of Western New York][BlueShield of Northeastern New York]
> [257 West Genesee St.][30 Century Hill Drive]
> [Buffalo, New York 14202][Latham, New York 12110]
> [1-855-344-3425]
> [healthnow.com][bcbswny.com][bsneny.com]

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

> NYS Department of Financial Services
> Health Bureau – Premium Rate Adjustments
> 1 State Street
> New York, NY, 10004
> Email: premiumrateincreases@dfs.ny.gov
> DFS Website: www.dfs.ny.gov/healthinsurancepremiums

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

1. The name of your insurer, which is [Insert Company Name]
2. The name of your plan, which is [Insert the Plan Name]
3. Whether you have individual or group coverage
4. Your HIOS identification number(s), which is(are) listed in the subject line of this letter.

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

**Plain English Summary of Rate Change**

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

> [HealthNow][ BlueCross BlueShield][BlueShield] website:
>
> [healthnow.com][ https://securews.bcbswny.com/web/content/WNYmember/contact/about-us/nys-financial-department-services.html][https://securews.bsneny.com/web/content/NENYmember/contact/about-us/nys-department-of-financial-services.html]

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,

[Name]
[Title]

Enc.

**[HealthNow New York Inc.][BlueCross BlueShield of Western New York][BlueShield of Northeastern New York]**
2015 Proposed Premium Increases
[Small Group][Individual] Products
[Offered through the NY State of Health, The Official Health Plan Marketplace]
[Group Certificate Holder statement – If the chart below excludes a product you are currently offering employees in 2014, the product is being discontinued. Discontinuance notices will be delivered to the Group Certificate Policy holder by 10/1/2014.]

| Metallic Level | Product Name | Health Insurance Oversight System (HIOS) Identification Number | Proposed Premium Increase |
|---|---|---|---|
| Platinum | Platinum ABC | XXXXXXXX | X% |
| | Platinum XYZ | XXXXXXXX | X% |
| Gold | Gold ABC | XXXXXXXX | X% |
| | Gold XYZ | XXXXXXXX | X% |
| Silver | Silver ABC | XXXXXXXX | X% |
| | Silver DEF | XXXXXXXX | X% |
| | Silver XYZ | XXXXXXXX | X% |
| Bronze | Bronze ABC | XXXXXXXX | X% |
| | Bronze DEF | XXXXXXXX | X% |
| | Bronze XYZ | XXXXXXXX | X% |

# EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE FILING

**Company Name:** HealthNow New York Inc.
**NAIC Code:** 55204
**SERFF Tracking #:** HLTH-129576773
**Market Segment:** Individuals On Exchange

A. Insurer Information:

| | | | |
|---|---|---|---|
| HealthNow New York Inc. | HMO - 44, Not-For-Profit - 43 | Not-for-Profit | 55204 |
| Company submitting the rate filing request | Company Type | Org. Type | Company NAIC Code |

257 West Genesee St, Buffalo, NY 14202
Company mailing address

B. Contact Person:

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

C. Actuarial Contact (If different from above):

| | | |
|---|---|---|
| [redacted] | [redacted] | [redacted] |
| Actuary name, title | Actuary phone number | Actuary Email address |

D. New Rate Information:

| | | |
|---|---|---|
| 1/1/2015 - 12/31/2015 | 1/1/2015 | HLTH-129576773 |
| New rate applicability period | New rate effective date | SERFF Tracking Number |

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

F. Provide responses for the following questions:

| | Response |
|---|---|
| 1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing. | No |
| 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; Sent on 6/13. |
| 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 of the prefiling. | Yes; SERFF Tracking Number HLTH-129558148. |

Notes:

(1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate rate and form filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).

(2) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment filing is submitted to the Department of Financial Services.

# EXHIBIT 21A: HOSPITAL UNIT COST DEVELOPMENT - INPATIENT SERVICES

Company Name: HealthNow New York Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576773
Market Segment: Individuals On Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services**.
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the hospital name.
3) Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
4) Enter the Small Group Market allowed charges for calendar year 2013; Charges should be only be for hospital inpatient services.
5) Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
6) Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceding the rate period ( 2014 over 2013).
7) Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceding the rate period (2013 over 2012).
8) At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
9) The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges for the Small Group Market in calendar year 2013 used to develop the weights.
10) A redacted version of this exhibit can be created for posting on the DFS website as part of posting the rate adjustment submission.
11) This exhibit must be submitted as an Excel and as a PDF file

| 1. Provider Number | 2. Provider Tax ID | 3. Provider Name | 2013 Small Groups Allowed Charges | % Change for Rate Year | % Change for Prior Year | % Change for Second Prior Year | [redacted] |
|---|---|---|---|---|---|---|---|
| 000000001000 | 161533232 | Buffalo General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000001000 | 161533232 | Buffalo General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000001000 | 161533232 | Buffalo General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000001000 | 161533232 | Buffalo General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000005000 | 160743187 | Sisters of Charity Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000005000 | 160743187 | Sisters of Charity Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000005000 | 160743187 | Sisters of Charity Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000005000 | 160743187 | Sisters of Charity Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000042000 | 830382654 | Erie County Medical Center | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000042000 | 830382654 | Erie County Medical Center | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000042000 | 830382654 | Erie County Medical Center | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000042000 | 830382654 | Erie County Medical Center | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400001000 | 141338307 | Albany Medical Center Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400001000 | 141338307 | Albany Medical Center Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400001000 | 141338307 | Albany Medical Center Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400001000 | 141338307 | Albany Medical Center Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000024000 | 160743102 | Olean General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000024000 | 160743102 | Olean General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000024000 | 160743102 | Olean General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000024000 | 160743102 | Olean General Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400022000 | 141348692 | St Peter's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400022000 | 141348692 | St Peter's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400022000 | 141348692 | St Peter's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400022000 | 141348692 | St Peter's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400022000 | 141348692 | St Peter's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400010000 | 141338413 | Glens Falls Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400010000 | 141338413 | Glens Falls Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400010000 | 141338413 | Glens Falls Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400010000 | 141338413 | Glens Falls Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000022000 | 161523353 | Mount St Mary's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000022000 | 161523353 | Mount St Mary's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000022000 | 161523353 | Mount St Mary's Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000742000 | 160743209 | Strong Memorial Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000742000 | 160743209 | Strong Memorial Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000742000 | 160743209 | Strong Memorial Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400009000 | 141338428 | Ellis Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400009000 | 141338428 | Ellis Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000400009000 | 141338428 | Ellis Hospital | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

**EXHIBIT 21A**

| 1. Provider Number | 2. Provider Tax ID | 3. Provider Name | 2013 Small Groups Allowed Charges | % Change for Rate Year | % Change for Prior Year | % Change for Second Prior Year | |
|---|---|---|---|---|---|---|---|
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000042002 | 830382654 | Erie County Medical Center | | | | | |
| 000000042002 | 830382654 | Erie County Medical Center | | | | | |
| 000000042002 | 830382654 | Erie County Medical Center | | | | | |
| 000000042002 | 830382654 | Erie County Medical Center | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000042003 | 830382654 | Erie County Medical Center Rehab Department | | | | | |
| 000000042003 | 830382654 | Erie County Medical Center Rehab Department | | | | | |
| 000000055000 | 161163586 | Bry Lin Hospital | | | | | |
| 000000055000 | 161163586 | Bry Lin Hospital | | | | | |
| 000000055000 | 161163586 | Bry Lin Hospital | | | | | |
| 000400018000 | 141338465 | Nathan Littauer Hospital | | | | | |
| 000400018000 | 141338465 | Nathan Littauer Hospital | | | | | |
| 000000062002 | 160772474 | Lake Shore Hospital Inc | | | | | |
| 000000062002 | 160772474 | Lake Shore Hospital Inc | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000900020000 | 160743037 | Highland Hospital | | | | | |
| 000900020000 | 160743037 | Highland Hospital | | | | | |
| 000900020000 | 160743037 | Highland Hospital | | | | | |
| 000900020000 | 160743037 | Highland Hospital | | | | | |
| 000900020000 | 160743037 | Highland Hospital | | | | | |
| 000000001001 | 161533232 | Buffalo General Hospital - Rehabilitation Unit | | | | | |
| 000000001001 | 161533232 | Buffalo General Hospital - Rehabilitation Unit | | | | | |
| 000000001001 | 161533232 | Buffalo General Hospital - Rehabilitation Unit | | | | | |
| 000900957003 | 146013200 | NYS OMIG TPL | | | | | |
| 000900957003 | 146013200 | NYS OMIG TPL | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000000745000 | 237221763 | Unity Hospital of Rochester | | | | | |
| 000000745000 | 237221763 | Unity Hospital of Rochester | | | | | |
| 000000101000 | 161533232 | High Pointe on Michigan | | | | | |
| 000000101000 | 161533232 | High Pointe on Michigan | | | | | |
| 000000101000 | 161533232 | High Pointe on Michigan | | | | | |
| 000000101000 | 161533232 | High Pointe on Michigan | | | | | |

# EXHIBIT 21B: HOSPITAL UNIT COST DEVELOPMENT - OUTPATIENT SERVICES

**Company Name:** HealthNow New York Inc.
**NAIC Code:** 55204
**SERFF Number:** HLTH-129576773
**Market Segment:** Individuals On Exchange

**1)** This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
**2)** Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the hospital name.
**3)** Enter in column 4 the allowed charges by hospital over a recent 12 month period which will be used as the hospital weights.
**4)** The allowed charges for the Small Group market should only be for hospital outpatient services.
**5)** Enter in column 5 the actual or estimated percentage fee increase for that hospital over the proposed rate period (2015 over 2014).
**6)** Enter in column 6 the actual or estimated percentage fee increase for that hospital for the year immediately preceeding the rate period (2014 over 2013).
**7)** Enter in column 7 the actual or estimated percentage fee increase for that hospital for the second year immediately preceeding the rate period (2013 over 2012).
**8)** At the end, add a total row and show the sum of the weights and the weighted average of columns 5, 6, and 7.
**9)** The provider list need not include all hospitals but must include data for the hospitals comprising 90% of the New York State total allowed charges in the period used to develop the weights.
**10)** A redacted version of this exhbit can be created for posting on the DFS website as part of posting the rate adjustment submission.
**11)** This exhibit must be submitted as an Excel and as a PDF file.

| 1. Provider Number | 2. Provider Tax ID | 3. Provider Name | 2013 Small Groups Allowed Charges | % Change for Rate Year | % Change for Prior Year | % Change for Second Prior Year | |
|---|---|---|---|---|---|---|---|
| 000000049006 | 161552370 | Roswell Park Cancer Institute | | | | | |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | | | | | |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | | | | | |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | | | | | |
| 000000049006 | 161552370 | Roswell Park Cancer Institute | | | | | |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | | | | | |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | | | | | |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | | | | | |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | | | | | |
| ITSHOMEHOS01 | 111111111 | ITS Home PPO Par Provider | | | | | |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| ITSHOMEHOS00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | | | | | |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | | | | | |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | | | | | |
| 000400019000 | 141338471 | Champlain Valley Physicians Hospital | | | | | |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | | | | | |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | | | | | |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | | | | | |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | | | | | |
| 000000002001 | 161533232 | Millard Fillmore Suburban Hospital | | | | | |
| 000000001000 | 161533232 | Buffalo General Hospital | | | | | |
| 000000001000 | 161533232 | Buffalo General Hospital | | | | | |
| 000000001000 | 161533232 | Buffalo General Hospital | | | | | |
| 000000001000 | 161533232 | Buffalo General Hospital | | | | | |
| 000000001000 | 161533232 | Buffalo General Hospital | | | | | |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | | | | | |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | | | | | |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | | | | | |
| 000000007000 | 160756336 | Mercy Hospital of Buffalo | | | | | |
| 000000742000 | 160743209 | Strong Memorial Hospital | | | | | |
| 000000742000 | 160743209 | Strong Memorial Hospital | | | | | |
| 000000742000 | 160743209 | Strong Memorial Hospital | | | | | |
| 000000742000 | 160743209 | Strong Memorial Hospital | | | | | |
| 000000024000 | 160743102 | Olean General Hospital | | | | | |
| 000000024000 | 160743102 | Olean General Hospital | | | | | |
| 000000024000 | 160743102 | Olean General Hospital | | | | | |
| 000000024000 | 160743102 | Olean General Hospital | | | | | |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | | | | | |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | | | | | |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | | | | | |
| 000000003000 | 161533232 | The Women and Children's Hospital of Buffalo | | | | | |
| 000000042000 | 830382654 | Erie County Medical Center | | | | | |
| 000000042000 | 830382654 | Erie County Medical Center | | | | | |
| 000000042000 | 830382654 | Erie County Medical Center | | | | | |
| 000000042000 | 830382654 | Erie County Medical Center | | | | | |
| 000400010000 | 141338413 | Glens Falls Hospital | | | | | |
| 000400010000 | 141338413 | Glens Falls Hospital | | | | | |
| 000400010000 | 141338413 | Glens Falls Hospital | | | | | |
| 000400010000 | 141338413 | Glens Falls Hospital | | | | | |
| 000400010000 | 141338413 | Glens Falls Hospital | | | | | |
| 000000005000 | 160743187 | Sisters of Charity Hospital | | | | | |
| 000000005000 | 160743187 | Sisters of Charity Hospital | | | | | |
| 000000005000 | 160743187 | Sisters of Charity Hospital | | | | | |
| 000000005000 | 160743187 | Sisters of Charity Hospital | | | | | |
| 000000005000 | 160743187 | Sisters of Charity Hospital | | | | | |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | | | | | |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | | | | | |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | | | | | |
| 000000041000 | 160762843 | Kenmore Mercy Hospital | | | | | |
| 000400022000 | 141348692 | St Peter's Hospital | | | | | |
| 000400022000 | 141348692 | St Peter's Hospital | | | | | |
| 000400022000 | 141348692 | St Peter's Hospital | | | | | |
| 000400022000 | 141348692 | St Peter's Hospital | | | | | |
| 000400022000 | 141348692 | St Peter's Hospital | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000000066000 | 160743226 | Woman's Christian Association | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |

| 1. Provider Number | 2. Provider Tax ID | 3. Provider Name | 2013 Small Groups Allowed Charges | % Change for Rate Year | % Change for Prior Year | % Change for Second Prior Year | |
|---|---|---|---|---|---|---|---|
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000400024000 | 141338547 | Saratoga Hospital | | | | | |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | | | | | |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | | | | | |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | | | | | |
| 000000053001 | 160743187 | Sisters of Charity Hospital - St Joseph Campus | | | | | |
| 000000022000 | 161523353 | Mount St Mary's Hospital | | | | | |
| 000000022000 | 161523353 | Mount St Mary's Hospital | | | | | |
| 000000022000 | 161523353 | Mount St Mary's Hospital | | | | | |
| 000000022000 | 161523353 | Mount St Mary's Hospital | | | | | |
| 000400001000 | 141338307 | Albany Medical Center Hospital | | | | | |
| 000400001000 | 141338307 | Albany Medical Center Hospital | | | | | |
| 000400001000 | 141338307 | Albany Medical Center Hospital | | | | | |
| 000400001000 | 141338307 | Albany Medical Center Hospital | | | | | |
| 000400001000 | 141338307 | Albany Medical Center Hospital | | | | | |
| 000400151001 | 141731786 | Adirondack Medical Center | | | | | |
| 000400151001 | 141731786 | Adirondack Medical Center | | | | | |
| 000400151001 | 141731786 | Adirondack Medical Center | | | | | |
| 000400151001 | 141731786 | Adirondack Medical Center | | | | | |
| 000000454001 | 261582864 | Millard Fillmore Surgery Center LLC | | | | | |
| 000000454001 | 261582864 | Millard Fillmore Surgery Center LLC | | | | | |
| 000000454001 | 261582864 | Millard Fillmore Surgery Center LLC | | | | | |
| 000000454001 | 261582864 | Millard Fillmore Surgery Center LLC | | | | | |
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000400009000 | 141338428 | Ellis Hospital | | | | | |
| 000000459000 | 161554732 | Ambulatory Surgery Center of Western New York | | | | | |
| 000000459000 | 161554732 | Ambulatory Surgery Center of Western New York | | | | | |
| 000000459000 | 161554732 | Ambulatory Surgery Center of Western New York | | | | | |
| 000000459000 | 161554732 | Ambulatory Surgery Center of Western New York | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000000016000 | 160743029 | United Memorial Medical Center - Batavia | | | | | |
| 000400018000 | 141338465 | Nathan Littauer Hospital | | | | | |
| 000400018000 | 141338465 | Nathan Littauer Hospital | | | | | |
| 000400018000 | 141338465 | Nathan Littauer Hospital | | | | | |
| 000400018000 | 141338465 | Nathan Littauer Hospital | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000000023000 | 161533232 | Degraff Memorial Hospital | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000030000 | 161137084 | Eastern Niagara Hospital - Lockport | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000021000 | 160743094 | Niagara Falls Memorial Medical Center | | | | | |
| 000000421003 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421003 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421003 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421003 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000400021000 | 141347719 | St Mary's Healthcare | | | | | |
| 000000460000 | 161553086 | WNY Center for Ambulatory Surgery | | | | | |
| 000000460000 | 161553086 | WNY Center for Ambulatory Surgery | | | | | |
| 000000460000 | 161553086 | WNY Center for Ambulatory Surgery | | | | | |
| 000000460000 | 161553086 | WNY Center for Ambulatory Surgery | | | | | |
| ITSHOMEHOS03 | 111111111 | ITS Home Non Par Provider | | | | | |
| ITSHOMEHOS03 | 111111111 | ITS Home Non Par Provider | | | | | |
| ITSHOMEHOS03 | 111111111 | ITS Home Non Par Provider | | | | | |
| ITSHOMEHOS03 | 111111111 | ITS Home Non Par Provider | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000063000 | 160743301 | Brooks Memorial Hospital | | | | | |
| 000000465000 | 364427974 | Endoscopy Center of Western New York LLC | | | | | |
| 000000465000 | 364427974 | Endoscopy Center of Western New York LLC | | | | | |
| 000000465000 | 364427974 | Endoscopy Center of Western New York LLC | | | | | |
| 000000465000 | 364427974 | Endoscopy Center of Western New York LLC | | | | | |
| 000000465000 | 364427974 | Endoscopy Center of Western New York LLC | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400049000 | 141338373 | Columbia Memorial Hospital | | | | | |
| 000400029000 | 141776186 | Seton Health System | | | | | |
| 000400029000 | 141776186 | Seton Health System | | | | | |
| 000400029000 | 141776186 | Seton Health System | | | | | |
| 000400029000 | 141776186 | Seton Health System | | | | | |
| 000400029000 | 141776186 | Seton Health System | | | | | |
| 000000040000 | 160743921 | Bertrand Chaffee Hospital | | | | | |
| 000000040000 | 160743921 | Bertrand Chaffee Hospital | | | | | |
| 000000040000 | 160743921 | Bertrand Chaffee Hospital | | | | | |
| 000000040000 | 160743921 | Bertrand Chaffee Hospital | | | | | |

| 1. Provider Number | 2. Provider Tax ID | 3. Provider Name | 2013 Small Groups Allowed Charges | % Change for Rate Year | % Change for Prior Year | % Change for Second Prior Year | |
|---|---|---|---|---|---|---|---|
| 000000521000 | 160743214 | Visiting Nurse Association of WNY Inc | | | | | |
| 000000521000 | 160743214 | Visiting Nurse Association of WNY Inc | | | | | |
| 000000521000 | 160743214 | Visiting Nurse Association of WNY Inc | | | | | |
| 000000521000 | 160743214 | Visiting Nurse Association of WNY Inc | | | | | |
| 000400011000 | 141338307 | Albany Medical Center South Clinical Campus | | | | | |
| 000400011000 | 141338307 | Albany Medical Center South Clinical Campus | | | | | |
| 000400011000 | 141338307 | Albany Medical Center South Clinical Campus | | | | | |
| 000400011000 | 141338307 | Albany Medical Center South Clinical Campus | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000400023000 | 141338544 | Samaritan Hospital | | | | | |
| 000000455000 | 161348390 | Buffalo Ambulatory Services Inc | | | | | |
| 000000455000 | 161348390 | Buffalo Ambulatory Services Inc | | | | | |
| 000000455000 | 161348390 | Buffalo Ambulatory Services Inc | | | | | |
| 000000455000 | 161348390 | Buffalo Ambulatory Services Inc | | | | | |
| 000000421000 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421000 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421000 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421000 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421000 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000400014000 | 141338457 | Albany Memorial Hospital | | | | | |
| 000400014000 | 141338457 | Albany Memorial Hospital | | | | | |
| 000400014000 | 141338457 | Albany Memorial Hospital | | | | | |
| 000400014000 | 141338457 | Albany Memorial Hospital | | | | | |
| 000400014000 | 141338457 | Albany Memorial Hospital | | | | | |
| 000000062002 | 160772474 | Lake Shore Hospital Inc | | | | | |
| 000000062002 | 160772474 | Lake Shore Hospital Inc | | | | | |
| 000000062002 | 160772474 | Lake Shore Hospital Inc | | | | | |
| 000000062002 | 160772474 | Lake Shore Hospital Inc | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000000027000 | 222807681 | Jones Memorial Hospital | | | | | |
| 000000543000 | 161310062 | McAuley-Seton Home Care | | | | | |
| 000000543000 | 161310062 | McAuley-Seton Home Care | | | | | |
| 000000543000 | 161310062 | McAuley-Seton Home Care | | | | | |
| 000000543000 | 161310062 | McAuley-Seton Home Care | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000900001000 | 160743134 | Rochester General Hospital | | | | | |
| 000527613005 | 364554986 | Mash Urgent Care Center | | | | | |
| 000527613005 | 364554986 | Mash Urgent Care Center | | | | | |
| 000527613005 | 364554986 | Mash Urgent Care Center | | | | | |
| 000527613005 | 364554986 | Mash Urgent Care Center | | | | | |
| 000527613005 | 364554986 | Mash Urgent Care Center | | | | | |
| 000000421002 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421002 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421002 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421002 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000814000 | 166198498 | Horizon Health Services | | | | | |
| 000000814000 | 166198498 | Horizon Health Services | | | | | |
| 000000814000 | 166198498 | Horizon Health Services | | | | | |
| 000000463000 | 161574540 | Buffalo Surgery Center, LLC | | | | | |
| 000000463000 | 161574540 | Buffalo Surgery Center, LLC | | | | | |
| 000000463000 | 161574540 | Buffalo Surgery Center, LLC | | | | | |
| 000000463000 | 161574540 | Buffalo Surgery Center, LLC | | | | | |
| 000000421004 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421004 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421004 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000421004 | 201500354 | WNY Immediate Care LLC | | | | | |
| 000000028000 | 166002571 | Wyoming County Community Hospital | | | | | |
| 000000028000 | 166002571 | Wyoming County Community Hospital | | | | | |
| 000000028000 | 166002571 | Wyoming County Community Hospital | | | | | |
| 000000028000 | 166002571 | Wyoming County Community Hospital | | | | | |
| 000402693000 | 460463892 | St Peter's Surgery & Endoscopy Center | | | | | |
| 000402693000 | 460463892 | St Peter's Surgery & Endoscopy Center | | | | | |
| 000402693000 | 460463892 | St Peter's Surgery & Endoscopy Center | | | | | |
| 000402693000 | 460463892 | St Peter's Surgery & Endoscopy Center | | | | | |
| 000000464000 | 161607894 | Sterling Surgical Center | | | | | |
| 000000464000 | 161607894 | Sterling Surgical Center | | | | | |
| 000000464000 | 161607894 | Sterling Surgical Center | | | | | |
| 000000464000 | 161607894 | Sterling Surgical Center | | | | | |
| ITSHOMEASC00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| ITSHOMEASC00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| ITSHOMEASC00 | 111111111 | ITS Home Indemnity Par Provider | | | | | |
| 000000069000 | 160743222 | Westfield Memorial Hospital | | | | | |
| 000000069000 | 160743222 | Westfield Memorial Hospital | | | | | |
| 000000069000 | 160743222 | Westfield Memorial Hospital | | | | | |
| 000000069000 | 160743222 | Westfield Memorial Hospital | | | | | |
| 000402399000 | 141819902 | Capital Region Ambulatory Surgery Center | | | | | |
| 000402399000 | 141819902 | Capital Region Ambulatory Surgery Center | | | | | |
| 000402399000 | 141819902 | Capital Region Ambulatory Surgery Center | | | | | |
| 000402399000 | 141819902 | Capital Region Ambulatory Surgery Center | | | | | |
| 000402399000 | 141819902 | Capital Region Ambulatory Surgery Center | | | | | |
| 000000362002 | 911889832 | Southtowns Dialysis | | | | | |
| 000000362002 | 911889832 | Southtowns Dialysis | | | | | |
| 000000362002 | 911889832 | Southtowns Dialysis | | | | | |
| 000000020000 | 160755799 | Medina Memorial Hospital | | | | | |
| 000000020000 | 160755799 | Medina Memorial Hospital | | | | | |
| 000000020000 | 160755799 | Medina Memorial Hospital | | | | | |
| 000000020000 | 160755799 | Medina Memorial Hospital | | | | | |

| 1. Provider Number | 2. Provider Tax ID | 3. Provider Name | 2013 Small Groups Allowed Charges | % Change for Rate Year | % Change for Prior Year | % Change for Second Prior Year | |
|---|---|---|---|---|---|---|---|
| 000000457001 | 160743187 | Sisters Ambulatory Surgery Center | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000457001 | 160743187 | Sisters Ambulatory Surgery Center | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000745000 | 237221763 | Unity Hospital of Rochester | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000745000 | 237221763 | Unity Hospital of Rochester | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000745000 | 237221763 | Unity Hospital of Rochester | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000745000 | 237221763 | Unity Hospital of Rochester | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000745000 | 237221763 | Unity Hospital of Rochester | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000359000 | 161451173 | Comprehensive Dialysis Center of WNY | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |
| 000000359000 | 161451173 | Comprehensive Dialysis Center of WNY | [redacted] | [redacted] | [redacted] | [redacted] | [redacted] |

# HealthNow New York Incorporated

# 2015 New York State Individual Public Exchange

# Rate Submission

# Actuarial Memorandum

## Actuarial Memorandum Table of Contents

**Contents:** **Page**

Cover……1

Table of Contents……2

Purpose……3

Policy Form Numbers……..3

Rating Regions……3

Overview of Rating Approach……..4

Rate Development Exhibits……4-7

Rate Manual……7

Other Required Information……8

Actuarial Certification……8

**Actuarial Memorandum**

## Purpose

The purpose of this rate filing is to develop premium rates to be offered by HealthNow New York Incorporated on the NYS Public Exchange (On Exchange) to the individual market between January 1, 2015 and December 31, 2015. The filing is constructed in accordance with the instructions provided in the finalized checklist as provided by New York State Department of Financial Services.

## Policy Form Numbers

The rate filing pertains to the SERFF number HLTH-129576773 and following policy form numbers:

- CN1C3S0439_0614
- CR1R3N0443_0614

## Summary of Rating Regions

**Region #2 – Buffalo Area**
HealthNow NY will offer individual products in all 8 counties defined for this region. These are the same 8 counties that HealthNow currently does business in as BlueCross BlueShield of Western New York. The Platinum 250, Gold 850, and Silver 2000 plans will be offered only in the region subset of Erie and Niagara counties, which is listed as Region #2A.

**Region #1 – Albany Area**
HealthNow NY will offer individual products in all 11 counties defined for this region. These 11 counties are a subset of the 13 counties that HealthNow currently does business in as BlueShield of Northeastern New York. The Platinum 267, Gold Aqua, Silver HDHP-HSA 269, and Bronze HDHP-HSA 270 plans will be offered only in the region subset of Albany, Rensselaer, Saratoga and Schenectady counties, which is listed as Region #1A.

**Region #7 – Utica / Watertown Area**
HealthNow NY will offer individual products in the Clinton and Essex counties within this region. These 2 counties plus the 11 counties in Region 1 are the entire set of counties that HealthNow currently does business in as BlueShield of Northeastern New York.

*HealthNow will not offer products in any counties falling outside the rating regions defined above.*

## Overview of Rating Approach

The base claim period for rate development was a 12 month span from January 2013 through December 2013 consisting of all statewide commercial small group business for HealthNow. Three months of claims run-out was included in the base allowed claims, and a completion factor was applied to convert the base paid claims to base incurred claims. The base data includes no grandfathered plans.

- The base medical and pharmacy claims were trended from the midpoint of the experience period (July 1, 2013) to the midpoint of the rate period (July 1, 2015) using 2 years of pricing trend to create projected medical and pharmacy claims. The components of the 2 years of pricing trend (2014 and 2015) consist of trends for unit cost, utilization, and demographic deterioration.
- The utilization trend implicitly includes complexity trends.
- Projected non-system claims are included which consist of the following:

    - GME payments
    - Vendor / provider payments
    - Pharmacy Rebates
    - Other miscellaneous expenses
- Regulation 146 receipts from 2012 and any unpaid receipts from prior periods are credited to all premium rates.
- Administrative expenses are included based on 2015 projections from the HealthNow Finance Department.
- Several other PPACA related expenses, population adjustments, and benefit adjustments are accounted for in the rate build-up and will be discussed in the next section.
- HealthNow is not building in any credit or receipt for risk adjustment in the individual market. The simulation results in the individual market do not accurately reflect the population that will be in the individual market for 2014. We are choosing to build in no credit or receipt as we do not yet know our position in this market relative to other insurers.
- Reinsurance receipts are calculated from our own base data using the HHS parameters.
- Geographic factors are applied to create regional rates from the pooled statewide experience. The geographic factors are developed by HealthNow using the base period data in conjunction with the results of the Deloitte simulation.
- A step-up conversion factor is used to develop a single rate from a claims and admin PMPM.
- Risk margin is built-in to account for unanticipated claims experience as well as contribute to retained earnings.
- New York State provided tier factors are used to develop child only, 2 person, subscriber / child(ren), and family rates for coverage to age 26. Tier factors for coverage to age 30 are developed maintaining the same tier ratios as coverage to age 26.

## Rate Development Exhibits

The following will provide a narrative summary discussing the rate development methodology. The exact calculation formulas are available within Exhibit 13 in the rate development document. Each unique variable throughout the rate development is assigned a reference number (in red text). The source and/or calculation of each value are provided. The first page of the rate development is the index with the exhibits following it.

### Exhibits 1 – 3: Rate Support

These exhibits provide support for several of the variables used within later exhibits for constructing the rates. They are as follows:

- Trend Development – This shows the calculation of the blended Western New York and Northeastern New York unit cost and utilization trends that will be applied for medical and pharmacy for 2014 and 2015. The statewide trend is developed by weighting Western New York and Northeastern New York trends by total allowed dollars within the base data.
- Demographic Deterioration – This compares the demographic of the January 2013 and January 2014 HealthNow small group population. The change in demographic (2014/2013) is used as a trending component from base period to rate period. A 0% deterioration has been assumed for 2015/2014.
- Non-System Claims – Trended from the midpoint of the experience period to the midpoint of the rate period.
- Administrative Costs – A total projected 2015 administrative PMPM was developed by HealthNow Finance. The variable administrative PMPM for each medal level has been scaled to create varying admin PMPMs by medal level. This has been done due to an expectation of higher administrative costs on richer plans. The scaling is based on the expected distribution of

membership by medal level. The scaling is set such that the total administrative dollars collected is unchanged.

- Population Adjustment Factors – These are applied to the rate period projections which are based on small group experience. The individual market will bring upon a higher cost population that these factors will compensate for. Support for these factors was provided by OptumHealth. They are a vendor who provided us data for the small group and individual markets for 2014 and beyond.
- Conversion (Step-up) Factors – These factors are applied to the single claims and admin PMPM build-up to convert them to single rates. The medical and pharmacy factor is generated by assuming all HealthNow 2014 membership is within a 4 tier structure (with New York State provided tier factors) based on the members within each contract.
- Age 30 Rider – Additional tier factors for coverage to age 30 are developed here. The cost of the rider is allocated amongst all tiers.
- Geographic Adjustments – These factors are developed to generate separate rates by region for non-standard products. The geographic factors are also split depending on whether the product is a local network, national network, or custom network. The factors also consider whether the product is a Wrap or Tiered product. The geographic factors developed for standard products are modifications of the factors provided in the Deloitte small group simulation. The factors developed are based on the normalized risk selection factors from the simulation but are adjusted based on our experience period actuarial values and anticipated 2015 claims costs in each region. An additional modification is made to the 2 counties in region #2 where non-standard products will be offered with the Align network.

**Exhibits 4 – 9: Base and Rate Period Data & Full Coverage Plan**

Exhibit 4 begins by giving an overview of the base data used as well as the number of member months within the base data. The starting index rate (paid claims PMPM without non-system claims) for the base period as well as the actuarial value within the experience period is displayed. The remainder of Exhibit 4 develops the claims PMPM for the base data for all in-network services. Following is the development of the claims PMPM for pharmacy and out-of-network benefits.

Exhibit 6 starts with the 2014 and 2015 trends for unit cost, utilization, and demographic deterioration which will be used to transition from base period data to rate period data. For each category the base period experience is converted to rate period by applying trend as well as induced demand utilization adjustments to account for the effect of cost sharing on member utilization. The induced demand adjustment factors are derived from the HHS published factors. HealthNow interpolates between the published factors when necessary. The claims PMPM for the rate period for all in-network services, pharmacy, and out-of-network benefits are detailed here. The actuarial value of the OON deductible, coinsurance, and out-of-pocket maximum are derived from claims probability distribution tables created from the member level base data.

Exhibits 8 and 9 develop the claims PMPM for all services, pharmacy, and out-of-network benefits for a full coverage plan. This is done by assuming no cost sharing, and converting base period data to rate period data with trend and induced demand utilization adjustments.

**Exhibit 10: Development of Individual Plans**

This exhibit develops the claims PMPM for all services, pharmacy and out-of-network benefits for each plan design by region before factoring in the first dollar coverage, deductible, and the OOP maximum. The plan information is provided at the top of the exhibit, which details the first dollar, deductible amount, and out of pocket maximum. It also indicates whether the plan is standard or non-standard, offered on or off exchange, the medal level, and the applicable geographic factor that will be applied in

the rating. The totals are broken out between the total costs subject to deductible, not subject to deductible, and preventive.

**Exhibits 11-12: Rate Details for Individual Plans**

Exhibit 11 produces the Region #2 final rates for all medal levels by combining all claims costs, admin expenses, fees, taxes, population adjustments, and geographic factors. All rates for each medal level are derived from the full coverage rate. The full coverage rate is the index rate adjusted for no cost sharing and induced demand. The claims costs for medical and pharmacy for each plan design are summed together based on the claims costs developed in Exhibit 10 (once again these are the claims costs of the benefits at copay / coinsurance without first dollar coverage, deductible, and OOP maximum considered yet). These claims costs are compared to the claims costs at full coverage to determine an initial member actuarial value (member percentage cost share). This is the pricing actuarial value before the effect of the first dollar coverage, deductible, and OOP maximum. The initial actuarial value combined with the first dollar coverage, deductible, and out-of-pocket maximum is then run through HealthNow claims probability distribution tables created from the member level base data to determine a total actuarial value which now considers the effect of the first dollar coverage, deductible, and out-of-pocket maximum. This total actuarial value is compounded with an induced demand utilization factor to scale utilization down from a full coverage plan to a plan with the resulting actuarial value.

The final claims PMPM are then further adjusted to account for the following:

- $250 Wellness Allowance (if offered) to comply with Essential Health Benefits
- Non-system Claims
- MSP Receipts for 2012 and Prior
- PPACA Insurer Tax
- CER Fee
- Reinsurance Contribution
- Risk Adjustment Operational Fee
- Internal Administrative Expense
- Reinsurance Recoveries
- Risk Adjustment: Payments / (Receipts)
- Limited Pharmacy Formulary
- Population Differences
- Geographic Differences
- Facility Unit Cost Reductions
- Risk Margin

The conversion (step-up) factor is applied to the final claims PMPM and the above adjustments resulting in the single rates for medical and pharmacy.

The Platinum 250, Gold 850, and Silver 2000 products use a 2-tier medical provider network. Tier 1, which is estimated to account for 90% of all utilization, will use the "Align" network. This network includes providers that HealthNow has negotiated a reduced unit cost and enhanced clinical integration with (averaging 8% savings which corresponds to the .862 regional adjustment). Tier 2, which is estimated to account for 10% of all utilization, consists of "non-Align" providers. The total medical rate is derived as previous plans except that the total cost is weighted 90/10 by Tier 1 and Tier 2 using the "Align Network Weighting Factor".

The bottom of the exhibit provides the tier factors and tier rates for all plans in Region #2. The tier factors are provided from NYS DFS with the exception of the age 30 factors which are developed in Exhibit 2.

Exhibit 12 follows the same methodology as Exhibit 11 for Regions #1 and #7.

**Exhibit 13: Formulas**

Each variable throughout the rate development that has been assigned a reference number (in red text) is listed here. The source and/or calculation for each are provided. The calculation formulas have the reference number in parentheses and brackets indicate order of operation.

## Rate Manual

The rate manual is divided into the following sections:

- Index
- Overview
- Region Definition
- Benefit Summaries
- Total Rates: Rates for all regions, tiers, standard and non-standard plans, effective 1/1/2015 through 12/31/2015. These rates do not roll quarterly.

## Other Required Information

Based on the requirements set forth for this filing, this rate application includes:

- Actuarial Memorandum (with actuarial certification)
- Rate Development
- Rate Manual
- Actuarial Value Calculator Screen Prints
- Unified Rate Review Template
- Commission Schedules
- Underwriting Guidelines
- Rate Application Notices
- Exhibit 11
- Exhibit 13
- Exhibit 14
- Exhibit 15
- Exhibit 16
- Exhibit 17
- Exhibit 18
- Exhibit 19
- Exhibit 20
- Exhibit 21
- Exhibit 22
- Exhibit 23

## Actuarial Certification

I certify that:

a. The filing is in compliance with all applicable laws and regulations of the State of New York
b. The submission is in compliance with the appropriate Actuarial Standards of

Practice (ASOP's) including:

- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 41, Actuarial Communications

c. The expected loss ratio meets the minimum requirement of the State of New York by permitted rating pools within each rating region.

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

e. The rates are not unfairly discriminatory.

Sincerely,

[redacted]

[redacted]

HealthNow New York Inc.

**Part III Actuarial Memorandum**

**HealthNow NY Inc d/b/a:**

*HealthNow NY Inc – Individual Market Unified Rate Review Template:*

**General Information:**

*Company Identifying Information:*

Company Legal Name: HealthNow NY Inc
State: NY
HIOS Issuer ID: 40064
Market: Individual
Effective Date: 01/01/2015

[redacted]

**Proposed Rate Increase(s):**

*Reason for Rate Increase(s):*

We are proposing rate changes across our products due to the following factors:

- Changes in utilization and unit cost.
- Changes in PPACA related expenses
- Changes in covered benefits.

The Rate change varies by product as the actuarial value of plan specific benefits is reevaluated annually.

**Experience Period Premium and Claims:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Paid Through Date:* March 31, 2014

*Premiums (net of MLR Rebate) in Experience Period:*

| | |
|---|---|
| Earned Premium (Prior to MLR Rebates): | $256,542,431 |
| MLR Rebates (Expected): | $0.00 |
| Earned Premium (Net of MLR Rebates): | $256,542,431 |

*Description of Methodology Used to Estimate MLR Rebates:*

Under the Federally prescribed MLR methodology the project loss ratio across all small group products is: 88.1% and Individual is 89.2%.

*Allowed and Incurred Claims Incurred During the Experience Period:*

*Allowed Claims:*

| | |
|---|---|
| Claim Dollars Processed through Claim System: | $271,809,212 |
| IBNP: | $2,034,647 |
| Total Allowed Claims: | $273,843,859 |

*Incurred Claims:*

| | |
|---|---|
| Claim Dollars Processed through Claims System: | $226,821,929 |
| IBNP: | $1,697,891 |
| Total Incurred Claims: | $228,519,820 |

*Description of Methodology Used to Determine Allowed Claims:*

Allowed claims come directly from HealthNow's system and non-system claim records.

*Description of Methodologies Used to Estimate Incurred but not Paid Claims:*

To estimate incurred but not paid claims for the experience period, completion factors were developed from HealthNow's corporate reserves that include paid claims through March 2014. This time period was chosen to remain consistent with the time period of the experience period. The completion factors were determined by taking the ratio of the paid claims to the estimated total incurred claims for each month of 2013. The completion factors vary by region, type of service (Inpatient, Outpatient, Professional, and Rx), and product type (High Deductible Health Plan or Commercial). These reserve buckets include experience period claims for HealthNow's other Commercial books of business (Large Group business), as well as the claim data that is used for the Experience period in this rate development. This is appropriate since there are no major differences between Small Group and Large Group commercial runout. The resulting aggregate completion factor for the 2013 data is .9926.

**Benefit Categories:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Inpatient Hospital:* Inpatient Hospital claims are identified from HealthNow's claims system with Type of Service "I". Within this benefit category, more granular claim categories are created and classified using Milliman service category definitions.

*Outpatient Hospital:* Outpatient Hospital claims are identified as the following EHBs:

| | | |
|---|---|---|
| Emergency Room | OP Services | OP Mental Health |
| OP Substance Abuse | OP Surgery – Facility | Urgent Care |

These are all identified using Milliman service category definitions.

*Professional:* Professional claims are identified as the following EHBs:

| | | | |
|---|---|---|---|
| Allergy | Audiology | Chiropractor | Lab |
| PCP Services | PT/OT/ST | Radiology | SCP Services |
| OP Surgery – Office | Abortion | | |

These are all identified using Milliman service category definitions.

*Other Medical:* Other medical claims are identified as the following EHBs:

| | | | |
|---|---|---|---|
| Ambulance | Home Health | DME | P & O |
| Diabetic Services | Emergency Dental | N/A | Chemotherapy |
| Hospice | Infusion Therapy | | |

These are all identified using Milliman service category definitions.

*Capitation:* Capitation claims are identified through system Capitation data, by vendor.

*Prescription Drug:* Prescription Drug claims are identified from claims feeds from HealthNow's pharmacy benefit manager, Express Scripts.

**Projection Factors:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Changes in the Morbidity of the Population Insured:*

HealthNow rates are developed from HealthNow's 2013 combined (all regions of NYS) commercial Small Group claims experience. The claims experience was adjusted to account for the new populations that will enter the Small Group and Individual markets. Factors were developed based on data received from OptumHealth, an external consulting firm. The adjustment for the Small Group market is near 1.000 because the population will consist mostly of small groups who currently have employer sponsored coverage. Therefore, the Small Group claims experience should closely resemble current commercial Small Group claims experience. The Individual adjustment is larger, as it will consist of people who have previously been uninsured. This population will utilize several routine services since they have coverage, as well as utilizing procedures to alleviate medical conditions that they have been unable to address without coverage. The adjustments from experience period commercial Small Group to 2015 Exchange and Off-Exchange Small Group and Individual are summarized below:

| | | |
|---|---|---|
| SHOP Market Risk Morbidity Factor: | 1.003 | (all benefit categories) |
| Individual Market Population Risk Morbidity Factor: | 1.239 | (all benefit categories) |

*Changes in Benefits:*

Most HealthNow plans within the Small Group claims experience cover the essential health benefits. The following changes were made where HealthNow did not meet the essential health benefits:

- PT / OT / ST: Increased number of visits to 60 (from 30)
- Skilled Nursing Facility: Increased number of visits to 200 (from 60)
- Mental Health / Substance Abuse: Unlimited visits (from a limited number depending on place and type of service) and residential treatment center coverage.
- Vision Appliances: Covered (from not covered)
- Hearing Aids: Covered (from not covered)
- Exercise Benefit: Covered (from not covered)
- Pediatric Dental: Covered (from not covered)

HealthNow is not removing any widely covered benefits from its product lines as the current set of standard covered benefits is a true subset of the essential health benefits.

Utilization adjustments to account for cost sharing differences from the base data are developed based on the HHS published induced demand factors. The overall impact of adjusting experience period data to EHB benefit level was 1.012 as is applied for both Small Group and Individual markets and was applied in the "Other" adjustment for all service categories.

*Changes in Demographics:*

The change in demographics is used in conjunction with the unit cost and utilization trends in order to translate commercial Small Group base period data to rate period data. This is done for both medical and pharmacy services. The 2013 to 2014 change in demographic is based on demographic factors from the Milliman Health Cost Guidelines applied at the member level across HealthNow commercial Small Group membership (the same population as that of the Experience period) for January 2013 and January 2014. The change in average demographic from January 2013 to January 2014 is applied to the base period data as a factor of 1.007. No demographic deterioration is assumed from January 2014 to January 2015.

*Other Adjustments:*

The experience period data contains all HealthNow's rating regions. Geographic adjustments need to be applied to reflect to the combined claims experience to reflect the cost difference specific to the region of the Unified Rate Review Template (HealthNow submits separate URRTs for NENY, WNY, CNY due to different issuer IDs). The geographic adjustment factors were created with assistance from New York State Department of Financial Services. The factors are as follows:

NENY Geographic Adjustment Factors:

| | | |
|---|---|---|
| NYS Rating Region 1: | 1.311 | (all benefit categories) |
| NYS Rating Region 7: | 1.434 | (all benefit categories) |

Assuming a 9:1 ratio of membership in Region 1 to Region 7 produces:

| | |
|---|---|
| Combined Factor: | 1.324 |

WNY Geographic Adjustment Factor: 0.940

CNY Geographic Adjustment Factor*:

| | |
|---|---|
| NYS Rating Region 5: | 0.940 |
| NYS Rating Region 6: | 1.311 |
| NYS Rating Region 7: | 1.434 |

Assuming an even distribution of membership in Region 5, Region 6, and Region 7 produces:

| | |
|---|---|
| Combined Factor: | 1.228 |

* Note: CNY geographic factors are based off of NENY and WNY due to limited membership in this region.

The "Other" adjustment in worksheet 1 of the URRT is the product of the applicable geographic factor and the EHB benefit level adjustment.

*Trend Factors (Cost/Utilization):*

The 2014 and 2015 allowed trends are developed separately for unit cost and utilization for both medical and pharmacy claims. A regression model is used to develop the trends based on HealthNow data with incurred dates as far back as 2008. The trends are developed considering all of the following factors:

- Negotiated fee schedules with providers

- Utilization of services
- Complexity of services
- Cost containment programs
- Prescription drugs transitioning from brand to generic
- Introduction of new prescription drugs

Since the experience period data contains a mix of WNY and NENY claims data for HealthNow, the trend factors below apply to the aggregate data, and regional differences are adjusted in the geographic factors.

The base data is trended from the midpoint of the experience period to the midpoint of the rate period (7/1/2013 to 7/1/2015). The 2014 and 2015 medical and pharmacy trends are summarized below:

| | | | |
|---|---|---|---|
| 2014 Medical: | | 2014 Pharmacy: | |
| Unit Cost: | 3.5% | Unit Cost: | 9.3% |
| Utilization: | 1.6% | Utilization: | -3.4% |
| 2015 Medical: | | 2015 Pharmacy: | |
| Unit Cost: | 1.8% | Unit Cost: | 8.1% |
| Utilization: | 0.9% | Utilization: | -3.5% |
| Combined (2014 and 2015) Medical: | | Combined (2014 and 2015) Pharmacy: | |
| Unit Cost: | 5.3% | Unit Cost: | 18.2% |
| Utilization: | 2.5% | Utilization: | -6.8% |

**Credibility Manual Rate Development:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Source and Appropriateness of Experience Data Used:*

HealthNow completed this section with the experience period data, as it was deemed credible.

**Credibility of Experience:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Description of Credibility Methodology Used:*

HealthNow's 2013 Small Group claims experience data contains 789,301 member months. For HealthNow's Experience Rated business, the filed credibility formula is:

**Credibility:** $z = \text{MIN}\left\{\left(\frac{E}{350 \times 12}\right)^{(1/3)}, 1\right\}$ where "E" represents exposure (contract months)
Please note that this implies that groups with exposure (contract months) of greater than or equal to 4200 are fully credible groups

Insomuch as the above credibility formula requires 350 average *subscribers* and HealthNow's experience period claim data contains 65,775 average *members*, the experience period claim data is determined to be 100% credible. Additionally, the resulting index rates seem reasonable.

*Resulting Credibility Level Assigned to Base Period Experience (For Small Group):* 100%

**Paid to Allowed Ratio:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

The Paid to Allowed Ratio located in Worksheet 1 is consistent with membership projections by plan included in Worksheet 2. It equals the projected member-month-weighted pricing AV by plan.

**Risk Adjustment and Reinsurance:**

*Projected Risk Adjustments PMPM:*

Risk adjustment transfer payments were provided by the NYS Department of Financial Services (NYSDFS), in conjunction with Deloitte, an external consulting firm. NYSDFS encouraged NYS insurers to submit small group and individual claims data in order to run a risk adjustment simulation to gauge each insurers risk position within the market. All major insurers in NYS participated in the simulation. NYSDFS shared with each insurer their anticipated aggregate risk adjustment transfer payment based on recent (2013) small group and individual claims experience. The PMPMs are applied to all products.

The projected Risk Adjustment Payment/(Receipt) PMPM is: $0.00 (This was used due to no credible experience yet in this market. The pre-2014 individual market is not an appropriate measure for the new individual market as the population will change significantly)

*Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only):*

Reinsurance Recovery projections were calculated using the base period data trended to the rate period and the HHS reinsurance parameters for 2015.

The projected ACA Reinsurance Recovery Net of Reinsurance Premium is: $10.32 [This means payment]

**Non-Benefit Expenses and Profit & Risk**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Administrative Expense Load:*

Direct (variable) Costs were built from the ground up based on HealthNow's expected impact to the organization. Thoughtful consideration was made as to what incremental dedicated costs are necessary to manage the new business. The functions affected were Sales, Customer Service, Billing & Enrollment, and Marketing.

Cost for other direct type expenses were developed within the construct of the entire organizations membership make-up. Functions affected are Claims Processing, Underwriting, Care Management, Wellness activities, UM, & Network Management. Costs for these functions were developed using statistical estimates to membership and claims processing across the organizations product portfolio.

Indirect costs for other support functions (Legal, Finance, Executive Leadership, etc) are allocated to the organizations product portfolio based on complex methodology's driven mostly by the accumulation of the direct costs notated above and membership.

The admin load varies by plan, but is consistent among AV Metal levels (ie Gold plans receive the same admin allocation as other Gold plans).

*Profit (or Contribution to Surplus) & Risk Margin:*

Within each plan, there is a 1% premium load for Risk Margin and Profit. The load does not vary based on product or plan.

*Taxes and Fees:*

The following taxes and/or fees are included:

Excise Tax: 2.5% premium load
CER Fee: $0.17 PMPM
Risk Adjustment Operational Fee: $0.08 PMPM

This results in a load for taxes and/or fees of roughly 2.6% across the board.

*Exchange User Fee:*

NYSDFS has advised HealthNow that no additional exchange user fee may be built into premium rates.

**Projected Loss Ratio:**

The projected loss ratios using the Federally prescribed MLR methodology are as follows:

| Individual Off-Exchange Plans | Region 5 MLR | Region 6 MLR | Region 7 MLR |
|---|---|---|---|
| 40064NY0440010 | 89.94% | 91.95% | 92.51% |
| 40064NY0440011 | 89.94% | 91.95% | 92.51% |
| 40064NY0440012 | 89.94% | 91.95% | 92.51% |
| 40064NY0440007 | 89.43% | 91.17% | 91.79% |
| 40064NY0440008 | 89.43% | 91.17% | 91.79% |
| 40064NY0440009 | 89.43% | 91.17% | 91.79% |
| 40064NY0440004 | 88.74% | 90.55% | 91.21% |
| 40064NY0440005 | 88.74% | 90.55% | 91.21% |
| 40064NY0440006 | 88.74% | 90.55% | 91.21% |
| 40064NY0440001 | 87.25% | 89.29% | 90.04% |
| 40064NY0440002 | 87.25% | 89.29% | 90.04% |
| 40064NY0440003 | 87.25% | 89.29% | 90.04% |

**Index Rate:**

The base period experience index rate is the total allowed medical and pharmacy PMPM for the commercial small group base period data.

The base period experience index rate is converted to rate period projected index rate by applying the following elements:

- Trend
- Demographic deterioration
- Adjustments for compliance with essential health benefits
- Risk adjustment transfer payments
- Reinsurance recoveries
- Population adjustments
- Limited provider networks
- Limited pharmacy formularies

The index rates are developed as effective 1/1/2015. Premium rates for 1/1/2015 are developed and from this and subsequent quarter's rates for group are developed by rolling the 1/1/2015 rate at a quarterly trend derived from the trend applied to the base period data. Individual rates do not roll through 2015.

The index rates are converted to single rates for each unique plan by adjusting for:

- Pricing actuarial value of benefits
- Induced demand adjustments
- Administrative costs
- PPACA and New York State fees and taxes
- PMPM to single rate conversion factor (step-up factor)

Rates for additional tiers other than single are developed by applying NYS DFS mandated tier factors to the single rate.

**AV Metal Values:**

The AV Metal values included in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV Calculator.

**AV Pricing Values:**

The AV Pricing values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the percentage of costs paid for HealthNow.

**Membership Projections:**

The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template were developed by HealthNow's sales teams.

**Terminated Products:**

The products that are identified as "Terminated Products" represent HealthNow's pre-2014 small group portfolio.

Blue Shield of Northeastern NY and BlueCross BlueShield of Western NY Small Group Portfolio:

| | |
|---|---|
| Buffalo Traditional | Albany Traditional |
| Buffalo PPO | Albany EPO |
| Buffalo POS/Aqua/HDHP | Albany POS/Aqua/HDHP |
| Buffalo HMO 100 | Albany HMO 100 |
| Buffalo HMO 200 | Albany HMO 200 |

**Warning Alerts:**

- Warning Cell A80: Average Rate PMPM for Projected Period on Worksheet 2 does not tie to the Average Rate PMPM for Projected Period on Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A82: Total Premium for Projection Period in Worksheet 2 does not tie to the Total Premium for Projection Period in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A86: Total Allowed Claims for Projection Period in Worksheet 2 does not tie to the Total Allowed Claims for Projection Period in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A93: Total Incurred Claims Payable with Issuer Funds for Projection Period in Worksheet 2 does not tie to the Projected Incurred Claims in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A98 & A99 Doe not tie because Total Allowed Claims and Total Incurred Claims do not tie due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.

**Actuarial Certification**

I certify that:

1. I am a member of the American Academy of Actuaries.
2. The projected index rate is:
    a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
    b. Developed in compliance with the applicable Actuarial Standards of Practice,
    c. Reasonable in relation to the benefits provided and the population anticipated
    d. Neither excessive nor deficient
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV, were calculated in accordance with actuarial standards of practice.
5. The AV calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification.

[redacted]

[redacted]

**Part III Actuarial Memorandum**

**HealthNow NY Inc d/b/a:**

*BlueShield of NENY – Individual Market Unified Rate Review Template:*

**General Information:**

*Company Identifying Information:*

Company Legal Name: BlueShield of NENY
State: NY
HIOS Issuer ID: 36346
Market: Individual
Effective Date: 01/01/2015

**Proposed Rate Increase(s):**

*Reason for Rate Increase(s):*

We are proposing rate changes across our products due to the following factors:

- Changes in utilization and unit cost.
- Changes in PPACA related expenses
- Changes in covered benefits.

The Rate change varies by product as the actuarial value of plan specific benefits is reevaluated annually.

**Experience Period Premium and Claims:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Paid Through Date:* March 31, 2014

*Premiums (net of MLR Rebate) in Experience Period:*

| | |
|---|---|
| Earned Premium (Prior to MLR Rebates): | $256,542,431 |
| MLR Rebates (Expected): | $0.00 |
| Earned Premium (Net of MLR Rebates): | $256,542,431 |

*Description of Methodology Used to Estimate MLR Rebates:*

Under the Federally prescribed MLR methodology the project loss ratio across all small group products is: 88.1% and Individual is 89.2%.

*Allowed and Incurred Claims Incurred During the Experience Period:*

*Allowed Claims:*

| | |
|---|---|
| Claim Dollars Processed through Claim System: | $271,809,212 |
| IBNP: | $2,034,647 |
| Total Allowed Claims: | $273,843,859 |

*Incurred Claims:*

| | |
|---|---|
| Claim Dollars Processed through Claims System: | $226,821,929 |
| IBNP: | $1,697,891 |
| Total Incurred Claims: | $228,519,820 |

*Description of Methodology Used to Determine Allowed Claims:*

Allowed claims come directly from HealthNow's system and non-system claim records.

*Description of Methodologies Used to Estimate Incurred but not Paid Claims:*

To estimate incurred but not paid claims for the experience period, completion factors were developed from HealthNow's corporate reserves that include paid claims through March 2014. This time period was chosen to remain consistent with the time period of the experience period. The completion factors were determined by taking the ratio of the paid claims to the estimated total incurred claims for each month of 2013. The completion factors vary by region, type of service (Inpatient, Outpatient, Professional, and Rx), and product type (High Deductible Health Plan or Commercial). These reserve buckets include experience period claims for HealthNow's other Commercial books of business (Large Group business), as well as the claim data that is used for the Experience period in this rate development. This is appropriate since there are no major differences between Small Group and Large Group commercial runout. The resulting aggregate completion factor for the 2013 data is .9926.

**Benefit Categories:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Inpatient Hospital:* Inpatient Hospital claims are identified from HealthNow's claims system with Type of Service "I". Within this benefit category, more granular claim categories are created and classified using Milliman service category definitions.

*Outpatient Hospital:* Outpatient Hospital claims are identified as the following EHBs:

| | | |
|---|---|---|
| Emergency Room | OP Services | OP Mental Health |
| OP Substance Abuse | OP Surgery – Facility | Urgent Care |

These are all identified using Milliman service category definitions.

*Professional:* Professional claims are identified as the following EHBs:

| | | | |
|---|---|---|---|
| Allergy | Audiology | Chiropractor | Lab |
| PCP Services | PT/OT/ST | Radiology | SCP Services |
| OP Surgery – Office | Abortion | | |

These are all identified using Milliman service category definitions.

*Other Medical:* Other medical claims are identified as the following EHBs:

| | | | |
|---|---|---|---|
| Ambulance | Home Health | DME | P & O |
| Diabetic Services | Emergency Dental | N/A | Chemotherapy |
| Hospice | Infusion Therapy | | |

These are all identified using Milliman service category definitions.

*Capitation:* Capitation claims are identified through system Capitation data, by vendor.

*Prescription Drug:* Prescription Drug claims are identified from claims feeds from HealthNow's pharmacy benefit manager, Express Scripts.

**Projection Factors:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Changes in the Morbidity of the Population Insured:*

HealthNow rates are developed from HealthNow's 2013 combined (all regions of NYS) commercial Small Group claims experience. The claims experience was adjusted to account for the new populations that will enter the Small Group and Individual markets. Factors were developed based on data received from OptumHealth, an external consulting firm. The adjustment for the Small Group market is near 1.000 because the population will consist mostly of small groups who currently have employer sponsored coverage. Therefore, the Small Group claims experience should closely resemble current commercial Small Group claims experience. The Individual adjustment is larger, as it will consist of people who have previously been uninsured. This population will utilize several routine services since they have coverage, as well as utilizing procedures to alleviate medical conditions that they have been unable to address without coverage. The adjustments from experience period commercial Small Group to 2015 Exchange and Off-Exchange Small Group and Individual are summarized below:

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- PT / OT / ST: Increased number of visits to 60 (from 30)
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NENY Geographic Adjustment Factors:

| | | |
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| NYS Rating Region 1: | 1.311 | (all benefit categories) |
| NYS Rating Region 7: | 1.434 | (all benefit categories) |

Assuming a 9:1 ratio of membership in Region 1 to Region 7 produces:

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| Combined Factor: | 1.324 |

WNY Geographic Adjustment Factor: 0.940

CNY Geographic Adjustment Factor*:

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| NYS Rating Region 5: | 0.940 |
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* Note: CNY geographic factors are based off of NENY and WNY due to limited membership in this region.

The "Other" adjustment in worksheet 1 of the URRT is the product of the applicable geographic factor and the EHB benefit level adjustment.

*Trend Factors (Cost/Utilization):*

The 2014 and 2015 allowed trends are developed separately for unit cost and utilization for both medical and pharmacy claims. A regression model is used to develop the trends based on HealthNow data with incurred dates as far back as 2008. The trends are developed considering all of the following factors:

- Negotiated fee schedules with providers

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| Unit Cost: | 5.3% | Unit Cost: | 18.2% |
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**Credibility Manual Rate Development:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Source and Appropriateness of Experience Data Used:*

HealthNow completed this section with the experience period data, as it was deemed credible.

**Credibility of Experience:**

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*Description of Credibility Methodology Used:*

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*Projected Risk Adjustments PMPM:*

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The projected Risk Adjustment Payment/(Receipt) PMPM is: $0.00 (This was used due to no credible experience yet in this market. The pre-2014 individual market is not an appropriate measure for the new individual market as the population will change significantly)

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The projected ACA Reinsurance Recovery Net of Reinsurance Premium is: $10.32 [This means payment]

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*Administrative Expense Load:*

Direct (variable) Costs were built from the ground up based on HealthNow's expected impact to the organization. Thoughtful consideration was made as to what incremental dedicated costs are necessary to manage the new business. The functions affected were Sales, Customer Service, Billing & Enrollment, and Marketing.

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The following taxes and/or fees are included:

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*Exchange User Fee:*

NYSDFS has advised HealthNow that no additional exchange user fee may be built into premium rates.

**Projected Loss Ratio:**

The projected loss ratios using the Federally prescribed MLR methodology are as follows:

| Individual Exchange Plans | Region 1 MLR | Region 7 MLR | Individual Off-Exchange Plans | Region 1 MLR | Region 7 MLR |
|---|---|---|---|---|---|
| 36346NY0480035 | 92.05% | 92.60% | 36346NY0540031 | 91.95% | 92.51% |
| 36346NY0480036 | 92.05% | 92.60% | 36346NY0540032 | 91.95% | 92.51% |
| 36346NY0480037 | 92.05% | 92.60% | 36346NY0540033 | 91.95% | 92.51% |
| 36346NY0480045 | 91.07% | | | | |
| 36346NY0480046 | 91.07% | | | | |
| 36346NY0480026 | 91.17% | 91.79% | | | |
| 36346NY0480027 | 91.17% | 91.79% | | | |
| 36346NY0480028 | 91.17% | 91.79% | | | |
| 36346NY0480031 | 89.56% | | | | |
| 36346NY0480032 | 89.56% | | | | |
| 36346NY0480014 | 90.55% | 91.21% | | | |
| 36346NY0480015 | 90.55% | 91.21% | | | |
| 36346NY0480016 | 90.55% | 91.21% | | | |
| 36346NY0480019 | 88.75% | | | | |
| 36346NY0480020 | 88.75% | | | | |
| 36346NY0480001 | 89.29% | 90.04% | | | |
| 36346NY0480002 | 89.29% | 90.04% | | | |
| 36346NY0480003 | 89.29% | 90.04% | | | |
| 36346NY0480006 | 87.27% | | | | |
| 36346NY0480007 | 87.27% | | | | |

**Index Rate:**

The base period experience index rate is the total allowed medical and pharmacy PMPM for the commercial small group base period data.

The base period experience index rate is converted to rate period projected index rate by applying the following elements:

- Trend
- Demographic deterioration
- Adjustments for compliance with essential health benefits
- Risk adjustment transfer payments
- Reinsurance recoveries
- Population adjustments
- Limited provider networks
- Limited pharmacy formularies

The index rates are developed as effective 1/1/2015. Premium rates for 1/1/2015 are developed and from this and subsequent quarter's rates for group are developed by rolling the 1/1/2015 rate at a quarterly trend derived from the trend applied to the base period data. Individual rates do not roll through 2015.

The index rates are converted to single rates for each unique plan by adjusting for:

- Pricing actuarial value of benefits
- Induced demand adjustments
- Administrative costs
- PPACA and New York State fees and taxes
- PMPM to single rate conversion factor (step-up factor)

Rates for additional tiers other than single are developed by applying NYS DFS mandated tier factors to the single rate.

**AV Metal Values:**

The AV Metal values included in Worksheet 2 of the Part I Unified Rate Review Template were entirely based on the AV Calculator.

**AV Pricing Values:**

The AV Pricing values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the percentage of costs paid for HealthNow.

**Membership Projections:**

The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template were developed by HealthNow's sales teams.

**Terminated Products:**

The products that are identified as "Terminated Products" represent HealthNow's pre-2014 small group portfolio.

Blue Shield of Northeastern NY and BlueCross BlueShield of Western NY Small Group Portfolio:

| | |
|---|---|
| Buffalo Traditional | Albany Traditional |
| Buffalo PPO | Albany EPO |
| Buffalo POS/Aqua/HDHP | Albany POS/Aqua/HDHP |
| Buffalo HMO 100 | Albany HMO 100 |
| Buffalo HMO 200 | Albany HMO 200 |

**Warning Alerts:**

- Warning Cell A80: Average Rate PMPM for Projected Period on Worksheet 2 does not tie to the Average Rate PMPM for Projected Period on Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A82: Total Premium for Projection Period in Worksheet 2 does not tie to the Total Premium for Projection Period in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A86: Total Allowed Claims for Projection Period in Worksheet 2 does not tie to the Total Allowed Claims for Projection Period in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A93: Total Incurred Claims Payable with Issuer Funds for Projection Period in Worksheet 2 does not tie to the Projected Incurred Claims in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A98 & A99 Doe not tie because Total Allowed Claims and Total Incurred Claims do not tie due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.

**Actuarial Certification**

I certify that:

1. I am a member of the American Academy of Actuaries.
2. The projected index rate is:
    a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
    b. Developed in compliance with the applicable Actuarial Standards of Practice,
    c. Reasonable in relation to the benefits provided and the population anticipated
    d. Neither excessive nor deficient
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV, were calculated in accordance with actuarial standards of practice.
5. The AV calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification.

[redacted]

[redacted]

**Part III Actuarial Memorandum**

**HealthNow NY Inc d/b/a:**

*BlueCross BlueShield of WNY – Individual Market Unified Rate Review Template:*

*Company Identifying Information:*

Company Legal Name: BlueCross BlueShield of WNY
State: NY
HIOS Issuer ID: 49526
Market: Individual
Effective Date: 01/01/2015

**Proposed Rate Increase(s):**

*Reason for Rate Increase(s):*

We are proposing rate changes across our products due to the following factors:

- Changes in utilization and unit cost.
- Changes in PPACA related expenses
- Changes in covered benefits.

The Rate change varies by product as the actuarial value of plan specific benefits is reevaluated annually.

**Experience Period Premium and Claims:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Paid Through Date:* March 31, 2014

*Premiums (net of MLR Rebate) in Experience Period:*

| | |
|---|---|
| Earned Premium (Prior to MLR Rebates): | $256,542,431 |
| MLR Rebates (Expected): | $0.00 |
| Earned Premium (Net of MLR Rebates): | $256,542,431 |

*Description of Methodology Used to Estimate MLR Rebates:*

Under the Federally prescribed MLR methodology the project loss ratio across all small group products is: 88.1% and Individual is 89.2%.

*Allowed and Incurred Claims Incurred During the Experience Period:*

*Allowed Claims:*

| | |
|---|---|
| Claim Dollars Processed through Claim System: | $271,809,212 |
| IBNP: | $2,034,647 |
| Total Allowed Claims: | $273,843,859 |

*Incurred Claims:*

| | |
|---|---|
| Claim Dollars Processed through Claims System: | $226,821,929 |
| IBNP: | $1,697,891 |
| Total Incurred Claims: | $228,519,820 |

*Description of Methodology Used to Determine Allowed Claims:*

Allowed claims come directly from HealthNow's system and non-system claim records.

*Description of Methodologies Used to Estimate Incurred but not Paid Claims:*

To estimate incurred but not paid claims for the experience period, completion factors were developed from HealthNow's corporate reserves that include paid claims through March 2014. This time period was chosen to remain consistent with the time period of the experience period. The completion factors were determined by taking the ratio of the paid claims to the estimated total incurred claims for each month of 2013. The completion factors vary by region, type of service (Inpatient, Outpatient, Professional, and Rx), and product type (High Deductible Health Plan or Commercial). These reserve buckets include experience period claims for HealthNow's other Commercial books of business (Large Group business), as well as the claim data that is used for the Experience period in this rate development. This is appropriate since there are no major differences between Small Group and Large Group commercial runout. The resulting aggregate completion factor for the 2013 data is .9926.

**Benefit Categories:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Inpatient Hospital:* Inpatient Hospital claims are identified from HealthNow's claims system with Type of Service "I". Within this benefit category, more granular claim categories are created and classified using Milliman service category definitions.

*Outpatient Hospital:* Outpatient Hospital claims are identified as the following EHBs:

| | | |
|---|---|---|
| Emergency Room | OP Services | OP Mental Health |
| OP Substance Abuse | OP Surgery – Facility | Urgent Care |

These are all identified using Milliman service category definitions.

*Professional:* Professional claims are identified as the following EHBs:

| | | | |
|---|---|---|---|
| Allergy | Audiology | Chiropractor | Lab |
| PCP Services | PT/OT/ST | Radiology | SCP Services |
| OP Surgery – Office | Abortion | | |

These are all identified using Milliman service category definitions.

*Other Medical:* Other medical claims are identified as the following EHBs:

| | | | |
|---|---|---|---|
| Ambulance | Home Health | DME | P & O |
| Diabetic Services | Emergency Dental | N/A | Chemotherapy |
| Hospice | Infusion Therapy | | |

These are all identified using Milliman service category definitions.

*Capitation:* Capitation claims are identified through system Capitation data, by vendor.

*Prescription Drug:* Prescription Drug claims are identified from claims feeds from HealthNow's pharmacy benefit manager, Express Scripts.

**Projection Factors:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Changes in the Morbidity of the Population Insured:*

HealthNow rates are developed from HealthNow's 2013 combined (all regions of NYS) commercial Small Group claims experience. The claims experience was adjusted to account for the new populations that will enter the Small Group and Individual markets. Factors were developed based on data received from OptumHealth, an external consulting firm. The adjustment for the Small Group market is near 1.000 because the population will consist mostly of small groups who currently have employer sponsored coverage. Therefore, the Small Group claims experience should closely resemble current commercial Small Group claims experience. The Individual adjustment is larger, as it will consist of people who have previously been uninsured. This population will utilize several routine services since they have coverage, as well as utilizing procedures to alleviate medical conditions that they have been unable to address without coverage. The adjustments from experience period commercial Small Group to 2015 Exchange and Off-Exchange Small Group and Individual are summarized below:

| | | |
|---|---|---|
| SHOP Market Risk Morbidity Factor: | 1.003 | (all benefit categories) |
| Individual Market Population Risk Morbidity Factor: | 1.239 | (all benefit categories) |

*Changes in Benefits:*

Most HealthNow plans within the Small Group claims experience cover the essential health benefits. The following changes were made where HealthNow did not meet the essential health benefits:

- PT / OT / ST: Increased number of visits to 60 (from 30)
- Skilled Nursing Facility: Increased number of visits to 200 (from 60)
- Mental Health / Substance Abuse: Unlimited visits (from a limited number depending on place and type of service) and residential treatment center coverage.
- Vision Appliances: Covered (from not covered)
- Hearing Aids: Covered (from not covered)
- Exercise Benefit: Covered (from not covered)
- Pediatric Dental: Covered (from not covered)

HealthNow is not removing any widely covered benefits from its product lines as the current set of standard covered benefits is a true subset of the essential health benefits.

Utilization adjustments to account for cost sharing differences from the base data are developed based on the HHS published induced demand factors. The overall impact of adjusting experience period data to EHB benefit level was 1.012 as is applied for both Small Group and Individual markets and was applied in the "Other" adjustment for all service categories.

*Changes in Demographics:*

The change in demographics is used in conjunction with the unit cost and utilization trends in order to translate commercial Small Group base period data to rate period data. This is done for both medical and pharmacy services. The 2013 to 2014 change in demographic is based on demographic factors from the Milliman Health Cost Guidelines applied at the member level across HealthNow commercial Small Group membership (the same population as that of the Experience period) for January 2013 and January 2014. The change in average demographic from January 2013 to January 2014 is applied to the base period data as a factor of 1.007. No demographic deterioration is assumed from January 2014 to January 2015.

*Other Adjustments:*

The experience period data contains all HealthNow's rating regions. Geographic adjustments need to be applied to reflect to the combined claims experience to reflect the cost difference specific to the region of the Unified Rate Review Template (HealthNow submits separate URRTs for NENY, WNY, CNY due to different issuer IDs). The geographic adjustment factors were created with assistance from New York State Department of Financial Services. The factors are as follows:

NENY Geographic Adjustment Factors:

| | | |
|---|---|---|
| NYS Rating Region 1: | 1.311 | (all benefit categories) |
| NYS Rating Region 7: | 1.434 | (all benefit categories) |

Assuming a 9:1 ratio of membership in Region 1 to Region 7 produces:

| | |
|---|---|
| Combined Factor: | 1.324 |

WNY Geographic Adjustment Factor: 0.940

CNY Geographic Adjustment Factor*:

| | |
|---|---|
| NYS Rating Region 5: | 0.940 |
| NYS Rating Region 6: | 1.311 |
| NYS Rating Region 7: | 1.434 |

Assuming an even distribution of membership in Region 5, Region 6, and Region 7 produces:

| | |
|---|---|
| Combined Factor: | 1.228 |

* Note: CNY geographic factors are based off of NENY and WNY due to limited membership in this region.

The "Other" adjustment in worksheet 1 of the URRT is the product of the applicable geographic factor and the EHB benefit level adjustment.

*Trend Factors (Cost/Utilization):*

The 2014 and 2015 allowed trends are developed separately for unit cost and utilization for both medical and pharmacy claims. A regression model is used to develop the trends based on HealthNow data with incurred dates as far back as 2008. The trends are developed considering all of the following factors:

- Negotiated fee schedules with providers

- Utilization of services
- Complexity of services
- Cost containment programs
- Prescription drugs transitioning from brand to generic
- Introduction of new prescription drugs

Since the experience period data contains a mix of WNY and NENY claims data for HealthNow, the trend factors below apply to the aggregate data, and regional differences are adjusted in the geographic factors.

The base data is trended from the midpoint of the experience period to the midpoint of the rate period (7/1/2013 to 7/1/2015). The 2014 and 2015 medical and pharmacy trends are summarized below:

| | | | |
|---|---|---|---|
| 2014 Medical: | | 2014 Pharmacy: | |
| Unit Cost: | 3.5% | Unit Cost: | 9.3% |
| Utilization: | 1.6% | Utilization: | -3.4% |
| 2015 Medical: | | 2015 Pharmacy: | |
| Unit Cost: | 1.8% | Unit Cost: | 8.1% |
| Utilization: | 0.9% | Utilization: | -3.5% |
| Combined (2014 and 2015) Medical: | | Combined (2014 and 2015) Pharmacy: | |
| Unit Cost: | 5.3% | Unit Cost: | 18.2% |
| Utilization: | 2.5% | Utilization: | -6.8% |

**Credibility Manual Rate Development:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Source and Appropriateness of Experience Data Used:*

HealthNow completed this section with the experience period data, as it was deemed credible.

**Credibility of Experience:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Description of Credibility Methodology Used:*

HealthNow's 2013 Small Group claims experience data contains 789,301 member months. For HealthNow's Experience Rated business, the filed credibility formula is:

**Credibility:** $z = \text{MIN}\left\{\left(\frac{E}{350 \times 12}\right)^{(1/3)}, 1\right\}$ where "E" represents exposure (contract months)
Please note that this implies that groups with exposure (contract months) of greater than or equal to 4200 are fully credible groups

Insomuch as the above credibility formula requires 350 average *subscribers* and HealthNow's experience period claim data contains 65,775 average *members*, the experience period claim data is determined to be 100% credible. Additionally, the resulting index rates seem reasonable.

*Resulting Credibility Level Assigned to Base Period Experience (For Small Group):* 100%

**Paid to Allowed Ratio:**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

The Paid to Allowed Ratio located in Worksheet 1 is consistent with membership projections by plan included in Worksheet 2. It equals the projected member-month-weighted pricing AV by plan.

**Risk Adjustment and Reinsurance:**

*Projected Risk Adjustments PMPM:*

Risk adjustment transfer payments were provided by the NYS Department of Financial Services (NYSDFS), in conjunction with Deloitte, an external consulting firm. NYSDFS encouraged NYS insurers to submit small group and individual claims data in order to run a risk adjustment simulation to gauge each insurers risk position within the market. All major insurers in NYS participated in the simulation. NYSDFS shared with each insurer their anticipated aggregate risk adjustment transfer payment based on recent (2013) small group and individual claims experience. The PMPMs are applied to all products.

The projected Risk Adjustment Payment/(Receipt) PMPM is: $0.00 (This was used due to no credible experience yet in this market. The pre-2014 individual market is not an appropriate measure for the new individual market as the population will change significantly).

*Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only):*

Reinsurance Recovery projections were calculated using the base period data trended to the rate period and the HHS reinsurance parameters for 2015.

The projected ACA Reinsurance Recovery Net of Reinsurance Premium is: $10.32 [This means payment]

**Non-Benefit Expenses and Profit & Risk**

The information below applies to *all* of HealthNow's Part III Actuarial Memorandums for each Unified Rate Review Templates.

*Administrative Expense Load:*

Direct (variable) Costs were built from the ground up based on HealthNow's expected impact to the organization. Thoughtful consideration was made as to what incremental dedicated costs are necessary to manage the new business. The functions affected were Sales, Customer Service, Billing & Enrollment, and Marketing.

Cost for other direct type expenses were developed within the construct of the entire organizations membership make-up. Functions affected are Claims Processing, Underwriting, Care Management, Wellness activities, UM, & Network Management. Costs for these functions were developed using statistical estimates to membership and claims processing across the organizations product portfolio.

Indirect costs for other support functions (Legal, Finance, Executive Leadership, etc) are allocated to the organizations product portfolio based on complex methodology's driven mostly by the accumulation of the direct costs notated above and membership.

The admin load varies by plan, but is consistent among AV Metal levels (ie Gold plans receive the same admin allocation as other Gold plans).

*Profit (or Contribution to Surplus) & Risk Margin:*

Within each plan, there is a 1% premium load for Risk Margin and Profit. The load does not vary based on product or plan.

*Taxes and Fees:*

The following taxes and/or fees are included:

Excise Tax: 2.5% premium load
CER Fee: $0.17 PMPM
Risk Adjustment Operational Fee: $0.08 PMPM

This results in a load for taxes and/or fees of roughly 2.6% across the board.

*Exchange User Fee:*

NYSDFS has advised HealthNow that no additional exchange user fee may be built into premium rates.

**Projected Loss Ratio:**

The projected loss ratios using the Federally prescribed MLR methodology are as follows:

| Individual Exchange Plans | Region 2 MLR | Individual Exchange Plans | Region 2 MLR | Individual Off-Exchange Plans | Region 2 MLR |
|---|---|---|---|---|---|
| 49526NY0450035 | 90.47% | 49526NY0450014 | 88.74% | 49526NY0510031 | 89.94% |
| 49526NY0450036 | 90.47% | 49526NY0450015 | 88.74% | 49526NY0510032 | 89.94% |
| 49526NY0450037 | 90.47% | 49526NY0450016 | 88.74% | 49526NY0510033 | 89.94% |
| 49526NY0450038 | 89.07% | 49526NY0450017 | 85.98% | | |
| 49526NY0450039 | 89.07% | 49526NY0450018 | 85.98% | | |
| 49526NY0450040 | 89.78% | 49526NY0450019 | 87.88% | | |
| 49526NY0450041 | 89.78% | 49526NY0450020 | 87.88% | | |
| 49526NY0450026 | 89.43% | 49526NY0450001 | 87.25% | | |
| 49526NY0450027 | 89.43% | 49526NY0450002 | 87.25% | | |
| 49526NY0450028 | 89.43% | 49526NY0450003 | 87.25% | | |
| 49526NY0450029 | 87.17% | 49526NY0450006 | 84.11% | | |
| 49526NY0450030 | 87.17% | 49526NY0450007 | 84.11% | | |
| 49526NY0450031 | 88.77% | 49526NY0450008 | 86.85% | | |
| 49526NY0450032 | 88.77% | 49526NY0450009 | 86.85% | | |

**Index Rate:**

The base period experience index rate is the total allowed medical and pharmacy PMPM for the commercial small group base period data.

The base period experience index rate is converted to rate period projected index rate by applying the following elements:

- Trend
- Demographic deterioration
- Adjustments for compliance with essential health benefits
- Risk adjustment transfer payments
- Reinsurance recoveries
- Population adjustments
- Limited provider networks
- Limited pharmacy formularies

The index rates are developed as effective 1/1/2015. Premium rates for 1/1/2015 are developed and from this and subsequent quarter's rates for group are developed by rolling the 1/1/2015 rate at a quarterly trend derived from the trend applied to the base period data. Individual rates do not roll through 2015.

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- PMPM to single rate conversion factor (step-up factor)

Rates for additional tiers other than single are developed by applying NYS DFS mandated tier factors to the single rate.

**AV Metal Values:**

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**AV Pricing Values:**

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**Membership Projections:**

The membership projections found in Worksheet 2 of the Part I Unified Rate Review Template were developed by HealthNow's sales teams.

**Terminated Products:**

The products that are identified as "Terminated Products" represent HealthNow's pre-2014 small group portfolio.

Blue Shield of Northeastern NY and BlueCross BlueShield of Western NY Small Group Portfolio:

| | |
|---|---|
| Buffalo Traditional | Albany Traditional |
| Buffalo PPO | Albany EPO |
| Buffalo POS/Aqua/HDHP | Albany POS/Aqua/HDHP |
| Buffalo HMO 100 | Albany HMO 100 |
| Buffalo HMO 200 | Albany HMO 200 |

**Warning Alerts:**

- Warning Cell A80: Average Rate PMPM for Projected Period on Worksheet 2 does not tie to the Average Rate PMPM for Projected Period on Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A82: Total Premium for Projection Period in Worksheet 2 does not tie to the Total Premium for Projection Period in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A86: Total Allowed Claims for Projection Period in Worksheet 2 does not tie to the Total Allowed Claims for Projection Period in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A93: Total Incurred Claims Payable with Issuer Funds for Projection Period in Worksheet 2 does not tie to the Projected Incurred Claims in Worksheet 1 due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.
- Warning Cell A98 & A99 Doe not tie because Total Allowed Claims and Total Incurred Claims do not tie due to differences in the Rate Development methodologies used between NYS and the URRT. HealthNow does not apply universal factors to all products as in Worksheet 1.

**Actuarial Certification**

I certify that:

1. I am a member of the American Academy of Actuaries.
2. The projected index rate is:
    a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
    b. Developed in compliance with the applicable Actuarial Standards of Practice,
    c. Reasonable in relation to the benefits provided and the population anticipated
    d. Neither excessive nor deficient
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV, were calculated in accordance with actuarial standards of practice.
5. The AV calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans except those specified in the certification.

[redacted]

[redacted]

**Unified Rate Review v2.0.2**

Company Legal Name: **HealthNow New York Incorpo** State: **NY**
HIOS Issuer ID: **40064** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2015**

**Market Level Calculations (Same for all Plans)**

**Section I: Experience period data**

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

| | Experience Period Aggregate Amount | PMPM | % of Prem |
|---|---|---|---|
| **Premiums (net of MLR Rebate) in Experience Period:** | $256,542,431 | $325.02 | 100.00% |
| **Incurred Claims in Experience Period** | $228,519,820 | 289.52 | 89.08% |
| **Allowed Claims:** | $273,843,859 | 346.94 | 106.74% |
| **Index Rate of Experience Period** | | $271.98 | |
| **Experience Period Member Months** | 789,301 | | |

**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 | 61.14 | $15,765.27 | $80.32 | 1.239 | 1.243 | 1.039 | 1.006 | 76.60 | $21,166.75 | $135.11 | 76.60 | $21,166.75 | $135.11 |
| Outpatient Hospital | Visits | 2,769.69 | 305.23 | 70.45 | 1.239 | 1.243 | 1.039 | 1.006 | 3,470.09 | 409.81 | 118.51 | 3470.09 | 409.81 | 118.51 |
| Professional | Visits | 15,301.44 | 94.41 | 120.38 | 1.239 | 1.243 | 1.039 | 1.006 | 19,170.83 | 126.75 | 202.50 | 19170.83 | 126.75 | 202.50 |
| Other Medical | Visits | 303.79 | 129.33 | 3.27 | 1.239 | 1.243 | 1.039 | 1.006 | 380.61 | 173.64 | 5.51 | 380.61 | 173.64 | 5.51 |
| Capitation | Benefit Period | 12,000.00 | 0.00 | 0.00 | 1.239 | 1.243 | 1.039 | 1.006 | 15,034.54 | 0.00 | 0.00 | 15034.54 | 0.00 | 0.00 |
| Prescription Drug | Prescriptions | 12,740.11 | 68.31 | 72.52 | 1.239 | 1.243 | 1.039 | 1.006 | 15,961.81 | 91.71 | 121.99 | 15961.81 | 91.71 | 121.99 |
| Total | | | | $346.94 | | | | | | | $583.61 | | | $583.61 |

**Section III: Projected Experience:**

| | | | After Credibility | Projected Period Totals |
|---|---|---|---|---|
| Projected Allowed Experience Claims PMPM (w/applied credibility if applicable) | 100.00% | 0.00% | $583.61 | $376,428 |
| Paid to Allowed Average Factor in Projection Period | | | 0.792 | |
| Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM | | | $461.97 | $297,972 |
| Projected Risk Adjustments PMPM | | | 0.00 | 0 |
| Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM | | | $461.97 | $297,972 |
| Projected ACA reinsurance recoveries, net of rein prem, PMPM | | | 10.32 | 6,656 |
| Projected Incurred Claims | | | $451.65 | $291,315 |
| Administrative Expense Load | | 8.75% | 45.04 | 29,050 |
| Profit & Risk Load | | 1.00% | 5.15 | 3,321 |
| Taxes & Fees | | 2.54% | 13.09 | 8,444 |
| Single Risk Pool Gross Premium Avg. Rate, PMPM | | | $514.93 | $332,130 |
| Index Rate for Projection Period | | | $394.07 | |
| % increase over Experience Period | | | 58.43% | |
| % Increase, annualized: | | | 25.87% | |
| **Projected Member Months** | | | | 645 |

**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: | **HealthNow New York Incorporated** | State: | **NY** |
| HIOS Issuer ID: | **40064** | Market: | **Individual** |
| Effective Date of Rate Change(s): | **1/1/2015** | | |

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

| Product | Terminated Product | Individual Off-Exchange Plans | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Product ID: | 40064NY045 | 40064NY044 | | | | | | | | | | | | |
| Metal: | Catastrophic | Platinum | Platinum | Platinum | Gold | Gold | Gold | Silver | Silver | Silver | Bronze | Bronze | Bronze |
| AV Metal Value | 0.000 | 0.881 | 0.881 | 0.881 | 0.791 | 0.791 | 0.791 | 0.707 | 0.707 | 0.707 | 0.620 | 0.620 | 0.620 |
| AV Pricing Value | 0.001 | 0.945 | 0.945 | 0.945 | 0.853 | 0.853 | 0.853 | 0.765 | 0.765 | 0.765 | 0.647 | 0.647 | 0.647 |
| Plan Type: | EPO | EPO | EPO | EPO | EPO | EPO | EPO | EPO | EPO | EPO | EPO | EPO | EPO |
| Plan Name | Terminated Products | Platinum POS | Platinum POS | Platinum POS | Gold Standard | Gold Standard | Gold Standard | Silver Standard | Silver Standard | Silver Standard | Bronze Standard | Bronze Standard | Bronze Standard |
| Plan ID (Standard Component ID): | 40064NY045001 | 40064NY044010 | 40064NY044011 | 40064NY044012 | 40064NY044007 | 40064NY044003B | 40064NY044003B | 40064NY044009 | 40064NY044004 | 40064NY044005 | 40064NY044006 | 40064NY044001 | 40064NY044002 | 40064NY044003 |
| Exchange Plan? | No | No | No | No | No | No | No | No | No | No | No | No | No | No |
| Historical Rate Increase - Calendar Year - 2 | 0.00% | 0.00% | | | | | | | | | | | | |
| Historical Rate Increase - Calendar Year - 1 | 0.00% | 0.00% | | | | | | | | | | | | |
| Historical Rate Increase - Calendar Year 0 | 0.00% | 0.00% | | | | | | | | | | | | |
| Effective Date of Proposed Rates | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 |
| Rate Change % (over prior filing) | 0.00% | 3.63% | 4.78% | 3.63% | 3.46% | 4.61% | 3.46% | 6.27% | 7.45% | 6.27% | 2.63% | 3.77% | 2.63% |
| Cum'tive Rate Change % (over 12 mos prior) | 0.00% | 3.63% | 4.78% | 3.63% | 3.46% | 4.61% | 3.46% | 6.27% | 7.45% | 6.27% | 2.63% | 3.77% | 2.63% |
| Proj'd Per Rate Change % (over Exper. Period) | -100.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | #DIV/0! | 5.06% | | | | | | | | | | | | |

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

| Plan ID (Standard Component ID): | Total | 40064NY045001 | 40064NY044010 | 40064NY044011 | 40064NY044012 | 40064NY044007 | 40064NY044003B | 40064NY044003B | 40064NY044009 | 40064NY044004 | 40064NY044005 | 40064NY044006 | 40064NY044001 | 40064NY044002 | 40064NY044003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inpatient | $0.00 | $0.00 | -$1.08 | $0.10 | -$0.45 | $0.18 | $1.20 | $0.06 | $2.38 | $3.26 | $0.98 | -$0.27 | $0.45 | -$0.13 |
| Outpatient | $0.00 | $0.00 | -$0.84 | $0.07 | -$0.35 | $0.12 | $0.93 | $0.05 | $1.85 | $2.54 | $0.76 | -$0.21 | $0.35 | -$0.09 |
| Professional | $0.00 | $0.00 | -$1.56 | $0.14 | -$0.64 | $0.23 | $1.73 | $0.09 | $3.43 | $4.72 | $1.41 | -$0.39 | $0.65 | -$0.16 |
| Prescription Drug | $0.00 | $0.00 | -$0.84 | $0.07 | -$0.35 | $0.12 | $0.93 | $0.05 | $1.85 | $2.54 | $0.76 | -$0.21 | $0.35 | -$0.09 |
| Other | $0.00 | $0.00 | -$0.30 | $0.03 | -$0.12 | $0.04 | $0.33 | $0.02 | $0.66 | $0.93 | $0.27 | -$0.08 | $0.12 | -$0.03 |
| Capitation | $0.00 | $0.00 | -$0.06 | $0.01 | -$0.02 | $0.01 | $0.07 | $0.00 | $0.13 | $0.18 | $0.05 | -$0.02 | $0.02 | -$0.01 |
| Administration | $0.00 | $0.00 | -$0.66 | $0.06 | -$0.27 | $0.10 | $0.73 | $0.04 | $1.45 | $1.99 | $0.60 | -$0.17 | $0.27 | -$0.07 |
| Taxes & Fees | $0.00 | $0.00 | -$0.60 | $0.05 | -$0.25 | $0.09 | $0.66 | $0.04 | $1.32 | $1.81 | $0.54 | -$0.15 | $0.25 | -$0.06 |
| Risk & Profit Charge | $0.00 | $0.00 | -$0.06 | $0.01 | -$0.02 | $0.01 | $0.07 | $0.00 | $0.13 | $0.18 | $0.05 | -$0.02 | $0.02 | -$0.01 |
| Total Rate Increase | $0.00 | $0.00 | -$6.02 | $0.53 | -$2.48 | $0.87 | $6.64 | $0.36 | $13.20 | $18.14 | $5.43 | -$1.52 | $2.49 | -$0.62 |
| Member Cost Share Increase | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.02 | $0.02 | $0.01 | $0.00 | $0.00 | $0.00 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Average Current Rate PMPM | $429.43 | $325.02 | $595.88 | $596.30 | $245.50 | $519.62 | $519.99 | $214.09 | $430.92 | $431.22 | $177.54 | $362.39 | $362.64 | $149.30 |
| Projected Member Months | 645 | 0 | 86 | 23 | 12 | 55 | 12 | 12 | 226 | 79 | 43 | 73 | 12 | 12 |

**Section III: Experience Period Information**

| Warning Alert | Wsht 1 Total | | Plan ID (Standard Component ID): | Total | 40064NY045001 | 40064NY044010 | 40064NY044011 | 40064NY044012 | 40064NY044007 | 40064NY044003B | 40064NY044009 | 40064NY044004 | 40064NY044005 | 40064NY044006 | 40064NY044001 | 40064NY044002 | 40064NY044003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OK | $ 325.02 | Premium Information | Average Rate PMPM | $325.02 | $325.02 | | | | | | | | | | | | |
| OK | 789,301 | | Member Months | 789,301 | 789,301 | | | | | | | | | | | | |
| OK | $256,542,431 | | Total Premium (TP) | $256,542,431 | $256,542,431 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | EHB Percent of TP, [see instructions] | 100.00% | 100.00% | | | | | | | | | | | | |
| | | | state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | | | | | | | | | | | | |
| | | | Other benefits portion of TP | 0.00% | 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% |
| OK | $273,843,859 | | Total Allowed Claims (TAC) | $273,843,859 | $273,843,859 | | | | | | | | | | | | |
| | | Claims Information | EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | | | | | | | | | | | | |
| | | | state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | | | | | | | | | | | | |
| | | | Other benefits portion of TAC | 0.00% | 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: | $45,324,039 | $45,324,039 | | | | | | | | | | | | |
| | | | Portion of above payable by HHS's funds on behalf of insured person, in dollars | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | 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! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| OK | $228,519,820 | | Total Incurred claims, payable with issuer funds | $228,519,820 | $228,519,820 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | Net Amt of Rein | $0.00 | $0.00 | | | | | | | | | | | | |
| | | | Net Amt of Risk Adj | $0.00 | $0.00 | | | | | | | | | | | | |
| OK | $ 289.52 | | Incurred Claims PMPM | $289.52 | $289.52 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| OK | $ 346.94 | | Allowed Claims PMPM | $346.94 | $346.94 | #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 | $346.94 | $346.94 | #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)**

| Warning Alert | Wsht 1 Total | | Plan ID (Standard Component ID): | Total | 40064NY045001 | 40064NY044010 | 40064NY044011 | 40064NY044012 | 40064NY044007 | 40064NY044003B | 40064NY044009 | 40064NY044004 | 40064NY044005 | 40064NY044006 | 40064NY044001 | 40064NY044002 | 40064NY044003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WARNING | $ 514.93 | Premium Information | Plan Adjusted Index Rate | $394.07 | | $539.51 | $545.88 | $222.28 | $472.60 | $478.17 | $194.71 | $400.44 | $405.17 | $164.38 | $320.67 | $324.45 | $132.12 |
| OK | 645 | | Member Months | 645 | | 86 | 23 | 12 | 55 | 12 | 12 | 226 | 79 | 43 | 73 | 12 | 12 |
| WARNING | $332,130 | | Total Premium (TP) | $254,177 | $0 | $46,398 | $12,555 | $2,667 | $25,993 | $5,738 | $2,337 | $90,499 | $32,008 | $7,094 | $23,409 | $3,893 | $1,585 |
| | | | 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% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| WARNING | 376,428 | | Total Allowed Claims (TAC) | $229,818 | | $42,437 | $11,483 | $2,440 | $23,601 | $5,210 | $2,122 | $81,599 | $28,860 | $6,396 | $20,802 | $3,460 | $1,409 |
| | | Claims Information | 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% | 100.00% | 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 | $44,218 | | $2,339 | $633 | $134 | $3,463 | $765 | $311 | $19,209 | $6,794 | $1,506 | $7,345 | $1,222 | $497 |
| | | | 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! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| WARNING | 291,315 | | Total Incurred claims, payable with issuer funds | $185,600 | $0 | $40,098 | $10,850 | $2,305 | $20,138 | $4,446 | $1,810 | $62,390 | $22,066 | $4,891 | $13,457 | $2,238 | $911 |
| OK | 6,656 | | Net Amt of Rein | $6,656 | | $888 | $237 | $124 | $568 | $124 | $124 | $2,332 | $815 | $444 | $753 | $124 | $124 |
| | | | Net Amt of Risk Adj | $0 | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| WARNING | $ 451.65 | | Incurred Claims PMPM | $287.75 | #DIV/0! | $466.26 | $471.76 | $192.10 | $366.14 | $370.46 | $150.85 | $276.06 | $279.32 | $113.73 | $184.34 | $186.51 | $75.95 |
| WARNING | $ 583.61 | | Allowed Claims PMPM | $356.31 | #DIV/0! | $493.45 | $499.27 | $203.30 | $429.11 | $434.17 | $176.79 | $361.06 | $365.32 | $148.75 | $284.95 | $288.31 | $117.40 |
| | | | EHB portion of Allowed Claims, PMPM | $356.31 | #DIV/0! | $493.45 | $499.27 | $203.30 | $429.11 | $434.17 | $176.79 | $361.06 | $365.32 | $148.75 | $284.95 | $288.31 | $117.40 |

**Unified Rate Review v2.0.2**

Company Legal Name: **BlueShield of Northeastern N** State: **NY**
HIOS Issuer ID: **36346** Market: **Individual**
Effective Date of Rate Change(s): **1/1/2015**

**Market Level Calculations (Same for all Plans)**

**Section I: Experience period data**

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

| | Experience Period Aggregate Amount | PMPM | % of Prem |
|---|---|---|---|
| **Premiums (net of MLR Rebate) in Experience Period:** | $256,542,431 | $325.02 | 100.00% |
| **Incurred Claims in Experience Period** | $228,519,820 | 289.52 | 89.08% |
| **Allowed Claims:** | $273,843,859 | 346.94 | 106.74% |
| **Index Rate of Experience Period** | | $271.98 | |
| **Experience Period Member Months** | 789,301 | | |

**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 | 61.14 | $15,765.27 | $80.32 | 1.239 | 1.339 | 1.039 | 1.006 | 76.60 | $22,805.35 | $145.57 | 76.60 | $22,805.35 | $145.57 |
| Outpatient Hospital | Visits | 2,769.69 | 305.23 | 70.45 | 1.239 | 1.339 | 1.039 | 1.006 | 3,470.09 | 441.54 | 127.68 | 3470.09 | 441.54 | 127.68 |
| Professional | Visits | 15,301.44 | 94.41 | 120.38 | 1.239 | 1.339 | 1.039 | 1.006 | 19,170.83 | 136.56 | 218.17 | 19170.83 | 136.56 | 218.17 |
| Other Medical | Visits | 303.79 | 129.33 | 3.27 | 1.239 | 1.339 | 1.039 | 1.006 | 380.61 | 187.08 | 5.93 | 380.61 | 187.08 | 5.93 |
| Capitation | Benefit Period | 12,000.00 | 0.00 | 0.00 | 1.239 | 1.339 | 1.039 | 1.006 | 15,034.54 | 0.00 | 0.00 | 15034.54 | 0.00 | 0.00 |
| Prescription Drug | Prescriptions | 12,740.11 | 68.31 | 72.52 | 1.239 | 1.339 | 1.039 | 1.006 | 15,961.81 | 98.81 | 131.43 | 15961.81 | 98.81 | 131.43 |
| Total | | | | $346.94 | | | | | | | $628.79 | | | $628.79 |

**Section III: Projected Experience:**

| | | | After Credibility | Projected Period Totals |
|---|---|---|---|---|
| Projected Allowed Experience Claims PMPM (w/applied credibility if applicable) | 100.00% | 0.00% | $628.79 | $10,096,834 |
| Paid to Allowed Average Factor in Projection Period | | | 0.749 | |
| Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM | | | $470.91 | $7,561,702 |
| Projected Risk Adjustments PMPM | | | 0.00 | 0 |
| Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM | | | $470.91 | $7,561,702 |
| Projected ACA reinsurance recoveries, net of rein prem, PMPM | | | 10.32 | 165,714 |
| Projected Incurred Claims | | | $460.59 | $7,395,987 |
| Administrative Expense Load | | 9.15% | 48.30 | 775,548 |
| Profit & Risk Load | | 1.00% | 5.28 | 84,714 |
| Taxes & Fees | | 2.54% | 13.40 | 215,107 |
| Single Risk Pool Gross Premium Avg. Rate, PMPM | | | $527.56 | $8,471,356 |
| Index Rate for Projection Period | | | $337.71 | |
| % increase over Experience Period | | | 62.31% | |
| % Increase, annualized: | | | 27.40% | |
| **Projected Member Months** | | | | 16,058 |

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**Product-Plan Data Collection**

| | | | |
|---|---|---|---|
| Company Legal Name: | **BlueShield of Northeastern NY** | State: | **NY** |
| HIOS Issuer ID: | **36346** | Market: | **Individual** |
| Effective Date of Rate Change(s): | **1/1/2015** | | |

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Product | Terminated Product | Individual Exchange Plans | | | | | | | | | | | | | | | | | | | | | | | Individual Off-Exchange Plans | | |
| Product ID: | 36346NY044 | 36346NY048 | | | | | | | | | | | | | | | | | | | | | | | 36346NY054 | | |
| Metal: | Catastrophic | Platinum | Platinum | Platinum | Platinum | Platinum | Gold | Gold | Gold | Gold | Gold | Silver | Silver | Silver | Silver | Silver | Bronze | Bronze | Bronze | Bronze | Bronze | Platinum | Platinum | Platinum |
| AV Metal Value | 0.000 | 0.881 | 0.881 | 0.881 | 0.907 | 0.907 | 0.791 | 0.791 | 0.791 | 0.786 | 0.786 | 0.707 | 0.707 | 0.707 | 0.681 | 0.681 | 0.620 | 0.620 | 0.620 | 0.587 | 0.587 | 0.881 | 0.881 | 0.881 |
| AV Pricing Value | 0.001 | 0.945 | 0.945 | 0.945 | 0.937 | 0.937 | 0.853 | 0.853 | 0.853 | 0.811 | 0.811 | 0.763 | 0.763 | 0.763 | 0.714 | 0.714 | 0.646 | 0.646 | 0.646 | 0.594 | 0.594 | 0.945 | 0.945 | 0.945 |
| Plan Type: | EPO | EPO | EPO | EPO | POS | POS | EPO | EPO | EPO | POS | POS | EPO | EPO | EPO | POS | POS | EPO | EPO | EPO | POS | POS | POS | POS | POS |
| Plan Name | Terminated Products | Platinum Standard | Platinum Standard | Platinum Standard | Platinum 267 | Platinum 267 | Gold Standard | Gold Standard | Gold Standard | Gold Aqua | Gold Aqua | Silver Standard | Silver Standard | Silver Standard | Silver HDHP-HSA 269 | Silver HDHP-HSA 269 | Bronze Standard | Bronze Standard | Bronze Standard | Bronze HDHP-HSA 270 | Bronze HDHP-HSA 270 | Platinum POS | Platinum POS | Platinum POS |
| Plan ID (Standard Component ID): | 36346NY0440001 | 36346NY0480035 | 36346NY0480036 | 36346NY0480037 | 36346NY0480045 | 36346NY0480046 | 36346NY0480026 | 36346NY0480027 | 36346NY0480028 | 36346NY0480031 | 36346NY0480032 | 36346NY0480014 | 36346NY0480015 | 36346NY0480016 | 36346NY0480019 | 36346NY0480020 | 36346NY0480001 | 36346NY0480002 | 36346NY0480003 | 36346NY0480006 | 36346NY0480007 | 36346NY0540031 | 36346NY0540032 | 36346NY0540033 |
| Exchange Plan? | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | No | No |
| Historical Rate Increase - Calendar Year - 2 | 0.00% | 0.00% | | | | | | | | | | | | | | | | | | | | 0.00% | | |
| Historical Rate Increase - Calendar Year - 1 | 0.00% | 0.00% | | | | | | | | | | | | | | | | | | | | 0.00% | | |
| Historical Rate Increase - Calendar Year 0 | 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 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 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% | 6.26% | 7.37% | 6.25% | 0.00% | 0.00% | 4.53% | 5.63% | 4.53% | 0.00% | 0.00% | 7.31% | 8.46% | 7.31% | 0.00% | 0.00% | 3.69% | 4.80% | 3.73% | 0.00% | 0.00% | 4.72% | 5.81% | 4.70% |
| Cum'tive Rate Change % (over 12 mos prior) | 0.00% | 6.26% | 7.37% | 6.25% | 0.00% | 0.00% | 4.53% | 5.63% | 4.53% | 0.00% | 0.00% | 7.31% | 8.46% | 7.31% | 0.00% | 0.00% | 3.69% | 4.80% | 3.73% | 0.00% | 0.00% | 4.72% | 5.81% | 4.70% |
| Proj'd Per Rate Change % (over Exper. Period) | -100.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate increase % | #DIV/0! | 6.50% | | | | | | | | | | | | | | | | | | | | #DIV/0! | | |

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

| Plan ID (Standard Component ID): | Total | 36346NY0440001 | 36346NY0480035 | 36346NY0480036 | 36346NY0480037 | 36346NY0480045 | 36346NY0480046 | 36346NY0480026 | 36346NY0480027 | 36346NY0480028 | 36346NY0480031 | 36346NY0480032 | 36346NY0480014 | 36346NY0480015 | 36346NY0480016 | 36346NY0480019 | 36346NY0480020 | 36346NY0480001 | 36346NY0480002 | 36346NY0480003 | 36346NY0480006 | 36346NY0480007 | 36346NY0540031 | 36346NY0540032 | 36346NY0540033 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inpatient | $0.00 | $0.00 | -$1.53 | -$0.32 | -$0.62 | $0.00 | $0.00 | -$2.84 | -$1.82 | -$1.17 | $0.00 | $0.00 | -$0.15 | $0.74 | -$0.06 | $0.00 | $0.00 | -$2.39 | -$1.67 | -$0.97 | $0.00 | $0.00 | -$115.26 | -$115.40 | -$47.49 |
| Outpatient | $0.00 | $0.00 | -$1.17 | -$0.25 | -$0.49 | $0.00 | $0.00 | -$2.21 | -$1.42 | -$0.91 | $0.00 | $0.00 | -$0.11 | $0.58 | -$0.05 | $0.00 | $0.00 | -$1.86 | -$1.30 | -$0.76 | $0.00 | $0.00 | -$89.64 | -$89.76 | -$36.94 |
| Professional | $0.00 | $0.00 | -$2.18 | -$0.46 | -$0.90 | $0.00 | $0.00 | -$4.10 | -$2.63 | -$1.69 | $0.00 | $0.00 | -$0.21 | $1.08 | -$0.09 | $0.00 | $0.00 | -$3.45 | -$2.42 | -$1.41 | $0.00 | $0.00 | -$166.48 | -$166.69 | -$68.60 |
| Prescription Drug | $0.00 | $0.00 | -$1.17 | -$0.25 | -$0.49 | $0.00 | $0.00 | -$2.21 | -$1.42 | -$0.91 | $0.00 | $0.00 | -$0.11 | $0.58 | -$0.05 | $0.00 | $0.00 | -$1.86 | -$1.30 | -$0.76 | $0.00 | $0.00 | -$89.64 | -$89.76 | -$36.94 |
| Other | $0.00 | $0.00 | -$0.42 | -$0.09 | -$0.17 | $0.00 | $0.00 | -$0.79 | -$0.51 | -$0.33 | $0.00 | $0.00 | -$0.04 | $0.21 | -$0.02 | $0.00 | $0.00 | -$0.66 | -$0.46 | -$0.27 | $0.00 | $0.00 | -$32.02 | -$32.06 | -$13.19 |
| Capitation | $0.00 | $0.00 | -$0.08 | -$0.02 | -$0.03 | $0.00 | $0.00 | -$0.16 | -$0.10 | -$0.07 | $0.00 | $0.00 | -$0.01 | $0.04 | $0.00 | $0.00 | $0.00 | -$0.13 | -$0.09 | -$0.05 | $0.00 | $0.00 | -$6.40 | -$6.41 | -$2.64 |
| Administration | $0.00 | $0.00 | -$0.92 | -$0.19 | -$0.38 | $0.00 | $0.00 | -$1.74 | -$1.11 | -$0.72 | $0.00 | $0.00 | -$0.09 | $0.45 | -$0.04 | $0.00 | $0.00 | -$1.46 | -$1.02 | -$0.60 | $0.00 | $0.00 | -$70.43 | -$70.52 | -$29.02 |
| Taxes & Fees | $0.00 | $0.00 | -$0.84 | -$0.18 | -$0.35 | $0.00 | $0.00 | -$1.58 | -$1.01 | -$0.65 | $0.00 | $0.00 | -$0.08 | $0.41 | -$0.03 | $0.00 | $0.00 | -$1.33 | -$0.93 | -$0.54 | $0.00 | $0.00 | -$64.03 | -$64.11 | -$26.39 |
| Risk & Profit Charge | $0.00 | $0.00 | -$0.08 | -$0.02 | -$0.03 | $0.00 | $0.00 | -$0.16 | -$0.10 | -$0.07 | $0.00 | $0.00 | -$0.01 | $0.04 | $0.00 | $0.00 | $0.00 | -$0.13 | -$0.09 | -$0.05 | $0.00 | $0.00 | -$6.40 | -$6.41 | -$2.64 |
| Total Rate Increase | $0.00 | $0.00 | -$8.39 | -$1.76 | -$3.47 | $0.00 | $0.00 | -$15.79 | -$10.11 | -$6.51 | $0.00 | $0.00 | -$0.81 | $4.14 | -$0.34 | $0.00 | $0.00 | -$13.28 | -$9.29 | -$5.42 | $0.00 | $0.00 | -$640.31 | -$641.13 | -$263.85 |
| Member Cost Share Increase | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Average Current Rate PMPM | $179.80 | $325.02 | $640.39 | $641.23 | $263.85 | $0.00 | $0.00 | $557.95 | $558.67 | $229.89 | $0.00 | $0.00 | $462.62 | $463.12 | $190.60 | $0.00 | $0.00 | $388.26 | $388.69 | $159.91 | $0.00 | $0.00 | $640.31 | $641.13 | $263.85 |
| Projected Member Months | 16,058 | 0 | 655 | 123 | 41 | 982 | 109 | 548 | 103 | 34 | 1,225 | 136 | 2,562 | 841 | 179 | 4,374 | 1,387 | 844 | 158 | 53 | 1,531 | 170 | 0 | 0 | 0 |

**Section III: Experience Period Information**

| Warning Alert | Wsht 1 Total | | Plan ID (Standard Component ID): | Total | 36346NY0440001 | 36346NY0480035 | 36346NY0480036 | 36346NY0480037 | 36346NY0480045 | 36346NY0480046 | 36346NY0480026 | 36346NY0480027 | 36346NY0480028 | 36346NY0480031 | 36346NY0480032 | 36346NY0480014 | 36346NY0480015 | 36346NY0480016 | 36346NY0480019 | 36346NY0480020 | 36346NY0480001 | 36346NY0480002 | 36346NY0480003 | 36346NY0480006 | 36346NY0480007 | 36346NY0540031 | 36346NY0540032 | 36346NY0540033 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OK | $ 325.02 | Premium Information | Average Rate PMPM | $325.02 | $325.02 | | | | | | | | | | | | | | | | | | | | | | | |
| OK | 789,301 | | Member Months | 789,301 | 789,301 | | | | | | | | | | | | | | | | | | | | | | | |
| OK | $256,542,431 | | Total Premium (TP) | $256,542,433 | $256,542,433 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | EHB Percent of TP, [see instructions] | 100.00% | 100.00% | | | | | | | | | | | | | | | | | | | | | | | |
| | | | state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Other benefits portion of TP | 0.00% | 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% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OK | $273,843,859 | Claims Information | Total Allowed Claims (TAC) | $273,843,859 | $273,843,859 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | | | | | | | | | | | | | | | | | | | | | | | |
| | | | state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Other benefits portion of TAC | 0.00% | 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% | 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: | $45,324,039 | $45,324,039 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Portion of above payable by HHS's funds on behalf of insured person, in dollars | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $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! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| OK | $228,519,820 | | Total Incurred claims, payable with issuer funds | $228,519,820 | $228,519,820 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | Net Amt of Rein | $0.00 | $0.00 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Net Amt of Risk Adj | $0.00 | $0.00 | | | | | | | | | | | | | | | | | | | | | | | |
| OK | $ 289.52 | | Incurred Claims PMPM | $289.52 | $289.52 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| OK | $ 346.94 | | Allowed Claims PMPM | $346.94 | $346.94 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| | $ 346.94 | | EHB portion of Allowed Claims, PMPM | $346.94 | $346.94 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #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)**

| Warning Alert | Wsht 1 Total | | Plan ID (Standard Component ID): | Total | 36346NY0440001 | 36346NY0480035 | 36346NY0480036 | 36346NY0480037 | 36346NY0480045 | 36346NY0480046 | 36346NY0480026 | 36346NY0480027 | 36346NY0480028 | 36346NY0480031 | 36346NY0480032 | 36346NY0480014 | 36346NY0480015 | 36346NY0480016 | 36346NY0480019 | 36346NY0480020 | 36346NY0480001 | 36346NY0480002 | 36346NY0480003 | 36346NY0480006 | 36346NY0480007 | 36346NY0540031 | 36346NY0540032 | 36346NY0540033 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WARNING | $ 527.56 | Premium Information | Plan Adjusted Index Rate | $337.71 | | $582.10 | $588.98 | $239.82 | $405.35 | $410.14 | $494.64 | $500.47 | $203.79 | $323.85 | $327.67 | $418.46 | $423.40 | $172.40 | $271.89 | $275.10 | $335.10 | $339.06 | $138.07 | $218.02 | $220.66 | $0.00 | $0.00 | $0.00 |
| OK | 16,058 | | Member Months | 16,058 | - | 655 | 123 | 41 | 982 | 109 | 548 | 103 | 34 | 1,225 | 136 | 2,562 | 841 | 179 | 4,374 | 1,387 | 844 | 158 | 53 | 1,531 | 170 | - | - | - |
| WARNING | $8,471,356 | | Total Premium (TP) | $5,422,844 | $0 | $381,249 | $72,328 | $9,817 | $398,227 | $44,770 | $271,285 | $51,466 | $6,986 | $396,612 | $44,548 | $1,072,255 | $356,107 | $30,882 | $1,189,327 | $381,666 | $282,932 | $53,674 | $29,288 | $313,853 | $37,513 | $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% | 100.00% | 100.00% | 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% | 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% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| WARNING | 10,096,834 | Claims Information | Total Allowed Claims (TAC) | $4,622,454 | | $351,149 | $66,617 | $9,042 | $326,383 | $36,693 | $247,550 | $46,954 | $6,373 | $319,684 | $35,939 | $971,617 | $322,684 | $27,983 | $949,974 | $304,854 | $252,846 | $47,968 | $6,513 | $282,213 | $29,478 | $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% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | | | state mandated benefits portion of TAC that are other than EHB | 0.00% | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | | | Other benefits portion of TAC | 0.00% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 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 | $1,056,901 | | $19,352 | $3,671 | $498 | $20,469 | $2,301 | $36,396 | $6,905 | $937 | $60,567 | $6,809 | $229,973 | $76,376 | $6,623 | $271,663 | $87,179 | $89,579 | $16,994 | $2,307 | $106,346 | $11,956 | $0 | $0 | $0 |
| | | | Portion of above payable by HHS's funds on behalf of insured person, in dollars | $0 | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | | Portion of above payable by HHS on behalf of insured person, as % | 0.00% | #DIV/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% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | #DIV/0! | #DIV/0! | #DIV/0! |
| WARNING | 7,395,987 | | Total Incurred claims, payable with issuer funds | $3,565,553 | $0 | $331,794 | $62,946 | $8,544 | $305,912 | $34,392 | $211,106 | $40,049 | $5,436 | $259,117 | $29,130 | $741,646 | $246,308 | $21,360 | $678,307 | $217,675 | $163,267 | $30,974 | $4,204 | $155,865 | $17,523 | $0 | $0 | $0 |
| OK | 165,714 | | Net Amt of Rein | $165,714 | | $6,759 | $1,267 | $422 | $10,139 | $1,127 | $5,660 | $1,061 | $354 | $12,639 | $1,404 | $26,444 | $8,680 | $1,849 | $45,142 | $14,318 | $8,713 | $1,634 | $545 | $15,803 | $1,756 | $0 | $0 | $0 |
| | | | Net Amt of Risk Adj | $0 | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| WARNING | $ 460.59 | | Incurred Claims PMPM | $222.05 | #DIV/0! | $506.59 | $512.57 | $208.71 | $311.38 | $315.06 | $384.91 | $389.45 | $158.58 | $211.58 | $214.08 | $289.43 | $292.85 | $119.24 | $155.07 | $156.90 | $193.37 | $195.65 | $79.67 | $101.79 | $102.99 | #DIV/0! | #DIV/0! | #DIV/0! |
| WARNING | $ 628.79 | | Allowed Claims PMPM | $287.87 | #DIV/0! | $536.14 | $542.47 | $220.89 | $332.22 | $336.14 | $451.27 | $456.59 | $185.92 | $261.04 | $264.12 | $379.18 | $383.66 | $156.22 | $217.17 | $219.74 | $299.47 | $303.00 | $123.39 | $171.23 | $173.26 | #DIV/0! | #DIV/0! | #DIV/0! |
| | | | EHB portion of Allowed Claims, PMPM | $287.87 | #DIV/0! | $536.14 | $542.47 | $220.89 | $332.22 | $336.14 | $451.27 | $456.59 | $185.92 | $261.04 | $264.12 | $379.18 | $383.66 | $156.22 | $217.17 | $219.74 | $299.47 | $303.00 | $123.39 | $171.23 | $173.26 | #DIV/0! | #DIV/0! | #DIV/0! |

**Product-Plan Data Collection**

Company Legal Name: **BlueCross BlueShield of Western NY**
HIOS Issuer ID: **49526**
Effective Date of Rate Change(s): **1/1/2015**

State: **NY**
Market: **Individual**

**Product/Plan Level Calculations**

**Section I: General Product and Plan Information**

| Product | Terminated Product 49526NY044 | Individual Exchange Plans 49526NY045 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Individual Off-Exchange Plans 49526NY051 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Product ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Metal: | Catastrophic | Platinum | Platinum | Platinum | Platinum | Platinum | Platinum | Platinum | Gold | Gold | Gold | Gold | Gold | Gold | Gold | Silver | Silver | Silver | Silver | Silver | Silver | Silver | Silver | Bronze | Bronze | Bronze | Bronze | Bronze | Bronze | Bronze | Platinum | Platinum | Platinum |
| AV Metal Value | 0.000 | 0.881 | 0.881 | 0.881 | 0.884 | 0.884 | 0.892 | 0.892 | 0.791 | 0.791 | 0.791 | 0.783 | 0.783 | 0.815 | 0.815 | 0.707 | 0.707 | 0.707 | 0.690 | 0.690 | 0.686 | 0.686 | 0.686 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.609 | 0.881 | 0.881 | 0.881 |
| AV Pricing Value | 0.001 | 0.945 | 0.945 | 0.945 | 0.910 | 0.910 | 0.936 | 0.936 | 0.854 | 0.854 | 0.854 | 0.816 | 0.816 | 0.850 | 0.850 | 0.767 | 0.767 | 0.767 | 0.711 | 0.711 | 0.753 | 0.753 | 0.753 | 0.649 | 0.649 | 0.649 | 0.649 | 0.592 | 0.592 | 0.623 | 0.945 | 0.945 | 0.945 |
| Plan Type | EPO | EPO | EPO | EPO | POS | POS | POS | POS | EPO | EPO | EPO | POS | POS | POS | POS | EPO | EPO | EPO | POS | POS | POS | POS | POS | EPO | EPO | EPO | EPO | POS | POS | POS | POS | POS | POS |
| Plan Name | Terminated Products | Platinum Standard | Platinum Standard | Platinum Standard | Platinum 250 | Platinum 250 | Platinum POS 110 | Platinum POS 110 | Gold Standard | Gold Standard | Gold Standard | Gold 850 | Gold 850 | Gold Aqua | Gold Aqua | Silver Standard | Silver Standard | Silver Standard | Silver 2000 | Silver 2000 | Silver 7100 POS | Silver 7100 POS | Bronze Standard | Bronze Standard | Bronze Standard | Bronze Value | Bronze Value | Bronze POS B100EX | Bronze POS B100EX | Platinum POS | Platinum POS | Platinum POS |
| Plan ID (Standard Component ID): | | 49526NY044001 | 49526NY045001 | 49526NY045002 | 49526NY045017 | 49526NY045018 | 49526NY045019 | 49526NY045020 | 49526NY045021 | 49526NY045022 | 49526NY045023 | 49526NY045024 | 49526NY045025 | 49526NY045026 | 49526NY045027 | 49526NY045028 | 49526NY045029 | 49526NY045030 | 49526NY045031 | 49526NY045032 | 49526NY045033 | 49526NY045034 | 49526NY045035 | 49526NY045036 | 49526NY045037 | 49526NY045038 | 49526NY045039 | 49526NY045040 | 49526NY045041 | 49526NY045042 | 49526NY051001 | 49526NY051002 | 49526NY051003 |
| Exchange Plan? | | No | 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 | No | No | No |
| Historical Rate Increase - Calendar Year - 2 | | 0.00% | | | | | | | | | | | | | | 0.00% | | | | | | | | | | | | | | | | 0.00% | |
| Historical Rate Increase - Calendar Year - 1 | | 0.00% | | | | | | | | | | | | | | 0.00% | | | | | | | | | | | | | | | | 0.00% | |
| Historical Rate Increase - Calendar Year 0 | | 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 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 1/1/2015 | 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 % (year prior filing) | | 0.00% | 4.63% | 5.75% | 4.63% | 2.40% | 3.59% | 0.00% | 0.00% | 3.09% | 4.18% | 3.09% | -4.53% | -3.51% | 0.00% | 0.00% | 5.49% | 7.63% | 6.49% | -3.56% | -2.53% | 0.00% | 0.00% | 2.62% | 3.73% | 2.62% | 0.00% | 0.00% | 0.00% | 0.00% | -1.48% | -6.43% | -1.48% |
| Cum'live Rate Change % (over 12 mos prior) | | 0.00% | 4.63% | 5.75% | 4.63% | 2.40% | 3.59% | 0.00% | 0.00% | 3.09% | 4.18% | 3.09% | -4.53% | -3.51% | 0.00% | 0.00% | 5.49% | 7.63% | 6.49% | -3.56% | -2.53% | 0.00% | 0.00% | 2.62% | 3.73% | 2.62% | 0.00% | 0.00% | 0.00% | 0.00% | -1.48% | -6.43% | -1.48% |
| Proj'd Fnr Rate Change % (over Exper. Period) | | -100.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | | #DIV/0! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | -3.42% | |

**Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)**

| Plan ID (Standard Component ID): | Total | 49526NY044001 | 49526NY045001 | 49526NY045002 | 49526NY045017 | 49526NY045018 | 49526NY045019 | 49526NY045020 | 49526NY045021 | 49526NY045022 | 49526NY045023 | 49526NY045024 | 49526NY045025 | 49526NY045026 | 49526NY045027 | 49526NY045028 | 49526NY045029 | 49526NY045030 | 49526NY045031 | 49526NY045032 | 49526NY045033 | 49526NY045034 | 49526NY045035 | 49526NY045036 | 49526NY045037 | 49526NY045038 | 49526NY045039 | 49526NY045040 | 49526NY045041 | 49526NY045042 | 49526NY051001 | 49526NY051002 | 49526NY051003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inpatient | $0.00 | $0.00 | $4.07 | $5.06 | $1.68 | $1.84 | $3.71 | $0.00 | $0.00 | $2.37 | $3.23 | $0.98 | -$3.05 | -$2.36 | $0.00 | $0.00 | $4.15 | $4.88 | $1.71 | -$1.98 | -$1.41 | $0.00 | $0.00 | $1.42 | $2.01 | $0.58 | $0.00 | $0.00 | $0.00 | $0.00 | -$1.39 | -$0.18 | -$0.58 |
| Outpatient | $0.00 | $0.00 | $3.37 | $3.94 | $1.30 | $1.45 | $3.03 | $0.00 | $0.00 | $1.82 | $2.55 | $0.76 | -$2.37 | -$1.84 | $0.00 | $0.00 | $2.23 | $3.76 | $1.32 | -$1.04 | -$3.10 | $0.00 | $0.00 | $1.10 | $1.57 | $0.45 | $0.00 | $0.00 | $0.00 | $0.00 | -$1.01 | -$0.29 | -$0.45 |
| Professional | $0.00 | $0.00 | $5.88 | $7.31 | $2.42 | $2.68 | $3.91 | $0.00 | $0.00 | $3.43 | $4.66 | $1.43 | -$4.41 | -$3.42 | $0.00 | $0.00 | $1.09 | $7.04 | $2.47 | -$2.87 | -$2.04 | $0.00 | $0.00 | $2.05 | $2.91 | $0.84 | $0.00 | $0.00 | $0.00 | $0.00 | -$1.88 | -$0.54 | -$0.72 |
| Prescription Drug | $0.00 | $0.00 | $3.17 | $3.96 | $1.30 | $1.45 | $2.11 | $0.00 | $0.00 | $1.93 | $2.51 | $0.76 | -$2.37 | -$1.84 | $0.00 | $0.00 | $2.22 | $3.75 | $1.33 | -$1.04 | -$3.10 | $0.00 | $0.00 | $1.10 | $1.57 | $0.45 | $0.00 | $0.00 | $0.00 | $0.00 | -$1.01 | -$0.29 | -$0.45 |
| Other | $0.00 | $0.00 | $1.13 | $1.41 | $0.47 | $0.52 | $0.75 | $0.00 | $0.00 | $0.68 | $0.90 | $0.27 | -$0.85 | -$0.66 | $0.00 | $0.00 | $1.11 | $1.35 | $0.47 | -$0.51 | -$0.39 | $0.00 | $0.00 | $0.39 | $0.56 | $0.16 | $0.00 | $0.00 | $0.00 | $0.00 | -$0.36 | -$0.10 | -$0.16 |
| Capitation | $0.00 | $0.00 | $0.23 | $0.30 | $0.09 | $0.10 | $0.15 | $0.00 | $0.00 | $0.13 | $0.18 | $0.05 | -$0.17 | -$0.13 | $0.00 | $0.00 | $0.23 | $0.27 | $0.09 | -$0.11 | -$0.08 | $0.00 | $0.00 | $0.08 | $0.11 | $0.03 | $0.00 | $0.00 | $0.00 | $0.00 | -$0.07 | -$0.02 | -$0.03 |
| Administration | $0.00 | $0.00 | $2.49 | $3.09 | $1.03 | $1.14 | $1.66 | $0.00 | $0.00 | $1.40 | $1.87 | $0.60 | -$1.86 | -$1.46 | $0.00 | $0.00 | $2.53 | $2.98 | $1.04 | -$1.21 | -$0.86 | $0.00 | $0.00 | $0.87 | $1.23 | $0.36 | $0.00 | $0.00 | $0.00 | $0.00 | -$0.79 | -$0.23 | -$0.32 |
| Taxes & Fees | $0.00 | $0.00 | $2.26 | $2.81 | $0.93 | $1.03 | $1.51 | $0.00 | $0.00 | $1.32 | $1.70 | $0.54 | -$1.69 | -$1.32 | $0.00 | $0.00 | $2.28 | $2.71 | $0.95 | -$1.10 | -$0.78 | $0.00 | $0.00 | $0.79 | $1.12 | $0.32 | $0.00 | $0.00 | $0.00 | $0.00 | -$0.72 | -$0.21 | -$0.29 |
| Risk & Profit Charge | $0.00 | $0.00 | $0.23 | $0.28 | $0.09 | $0.10 | $0.15 | $0.00 | $0.00 | $0.13 | $0.18 | $0.05 | -$0.17 | -$0.13 | $0.00 | $0.00 | $0.23 | $0.27 | $0.09 | -$0.11 | -$0.08 | $0.00 | $0.00 | $0.08 | $0.11 | $0.03 | $0.00 | $0.00 | $0.00 | $0.00 | -$0.07 | -$0.02 | -$0.03 |
| Total Rate Increase | $0.00 | $0.00 | $22.62 | $28.12 | $9.32 | $10.32 | $15.69 | $0.00 | $0.00 | $13.09 | $17.92 | $5.44 | -$16.94 | -$13.18 | $0.00 | $0.00 | $23.03 | $27.09 | $9.50 | -$11.02 | -$7.84 | $0.00 | $0.00 | $7.87 | $11.18 | $3.24 | $0.00 | $0.00 | $0.00 | $0.00 | -$7.23 | -$2.09 | -$2.98 |
| Member Cost Share Increase | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $1.76 | $1.74 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.71 | $0.72 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $2.69 | $2.72 | $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 | $221.74 | $325.02 | $488.81 | $489.35 | $201.39 | $429.76 | $439.12 | $0.00 | $0.00 | $427.41 | $427.91 | $176.10 | $274.17 | $274.58 | $0.00 | $0.00 | $214.63 | $355.21 | $146.22 | $205.78 | $310.11 | $0.00 | $0.00 | $303.23 | $303.58 | $121.73 | $0.00 | $0.00 | $0.00 | $0.00 | $488.81 | $489.35 | $201.39 |
| Projected Member Months | 66,362 | 0 | 3,786 | 473 | 470 | 913 | 102 | 0 | 101 | 1,473 | 186 | 184 | 1,629 | 186 | 5,070 | 600 | 10,138 | 4,343 | 726 | 9,701 | 4,158 | 6,612 | 2,834 | 1,773 | 222 | 222 | 4,106 | 456 | 1,704 | 186 | 1,962 | 373 | 120 |

**Section III: Experience Period Information**

| Warning Alert | Wsht 1 Total | Plan ID (Standard Component ID): | Total | 49526NY044001 | 49526NY045001 | 49526NY045002 | 49526NY045017 | 49526NY045018 | 49526NY045019 | 49526NY045020 | 49526NY045021 | 49526NY045022 | 49526NY045023 | 49526NY045024 | 49526NY045025 | 49526NY045026 | 49526NY045027 | 49526NY045028 | 49526NY045029 | 49526NY045030 | 49526NY045031 | 49526NY045032 | 49526NY045033 | 49526NY045034 | 49526NY045035 | 49526NY045036 | 49526NY045037 | 49526NY045038 | 49526NY045039 | 49526NY045040 | 49526NY045041 | 49526NY045042 | 49526NY051001 | 49526NY051002 | 49526NY051003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OK | $ 325.02 | Average Rate PMPM | | $325.02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OK | 786,301 | Member Months | | 786,301 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OK | $256,542,431 | Total Premium (TP) | $256,542,431 | $256,542,431 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | EHB Percent of TP. [see instructions] | 100.00% | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | True EHB | 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% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| OK | $273,841,859 | Total Allowed Claims (TAC) | $273,841,859 | $273,841,859 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | EHB Percent of TAC. [see instructions] | 100.00% | 100.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other benefits portion of TAC | 0.00% | 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% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 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 | $45,324,028 | $45,324,028 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Portion of above payable by HHS's funds on behalf of insured person, in dollars | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | Portion of above payable by HHS on behalf of insured persons, as % | 0.00% | 0.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| OK | $228,519,830 | Total Incurred claims, payable with issuer funds | $228,519,830 | $228,519,830 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | Net Amt of Rein | $0.00 | $0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Net Amt of Risk Adj. | $0.00 | $0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OK | $ 289.52 | Incurred Claims PMPM | $289.52 | $289.52 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| OK | $ 346.94 | Allowed Claims PMPM | $346.94 | $346.94 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| | $146.94 | EHB portion of Allowed Claims, PMPM | $146.94 | $146.94 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #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)**

| Warning Alert | Wsht 1 Total | Plan ID (Standard Component ID): | Total | 49526NY044001 | 49526NY045001 | 49526NY045002 | 49526NY045017 | 49526NY045018 | 49526NY045019 | 49526NY045020 | 49526NY045021 | 49526NY045022 | 49526NY045023 | 49526NY045024 | 49526NY045025 | 49526NY045026 | 49526NY045027 | 49526NY045028 | 49526NY045029 | 49526NY045030 | 49526NY045031 | 49526NY045032 | 49526NY045033 | 49526NY045034 | 49526NY045035 | 49526NY045036 | 49526NY045037 | 49526NY045038 | 49526NY045039 | 49526NY045040 | 49526NY045041 | 49526NY045042 | 49526NY051001 | 49526NY051002 | 49526NY051003 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WARNING | $ 388.51 | Per Adjusted Index Rate | $315.48 | | $462.70 | $468.18 | $192.69 | $192.69 | $394.53 | $429.35 | $394.09 | $394.09 | $162.38 | $315.48 | $315.48 | $366.07 | $270.58 | $335.16 | $139.36 | $239.36 | $198.24 | $254.07 | $254.07 | $306.88 | $235.62 | $168.62 | $272.05 | $135.76 | $235.09 | $207.61 | $254.73 | $261.83 | $433.12 | $438.73 | $179.32 |
| OK | 66,362 | Member Months | | 3,786 | 473 | 470 | 913 | 102 | 101 | 1,473 | 186 | 184 | 1,629 | 186 | 5,070 | 600 | 10,138 | 4,343 | 726 | 9,701 | 4,158 | 6,612 | 2,834 | 1,773 | 222 | 222 | 4,106 | 456 | 1,704 | 186 | 1,962 | 373 | 120 |
| WARNING | $25,816,679 | Total Premium (TP) | $20,943,038 | $0 | $1,751,183 | $221,523 | $80,259 | $359,571 | $40,424 | $387,347 | $43,546 | $580,124 | $73,337 | $29,888 | $907,173 | $57,357 | $2,076,307 | $233,435 | $1,400,313 | $1,474,457 | $100,063 | $2,492,011 | $1,080,623 | $2,028,578 | $879,640 | $476,401 | $60,253 | $24,535 | $840,823 | $94,527 | $440,819 | $49,159 | $862,698 | $162,663 | $22,213 |
| | | 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% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 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 | 0.00% | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 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% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| WARNING | 29,644,354 | Total Allowed Claims (TAC) | $18,450,986 | | $1,584,643 | $209,420 | $81,612 | $320,286 | $36,008 | $347,752 | $39,095 | $519,014 | $65,642 | $26,738 | $442,120 | $49,704 | $1,843,252 | $207,224 | $3,017,384 | $1,308,409 | $88,803 | $2,142,698 | $929,145 | $1,782,729 | $773,016 | $415,672 | $52,572 | $21,469 | $707,172 | $79,512 | $182,842 | $43,041 | $775,887 | $147,198 | $19,574 |
| | | EHB Percent of TAC. [see instructions] | 100.00% | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | | state mandated benefits portion of TAC that are other than EHB | 0.00% | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | | Other benefits portion of TAC | 0.00% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 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 | $3,899,173 | | $87,232 | $11,045 | $4,498 | $28,763 | $3,231 | $22,273 | $2,504 | $75,827 | $9,591 | $3,948 | $81,354 | $9,146 | $276,403 | $31,074 | $702,615 | $384,665 | $20,677 | $619,617 | $298,648 | $439,963 | $390,779 | $145,773 | $18,438 | $7,507 | $288,442 | $32,427 | $144,452 | $16,240 | $42,760 | $8,112 | $1,301 |
| | | Portion of above payable by HHS's funds on behalf of insured person, in dollars | $0 | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| | | Portion of above payable by HHS on behalf of insured person, as % | 0.00% | #DIV/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% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| WARNING | 22,113,212 | Total Incurred claims, payable with issuer funds | $14,551,813 | $0 | $1,497,232 | $189,375 | $77,114 | $291,523 | $32,777 | $325,479 | $36,591 | $443,187 | $56,051 | $22,824 | $360,766 | $40,558 | $1,566,848 | $176,150 | $2,314,769 | $923,744 | $68,123 | $1,523,073 | $630,497 | $1,342,766 | $382,237 | $269,903 | $34,134 | $13,962 | $418,731 | $47,073 | $238,389 | $26,802 | $733,127 | $139,086 | $18,273 |
| OK | 685,065 | Net Amt of Rein | $685,065 | | $36,067 | $4,883 | $4,883 | $9,464 | $1,052 | $9,407 | $1,049 | $15,198 | $1,930 | $1,930 | $16,808 | $1,868 | $58,519 | $6,504 | $104,629 | $44,843 | $7,474 | $100,118 | $42,698 | $68,236 | $29,244 | $18,286 | $2,386 | $2,286 | $42,309 | $4,701 | $17,581 | $1,953 | $26,555 | $3,854 | $1,282 |
| | | Net Amt of Risk Adj. | $0 | | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| WARNING | $ 331.12 | Incurred Claims PMPM | $239.25 | #DIV/0! | $395.53 | $400.20 | $162.96 | $317.84 | $321.59 | $357.09 | $361.30 | $300.94 | $304.49 | $123.00 | $231.51 | $224.13 | $276.34 | $279.55 | $228.12 | $231.02 | $64.07 | $157.00 | $158.85 | $203.08 | $205.47 | $152.30 | $154.10 | $62.75 | $102.14 | $303.34 | $139.93 | $141.59 | $368.07 | $372.43 | $151.60 |
| WARNING | $ 446.57 | Allowed Claims PMPM | $277.95 | #DIV/0! | $418.60 | $423.54 | $172.47 | $349.17 | $353.29 | $381.52 | $386.02 | $352.44 | $356.60 | $145.21 | $271.47 | $274.67 | $324.96 | $328.80 | $297.62 | $301.13 | $122.62 | $220.87 | $221.48 | $269.62 | $272.80 | $234.56 | $237.10 | $96.44 | $172.49 | $174.53 | $224.76 | $227.24 | $389.54 | $394.13 | $160.49 |
| | | EHB portion of Allowed Claims, PMPM | $277.95 | #DIV/0! | $418.60 | $423.54 | $172.47 | $349.17 | $353.29 | $381.52 | $386.02 | $352.44 | $356.60 | $145.21 | $271.47 | $274.67 | $324.96 | $328.80 | $297.62 | $301.13 | $122.62 | $220.87 | $221.48 | $269.62 | $272.80 | $234.56 | $237.10 | $96.44 | $172.49 | $174.53 | $224.76 | $227.24 | $389.54 | $394.13 | $160.49 |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Index
Rates Effective 1/1/2015

**Index:**


| Exhibit | Description |
|---|---|
| 1 - 3 | Rate Supporting Variables Development |
| 4 - 5 | Base Period Data |
| 6 - 7 | Rate Period Data |
| 8 - 9 | Full Coverage Plan Output |
| 10 | Individual Plans Development |
| 11 | Rate Development Details - Region 2 |
| 12 | Rate Development Details - Regions 1 & 7 |
| 13 | Formula Calculation Details |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 1 - Rate Support
Rates Effective 1/1/2015

**Trends:**

| **2014** | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| | WNY | | NENY | |
| | Unit Cost | Utilization | Unit Cost | Utilization |
| Medical | 3.9% | 1.1% | 1.7% | 3.4% |
| Pharmacy | 9.4% | -3.6% | 8.8% | -2.3% |

| **2015** | 5 | 6 | 7 | 8 |
|---|---|---|---|---|
| | WNY | | NENY | |
| | Unit Cost | Utilization | Unit Cost | Utilization |
| Medical | 2.7% | 0.4% | -1.7% | 3.3% |
| Pharmacy | 8.5% | -3.6% | 6.7% | -3.2% |

**Statewide Trends:**

| **2014** | 9 | 10 |
|---|---|---|
| | WNY & NENY | |
| | Unit Cost | Utilization |
| Medical | 3.5% | 1.6% |
| Pharmacy | 9.3% | -3.4% |

| **2015** | 11 | 12 |
|---|---|---|
| | WNY & NENY | |
| | Unit Cost | Utilization |
| Medical | 1.8% | 0.9% |
| Pharmacy | 8.1% | -3.5% |

**Demographic Deterioration:**

| | 13 | 14 | 15 |
|---|---|---|---|
| | Small Group Demographics | | |
| | 1/1/2013 Demo | 1/1/2014 Demo | 2014 / 2013 Change |
| Medical: | 1.046 | 1.053 | 0.70% |
| Pharmacy: | 1.025 | 1.034 | 0.87% |

**Non-System Medical Claims:**

| | | |
|---|---|---|
| 2013 Non-System Claims: | 17.22 | 16 |
| 2 Year Trend: | 6.1% | 17 |
| 2015 Non-System Claims: | 18.27 | 18 |

**Non-System Pharmacy Claims (Rebates):**

| | | |
|---|---|---|
| 2013 Non-System Claims: | (8.24) | 19 |
| 2 Year Trend: | 6.1% | 20 |
| 2015 Non-System Claims: | (8.74) | 21 |

**Administrative Costs:**

| | | |
|---|---|---|
| 2015 Fixed Admin: | 9.72 | 22 |
| 2015 Variable Admin: | 29.49 | 23 |
| 2015 Total Admin: | 39.21 | 24 |
| Membership Distribution: | | |
| Platinum: | 30.0% | 25 |
| Gold: | 20.0% | 26 |
| Silver: | 40.0% | 27 |
| Bronze / Catastrophic: | 10.0% | 28 |
| Variable Admin Relativity: | | |
| Platinum: | 1.100 | 29 |
| Gold: | 1.050 | 30 |
| Silver: | 0.953 | 31 |
| Bronze / Catastrophic: | 0.850 | 32 |
| 2015 Total Admin PMPM: | | |
| Platinum: | 42.16 | 33 |
| Gold: | 40.68 | 34 |
| Silver: | 37.37 | 35 |
| Bronze / Catastrophic: | 34.79 | 36 |

**Population Adjustment Factors:**

| | | |
|---|---|---|
| % Membership w/ Subsidy: | 80.4% | 37 |
| % Membership w/o Subsidy: | 19.6% | 38 |
| w/ Subsidy claims cost relative to Group Non-Exchange: | 1.113 | 39 |
| w/o Subsidy claims cost relative to Group Non-Exchange: | 1.758 | 40 |
| Individual Adjustment Factor: | 1.239 | 41 |
| % Membership Group Off Exchange: | 98.0% | 42 |
| % Membership Group On Exchange: | 2.0% | 43 |
| Group Off Exchange claims cost relative to Group Non-Exchange: | 1.000 | 44 |
| Group On Exchange claims cost relative to Group Non-Exchange: | 1.139 | 45 |
| Group On Exchange Adjustment Factor: | 1.003 | 46 |

**Conversion Factors:**

**All Regions - Medical and Pharmacy**

| | 47 | 48 | 49 | 50 | 51 | 52 |
|---|---|---|---|---|---|---|
| Distribution | Contracts | Members | Contract Mix | Avg Contract Size | Age 26 Tier Factor | Conversion Factor |
| Single | 18,000 | 18,000 | 62.3% | 1.000 | 1.000 | |
| Two Person | 3,138 | 6,276 | 10.9% | 2.000 | 2.000 | |
| E /C | 1,273 | 3,404 | 4.4% | 2.674 | 1.700 | |
| Family | 6,489 | 26,678 | 22.5% | 4.111 | 2.850 | |
| | 28,900 | 54,358 | 100.0% | 1.881 | | 1.210 |

**Age 30 Rider:**

| | | |
|---|---|---|
| Age 26 Dependent Factor (From Age 19): | 1.0485 | 53 |
| Age 30 Dependent Factor (From Age 19): | 1.0609 | 54 |
| Convert From Age 26 to Age 30: | 1.0118 | 55 |

| | 56<br>Age 26<br>Tier Factors | 57<br>Contract<br>Mix |
|---|---|---|
| Single Tier Factor (Age 26) | 1.000 | 62.3% |
| 2 Person Tier Factor (Age 26) | 2.000 | 10.9% |
| Sub + Child(ren) Tier Factor (Age 26) | 1.700 | 4.4% |
| Family Tier Factor (Age 26) | 2.850 | 22.5% |

**Medical and Pharmacy - Group**

| | | |
|---|---|---|
| Age 26 Revenue Factor: | 1.5548 | 58 |
| Age 30 Revenue Factor: | 1.5633 | 59 |
| Revenue Increase Factor: | 1.0054 | 60 |

| | 61<br>Age 30<br>Tier Factors |
|---|---|
| Single Tier Factor (Age 30) | 1.0054 |
| 2 Person Tier Factor (Age 30) | 2.0109 |
| Sub + Child(ren) Tier Factor (Age 30) | 1.7092 |
| Family Tier Factor (Age 30) | 2.8655 |

**Medical and Pharmacy - Individual**

| | | |
|---|---|---|
| Age 26 Revenue Factor: | 1.5548 | |
| Age 30 Revenue Factor: | 1.5633 | |
| Revenue Increase Factor: | 1.0118 | 62 |

| | 63<br>Age 30<br>Tier Factors |
|---|---|
| Single Tier Factor (Age 30) | 1.0118 |
| 2 Person Tier Factor (Age 30) | 2.0237 |
| Sub + Child(ren) Tier Factor (Age 30) | 1.7201 |
| Family Tier Factor (Age 30) | 2.8837 |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 3 - Rate Support
Rates Effective 1/1/2015

**Geographic Adjustment:**

**All Counties In Rating Region That HealthNow Participates In**

**Claims Costs by Region and Product**

| | 64 | 65 | 66 | 67 | 68 | 69 |
|---|---|---|---|---|---|---|
| 2015 Projections | Paid Claims | AV | Risk Score | Normalized claims | Geographic Factor | Counties |
| Statewide | 289.05 | 0.805 | 0.981 | 289.05 | 1.000 | All New York State. |
| Region #1 | 388.47 | 0.861 | 0.940 | 379.02 | 1.311 | All within rating region. |
| Region #2 | 271.40 | 0.792 | 0.995 | 271.70 | 0.940 | All within rating region. |
| Region #7 | 385.86 | 0.847 | 0.868 | 414.52 | 1.434 | All within rating region. |
| Region #1A | 348.46 | 0.847 | 0.940 | 345.51 | 1.195 | Albany, Rensselaer, Saratoga, and Schenectady. |
| Region #2A | 273.69 | 0.791 | 0.995 | 274.62 | 0.950 | Erie and Niagara. |

**Relative Claim Cost Regions 1 & 7**

| | Product | EPO / PPO | | EPO | HMO / POS | POS Custom | |
|---|---|---|---|---|---|---|---|
| | Network | National | | Local | Local | Local | |
| | Claim Type | Local | National | Local | Local | Local | |
| | *Type Of Service* | | | | | | 70 Weight |
| 71 | Inpatient | 1.000 | 1.400 | 1.000 | 1.000 | 1.006 | 23% |
| 72 | Outpatient | 1.000 | 1.400 | 1.000 | 1.000 | 0.960 | 29% |
| 73 | Medical | 1.000 | 1.400 | 1.000 | 1.000 | 1.000 | 30% |
| 74 | Prescription Drug | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 19% |
| 75 | Weighted Cost Factor | 1.000 | 1.325 | 1.000 | 1.000 | 0.990 | |
| 76 | Distribution By Claim Type | 68.3% | 31.7% | 100.0% | 100.0% | 100.0% | |
| 77 | Weighted Product Factor | 1.103 | | 1.000 | 1.000 | 0.990 | |
| 78 | No PCP Required | 1.020 | | 1.020 | 1.000 | 1.000 | |
| 79 | Reduced Medical Management | 1.030 | | 1.030 | 1.000 | 1.000 | |
| 80 | Adjusted Product Factor | 1.159 | | 1.051 | 1.000 | 0.990 | |
| 81 | Percent of All Claims | 54.5% | | 17.2% | 28.3% | 0.0% | |
| 82 | Aggregate Factor | | | 1.095 | | | |
| 83 | Adjustment to Regional Claims | 1.058 | | 0.959 | 0.913 | 0.904 | |
| 84 | Region #1 Claim Costs | **411.05** | | **372.60** | **354.66** | **351.10** | |
| 85 | Region #7 Claim Costs | **408.29** | | **370.10** | **352.28** | **348.74** | |
| 86 | Region #1A Claim Costs | **368.71** | | **334.23** | | **314.94** | |

**Relative Claim Cost Region 2**

| | Product | EPO / PPO | | EPO | HMO / POS | POS / PPO Wrap | | |
|---|---|---|---|---|---|---|---|---|
| | Network | National | | Local | Local | National | | |
| | Claim Type | Local | National | Local | Local | Local | National | |
| | *Type Of Service* | | | | | | | Weight |
| | Inpatient | 1.200 | 1.500 | 1.200 | 1.000 | 1.000 | 1.400 | 26% |
| | Outpatient | 1.000 | 1.500 | 1.000 | 1.000 | 1.000 | 1.400 | 18% |
| | Medical | 1.000 | 1.500 | 1.000 | 1.000 | 1.000 | 1.400 | 34% |
| | Prescription Drug | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 22% |
| | Weighted Cost Factor | 1.053 | 1.388 | 1.053 | 1.000 | 1.000 | 1.310 | |
| | Distribution By Claim Type | 60.0% | 40.0% | 100.0% | 100.0% | 75.0% | 25.0% | |
| | Weighted Product Factor | 1.187 | | 1.053 | 1.000 | 1.078 | | |
| | Non PCP | 1.020 | | 1.020 | 1.000 | 1.000 | | |
| | Reduced Medical Management | 1.030 | | 1.030 | 1.000 | 1.000 | | |
| | Adjusted Product Factor | 1.247 | | 1.106 | 1.000 | 1.078 | | |
| | Percent of All Claims | 13.6% | | 0.0% | 86.4% | 0.0% | | |
| | Aggregate Factor | | | 1.034 | | | | |
| | Adjustment to Regional Claims | 1.206 | | 1.070 | 0.967 | 1.043 | | |
| 87 | Region #2 Claim Costs | **327.33** | | **290.35** | **262.58** | **282.95** | | |
| 88 | Region #2A Claim Costs | | | | **264.80** | | | |

**Normalized Geographic Factors**

Local Factors - All Counties Covered

| | | EPO Region #1 | HMO / POS Region #1 | POS Custom Region #1 | POS Custom Region #1A | EPO Region #2 | HMO / POS Region #2 | EPO Region #7 | HMO / POS Region #7 | POS Custom Region #7 | Statewide |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 89 | Experience Period Actuarial Value | 0.861 | 0.861 | 0.861 | 0.847 | 0.792 | 0.792 | 0.847 | 0.847 | 0.847 | 0.805 |
| 90 | Normalized Risk Selection Factor | 0.940 | 0.940 | 0.940 | 0.940 | 0.995 | 0.995 | 0.868 | 0.868 | 0.868 | 0.981 |
| 91 | 2015 Projected Claims PMPM | 372.605 | 354.659 | 351.098 | 314.938 | 290.352 | 262.577 | 370.103 | 352.278 | 348.741 | 289.050 |
| 92 | Claims PMPM at Avg AV and Risk | 363.538 | 346.029 | 342.555 | 312.266 | 290.678 | 262.872 | 397.589 | 378.440 | 374.640 | 289.050 |
| 93 | Geographic Factor | 1.258 | 1.197 | 1.185 | 1.080 | 1.006 | 0.909 | 1.376 | 1.309 | 1.296 | 1.000 |

National Factors - All Counties Covered

| | | EPO / PPO Region #1 | EPO / PPO Region #2 | EPO / PPO Region #7 |
|---|---|---|---|---|
| 94 | Experience Period Actuarial Value | 0.861 | 0.792 | 0.847 |
| 95 | Normalized Risk Selection Factor | 0.940 | 0.995 | 0.868 |
| 96 | 2015 Projected Claims PMPM | 411.046 | 327.335 | 408.287 |
| 97 | Claims PMPM at Avg AV and Risk | 401.044 | 327.703 | 438.608 |
| 98 | Geographic Factor | 1.387 | 1.134 | 1.517 |

Local Factors - Tiered Products

| | | HMO / POS Region #2A |
|---|---|---|
| 99 | Experience Period Actuarial Value | 0.791 |
| 100 | Normalized Risk Selection Factor | 0.995 |
| 101 | 2015 Projected Claims PMPM | 264.799 |
| 102 | Claims PMPM at Average AV and Risk | 265.699 |
| 103 | Tier 1 Savings | 0.920 |
| 104 | % Medical Claims | 0.776 |
| 105 | Adjusted Claims PMPM | 249.208 |
| 106 | Geographic Factor | 0.862 |

Wrap Product Factors

| | | POS / PPO Region #2 |
|---|---|---|
| 107 | Local POS Geo Factor | 0.792 |
| 108 | Local POS Utilization | 0.995 |
| 109 | National PPO Geo Factor | 282.948 |
| 110 | National PPO Utilization | 283.266 |
| 111 | Geographic Factor | 0.980 |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 4 - Base Period Data
Rates Effective 1/1/2015

**Base Period Data**

2013 WNY and NENY Small Group Claims Experience. Three months of claims run out with completion factor applied.

| | | |
|---|---|---|
| Base Period Medical Member Months: | 807,371 | 112 |
| Base Period Rx Member Months: | 767,255 | 113 |
| Index Rate: | 271.98 | 114 |
| Experience Period AV: | 82.3% | 115 |

**Base In-Network Data by Service:**

| Type & Service Category | 116 Util / 1000 | 117 Allowed Unit Cost | 118 Cost Share / Service | 119 Copay Utilization | 120 Allowed PMPM | 121 Cost Share PMPM | 122 Paid PMPM |
|---|---|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | | | |
| ASA Rehab | 0.1 | $10,580.64 | $1,026.38 | 0.200 | $0.14 | $0.013 | $0.12 |
| Detox | 0.8 | $4,125.43 | $877.57 | 0.300 | $0.54 | $0.11 | $0.42 |
| Maternity | 6.8 | $7,594.89 | $1,001.79 | 0.035 | $4.33 | $0.57 | $3.76 |
| Med/Surg | 38.0 | $20,565.57 | $1,133.71 | 0.444 | $65.14 | $3.59 | $61.55 |
| Mental Health | 2.0 | $8,738.81 | $1,039.53 | 0.274 | $2.88 | $0.34 | $2.54 |
| Newborn | 8.2 | $5,263.46 | $364.27 | 0.006 | $3.61 | $0.25 | $3.36 |
| SNF | 1.6 | $5,033.73 | $248.11 | 0.081 | $0.66 | $0.03 | $0.63 |
| Inpatient Total: | 57.5 | $15,765.27 | $976.66 | 0.326 | $77.30 | $4.91 | $72.38 |
| **Outpatient Facility** | | | | | | | |
| Preventive | 209.8 | $221.85 | $1.72 | 0.003 | $3.88 | $0.03 | $3.85 |
| Abortion - Elective | 0.0 | $1,953.64 | $171.88 | 0.000 | $0.00 | $0.00 | $0.00 |
| Abortion - Non Elective | 0.9 | $1,531.91 | $490.56 | 0.952 | $0.11 | $0.04 | $0.08 |
| Cardiology | 73.9 | $230.04 | $45.28 | 0.513 | $1.42 | $0.28 | $1.14 |
| Chemotherapy | 132.0 | $401.96 | $13.43 | 0.128 | $4.42 | $0.15 | $4.27 |
| Diagnostic | 37.5 | $338.04 | $44.99 | 0.511 | $1.06 | $0.14 | $0.92 |
| Dialysis | 49.9 | $169.02 | $8.71 | 0.196 | $0.70 | $0.04 | $0.67 |
| Emergency Room | 220.3 | $552.30 | $183.72 | 0.836 | $10.14 | $3.37 | $6.77 |
| Home Health | 55.4 | $162.60 | $16.26 | 0.738 | $0.75 | $0.08 | $0.68 |
| Hospice | 8.5 | $336.41 | $24.18 | 0.000 | $0.24 | $0.02 | $0.22 |
| Infusion Therapy | 60.1 | $427.44 | $23.04 | 0.308 | $2.14 | $0.12 | $2.03 |
| Laboratory Tests | 559.4 | $62.84 | $15.11 | 0.022 | $2.93 | $0.70 | $2.23 |
| Mental Health / Substance Abuse | 111.1 | $97.14 | $34.14 | 0.934 | $0.90 | $0.32 | $0.58 |
| Outpatient Surgery | 272.4 | $1,120.53 | $167.51 | 0.503 | $25.44 | $3.80 | $21.63 |
| Pre-Admission Testing | 170.5 | $22.62 | $5.04 | 0.003 | $0.32 | $0.07 | $0.25 |
| PT / OT / ST | 107.5 | $75.28 | $21.49 | 0.896 | $0.67 | $0.19 | $0.48 |
| Radiation Therapy | 42.2 | $480.70 | $24.32 | 0.546 | $1.69 | $0.09 | $1.60 |
| Radiology | 163.3 | $146.10 | $42.93 | 0.752 | $1.99 | $0.58 | $1.40 |
| Radiology - Advanced | 47.3 | $663.61 | $132.60 | 0.734 | $2.62 | $0.52 | $2.09 |
| Urgent Care | 135.6 | $208.60 | $91.14 | 0.950 | $2.36 | $1.03 | $1.33 |
| Other | 145.9 | $201.33 | $30.33 | 0.294 | $2.45 | $0.37 | $2.08 |
| Outpatient Total: | 2603.6 | $305.23 | $54.98 | 0.418 | $66.22 | $11.93 | $54.30 |
| **Professional** | | | | | | | |
| Preventive | 2553.6 | $68.92 | $0.75 | 0.011 | $14.67 | $0.16 | $14.51 |
| Office/Home Visit - PCP | 1617.5 | $83.47 | $34.95 | 0.817 | $11.25 | $4.71 | $6.54 |
| Office/Home Visit - SCP | 1102.1 | $86.86 | $36.18 | 0.931 | $7.98 | $3.32 | $4.65 |
| Abortion - Elective | 0.7 | $280.25 | $96.78 | 0.500 | $0.02 | $0.01 | $0.01 |
| Abortion - Non Elective | 1.5 | $413.05 | $140.96 | 0.000 | $0.05 | $0.02 | $0.03 |
| Advanced Radiology | 222.1 | $303.32 | $88.25 | 0.411 | $5.61 | $1.63 | $3.98 |
| Allergy Shots | 111.5 | $36.87 | $15.14 | 0.641 | $0.34 | $0.14 | $0.20 |
| Allergy Tests | 15.0 | $179.01 | $47.45 | 0.120 | $0.22 | $0.06 | $0.16 |
| Ambulance | 32.9 | $586.77 | $161.60 | 0.498 | $1.61 | $0.44 | $1.17 |
| Anesthesia | 22.2 | $534.63 | $78.46 | 0.009 | $0.99 | $0.14 | $0.84 |
| Cardiovascular | 341.2 | $78.47 | $26.94 | 0.265 | $2.23 | $0.77 | $1.47 |
| Chemotherapy | 79.2 | $452.90 | $19.84 | 0.246 | $2.99 | $0.13 | $2.86 |
| Chiropractic | 354.5 | $30.49 | $18.64 | 0.962 | $0.90 | $0.55 | $0.35 |
| Consults | 194.8 | $176.10 | $57.93 | 0.833 | $2.86 | $0.94 | $1.92 |
| Diabetic Drugs/Supplies | 29.0 | $264.51 | $45.13 | 0.539 | $0.64 | $0.11 | $0.53 |
| Diabetic Education | 1.9 | $96.47 | $19.76 | 0.892 | $0.02 | $0.00 | $0.01 |
| Dialysis | 3.9 | $166.20 | $11.61 | 0.139 | $0.05 | $0.00 | $0.05 |
| DME and Supplies | 303.8 | $129.33 | $49.67 | 0.000 | $3.27 | $1.26 | $2.02 |
| Facility Visits | 390.4 | $137.67 | $31.77 | 0.016 | $4.48 | $1.03 | $3.45 |
| Hearing Aid | 0.1 | $56.00 | $25.00 | 0.000 | $0.00 | $0.00 | $0.00 |
| Hearing Exam | 51.5 | $38.45 | $15.27 | 0.251 | $0.17 | $0.07 | $0.10 |
| Home Care | 39.9 | $279.20 | $9.59 | 0.000 | $0.93 | $0.03 | $0.90 |
| Maternity | 28.0 | $982.60 | $220.14 | 0.129 | $2.29 | $0.51 | $1.78 |
| Mental Health | 319.5 | $104.74 | $40.21 | 0.917 | $2.79 | $1.07 | $1.72 |
| Office-Administered Drugs | 620.4 | $245.37 | $20.12 | 0.213 | $12.69 | $1.04 | $11.65 |
| Pathology / Laboratory | 3474.2 | $20.09 | $7.78 | 0.000 | $5.82 | $2.25 | $3.57 |
| PT/OT/ST | 519.4 | $43.41 | $20.18 | 0.869 | $1.88 | $0.87 | $1.01 |
| Radiation Therapy | 91.7 | $286.35 | $18.17 | 0.402 | $2.19 | $0.14 | $2.05 |
| Radiology | 928.1 | $58.47 | $22.46 | 0.286 | $4.52 | $1.74 | $2.79 |
| Substance Abuse | 0.1 | $281.52 | $37.84 | 0.000 | $0.00 | $0.00 | $0.00 |
| Surgery - Facility (IP) | 68.7 | $812.11 | $95.26 | 0.000 | $4.65 | $0.55 | $4.10 |
| Surgery - Facility (OP) | 233.1 | $442.58 | $91.76 | 0.012 | $8.60 | $1.78 | $6.82 |
| Surgery - Office | 444.5 | $157.00 | $51.75 | 0.400 | $5.81 | $1.92 | $3.90 |
| Vision - Exam | 97.1 | $102.53 | $41.99 | 0.837 | $0.83 | $0.34 | $0.49 |
| Vision - Lenses & Frames | 52.1 | $75.01 | $20.12 | 0.214 | $0.33 | $0.09 | $0.24 |
| Other | 341.0 | $97.25 | $30.29 | 0.295 | $2.76 | $0.86 | $1.90 |
| Professional Total: | 14687.4 | $95.13 | $23.44 | 0.419 | $116.43 | $28.69 | $87.74 |
| **Medical Total:** | **17348.4** | **$178.57** | **$31.33** | **0.418** | **$259.95** | **$45.53** | **$214.42** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 5 - Base Period Data
Rates Effective 1/1/2015

**Base Pharmacy Data by Service:**

| Type & Service Category | Util / 1000 | Allowed Unit Cost | Cost Share / Service | Copay Utilization | Allowed PMPM | Cost Share PMPM | Paid PMPM |
|---|---|---|---|---|---|---|---|
| **Prescription Drug** | | | | | | | |
| Generic | 10450.3 | $25.33 | $7.42 | 0.181 | $22.06 | $6.46 | $15.60 |
| Brand | 1649.7 | $304.01 | $30.33 | 0.200 | $41.79 | $4.17 | $37.62 |
| Non Formulary | 476.5 | $189.05 | $63.49 | 0.125 | $7.51 | $2.52 | $4.99 |
| Supplies | 163.7 | $85.04 | $18.79 | 0.217 | $1.16 | $0.26 | $0.90 |
| **Drug Total:** | **12740.1** | **$68.31** | **$12.63** | **0.182** | **$72.52** | **$13.41** | **$59.11** |
| **Base Out-of-Network Data:** | | | | | | | |
| **Out of Network Total:** | **855.7** | **$228.06** | **$53.54** | **0.134** | **$16.26** | **$3.82** | **$12.45** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 6 - Rate Period Data
Rates Effective 1/1/2015

## Rate Period Data

**Trend And Demographics:**

| | Medical | Pharmacy | |
|---|---|---|---|
| 2014 Annual Unit Cost Trend: | 3.5% | 9.3% | 123 |
| 2014 Annual Utilization Trend: | 1.6% | -3.4% | 124 |
| 2014 Demo Deterioration: | 0.7% | 0.9% | 125 |
| 2015 Annual Unit Cost Trend: | 1.8% | 8.1% | 126 |
| 2015 Annual Utilization Trend: | 0.9% | -3.5% | 127 |
| 2015 Demo Deterioration: | 0.0% | 0.0% | 128 |

**Claims Development By Service:**

All claims are developed at a 1/1/2015 level by converting 2013 base data claims using trend and demo adjustments.
All Services are in-network other than the "Out-Of-Network" specific section.

**Rate Period In-Network Data By Service :**

| Type & Service Category | 129<br>Util / 1000 | 130<br>Allowed Unit Cost | 131<br>Cost Share / Service | 132<br>Copay Utilization | 133<br>Allowed PMPM | 134<br>Paid PMPM |
|---|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | | |
| ASA Rehab | 0.1 | $11,143.56 | $2,183.59 | 0.200 | $0.15 | $0.13 |
| Detox | 0.8 | $4,344.92 | $1,867.00 | 0.300 | $0.58 | $0.46 |
| Maternity | 7.1 | $7,998.96 | $1,055.09 | 0.035 | $4.71 | $4.09 |
| Med/Surg | 39.2 | $21,659.71 | $1,194.03 | 0.444 | $70.82 | $66.92 |
| Mental Health | 2.0 | $9,203.73 | $2,211.56 | 0.274 | $3.13 | $2.76 |
| Newborn | 8.5 | $5,543.49 | $383.65 | 0.006 | $3.93 | $3.66 |
| SNF | 1.6 | $5,301.54 | $261.31 | 0.081 | $0.72 | $0.68 |
| Inpatient Total: | 59.3 | $16,604.02 | $1,080.79 | 0.326 | $84.04 | $78.69 |
| **Outpatient Facility** | | | | | | |
| Preventive | 216.6 | $233.66 | $1.81 | 0.003 | $4.22 | $4.18 |
| Abortion - Elective | 0.0 | $2,057.58 | $181.02 | 0.000 | $0.01 | $0.00 |
| Abortion - Non Elective | 0.9 | $1,613.42 | $516.66 | 0.952 | $0.12 | $0.08 |
| Cardiology | 76.2 | $242.28 | $47.68 | 0.513 | $1.54 | $1.24 |
| Chemotherapy | 136.3 | $423.35 | $14.14 | 0.128 | $4.81 | $4.65 |
| Diagnostic | 38.8 | $356.02 | $47.38 | 0.511 | $1.15 | $1.00 |
| Dialysis | 51.5 | $178.01 | $9.17 | 0.196 | $0.76 | $0.72 |
| Emergency Room | 227.4 | $581.68 | $193.49 | 0.836 | $11.03 | $7.36 |
| Home Health | 57.2 | $171.25 | $17.13 | 0.738 | $0.82 | $0.73 |
| Hospice | 8.7 | $354.31 | $25.47 | 0.000 | $0.26 | $0.24 |
| Infusion Therapy | 62.1 | $450.18 | $24.26 | 0.308 | $2.33 | $2.20 |
| Laboratory Tests | 577.5 | $66.18 | $15.91 | 0.022 | $3.18 | $2.42 |
| Mental Health / Substance Abuse | 114.7 | $102.31 | $35.95 | 0.934 | $0.98 | $0.63 |
| Outpatient Surgery | 281.2 | $1,180.14 | $176.42 | 0.503 | $27.65 | $23.52 |
| Pre-Admission Testing | 176.0 | $23.83 | $5.31 | 0.003 | $0.35 | $0.27 |
| PT / OT / ST | 111.0 | $79.29 | $22.63 | 0.896 | $0.73 | $0.52 |
| Radiation Therapy | 43.6 | $506.28 | $25.62 | 0.546 | $1.84 | $1.74 |
| Radiology | 168.6 | $153.87 | $45.22 | 0.752 | $2.16 | $1.53 |
| Radiology - Advanced | 48.8 | $698.91 | $139.66 | 0.734 | $2.84 | $2.28 |
| Urgent Care | 139.9 | $219.70 | $95.99 | 0.950 | $2.56 | $1.44 |
| Other | 150.6 | $212.04 | $31.94 | 0.294 | $2.66 | $2.26 |
| Outpatient Total: | 2687.6 | $321.47 | $57.90 | 0.418 | $72.00 | $59.03 |
| **Professional** | | | | | | |
| Preventive | 2636.0 | $72.58 | $0.79 | 0.011 | $15.94 | $15.77 |
| Office/Home Visit - PCP | 1669.7 | $87.91 | $36.81 | 0.817 | $12.23 | $7.11 |
| Office/Home Visit - SCP | 1137.7 | $91.48 | $38.11 | 0.931 | $8.67 | $5.06 |
| Abortion - Elective | 0.8 | $295.16 | $101.93 | 0.500 | $0.02 | $0.01 |
| Abortion - Non Elective | 1.6 | $435.02 | $148.46 | 0.000 | $0.06 | $0.04 |
| Advanced Radiology | 229.3 | $319.46 | $92.94 | 0.411 | $6.10 | $4.33 |
| Allergy Shots | 115.1 | $38.83 | $15.95 | 0.641 | $0.37 | $0.22 |
| Allergy Tests | 15.5 | $188.53 | $49.98 | 0.120 | $0.24 | $0.18 |
| Ambulance | 34.0 | $617.99 | $170.19 | 0.498 | $1.75 | $1.27 |
| Anesthesia | 22.9 | $563.07 | $82.63 | 0.009 | $1.07 | $0.92 |
| Cardiovascular | 352.2 | $82.65 | $28.38 | 0.265 | $2.43 | $1.59 |
| Chemotherapy | 81.7 | $477.00 | $20.90 | 0.246 | $3.25 | $3.11 |
| Chiropractic | 365.9 | $32.11 | $19.64 | 0.962 | $0.98 | $0.38 |
| Consults | 201.1 | $185.47 | $61.01 | 0.833 | $3.11 | $2.09 |
| Diabetic Drugs/Supplies | 29.9 | $278.58 | $47.53 | 0.539 | $0.69 | $0.58 |
| Diabetic Education | 2.0 | $101.60 | $20.81 | 0.892 | $0.02 | $0.01 |
| Dialysis | 4.0 | $175.05 | $12.23 | 0.139 | $0.06 | $0.05 |
| DME and Supplies | 313.6 | $136.21 | $52.31 | 0.000 | $3.56 | $2.19 |
| Facility Visits | 403.1 | $144.99 | $33.46 | 0.016 | $4.87 | $3.75 |
| Hearing Aid | 0.1 | $58.98 | $26.33 | 0.000 | $0.00 | $0.00 |
| Hearing Exam | 53.2 | $40.50 | $16.08 | 0.251 | $0.18 | $0.11 |
| Home Care | 41.2 | $294.05 | $10.10 | 0.000 | $1.01 | $0.98 |
| Maternity | 28.9 | $1,034.88 | $231.85 | 0.129 | $2.49 | $1.93 |
| Mental Health | 329.8 | $110.32 | $42.35 | 0.917 | $3.03 | $1.87 |
| Office-Administered Drugs | 640.5 | $258.43 | $21.20 | 0.213 | $13.79 | $12.66 |
| Pathology / Laboratory | 3586.3 | $21.16 | $8.19 | 0.000 | $6.32 | $3.88 |
| PT/OT/ST | 536.2 | $45.72 | $21.26 | 0.869 | $2.04 | $1.09 |
| Radiation Therapy | 94.6 | $301.58 | $19.14 | 0.402 | $2.38 | $2.23 |
| Radiology | 958.0 | $61.59 | $23.65 | 0.286 | $4.92 | $3.03 |
| Substance Abuse | 0.1 | $296.50 | $39.85 | 0.000 | $0.00 | $0.00 |
| Surgery - Facility (IP) | 70.9 | $855.32 | $100.33 | 0.000 | $5.05 | $4.46 |
| Surgery - Facility (OP) | 240.7 | $466.13 | $96.64 | 0.012 | $9.35 | $7.41 |
| Surgery - Office | 458.8 | $165.35 | $54.51 | 0.400 | $6.32 | $4.24 |
| Vision - Exam | 100.3 | $107.99 | $44.23 | 0.837 | $0.90 | $0.53 |
| Vision - Lenses & Frames | 53.8 | $79.00 | $21.19 | 0.214 | $0.35 | $0.26 |
| Other | 352.0 | $102.43 | $31.90 | 0.295 | $3.00 | $2.07 |
| Professional Total: | 15161.5 | $100.19 | $24.69 | 0.419 | $126.59 | $95.39 |
| **Medical Total:** | **17908.5** | **$188.07** | **$33.17** | **0.418** | **$282.62** | **$233.12** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 7 - Rate Period Data
Rates Effective 1/1/2015

**Rate Period Pharmacy Data:**

| Type & Service Category | Util / 1000 | Allowed Unit Cost | Cost Share / Service | Copay Utilization | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|---|
| **Prescription Drug** | | | | | | |
| Generic | 9824.3 | $29.95 | $8.77 | 0.181 | $24.52 | $17.34 |
| Brand | 1550.9 | $359.38 | $35.86 | 0.200 | $46.45 | $41.81 |
| Non Formulary | 447.9 | $223.48 | $75.06 | 0.125 | $8.34 | $5.54 |
| Supplies | 153.9 | $100.53 | $22.22 | 0.217 | $1.29 | $1.00 |
| **Drug Total:** | **11977.0** | **$80.75** | **$14.93** | **0.182** | **$80.59** | **$65.70** |

**Rate Period Out-of-Network Data:**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Out of Network Total:** | **883.3** | **$240.20** | **$56.39** | **0.134** | **$17.68** | **$13.53** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 8 - Full Coverage
Rates Effective 1/1/2015

**Full Coverage Plan**

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|
| **Inpatient Hospital** | | | | |
| ASA Rehab | 0% | $0.00 | $0.15 | $0.15 |
| Detox | 0% | $0.00 | $0.58 | $0.58 |
| Maternity | 0% | $0.00 | $4.71 | $4.71 |
| Med/Surg | 0% | $0.00 | $70.82 | $70.82 |
| Mental Health | 0% | $0.00 | $3.13 | $3.13 |
| Newborn | 0% | $0.00 | $3.93 | $3.93 |
| SNF | 0% | $0.00 | $0.72 | $0.72 |
| Inpatient Total: | | | $84.04 | $84.04 |
| **Outpatient Facility** | | | | |
| Preventive | 0% | $0.00 | $4.22 | $4.22 |
| Abortion - Elective | 0% | $0.00 | $0.01 | $0.01 |
| Abortion - Non Elective | 0% | $0.00 | $0.12 | $0.12 |
| Cardiology | 0% | $0.00 | $1.54 | $1.54 |
| Chemotherapy | 0% | $0.00 | $4.81 | $4.81 |
| Diagnostic | 0% | $0.00 | $1.15 | $1.15 |
| Dialysis | 0% | $0.00 | $0.76 | $0.76 |
| Emergency Room | 0% | $0.00 | $11.03 | $11.03 |
| Home Health | 0% | $0.00 | $0.82 | $0.82 |
| Hospice | 0% | $0.00 | $0.26 | $0.26 |
| Infusion Therapy | 0% | $0.00 | $2.33 | $2.33 |
| Laboratory Tests | 0% | $0.00 | $3.18 | $3.18 |
| Mental Health / Substance Abuse | 0% | $0.00 | $0.98 | $0.98 |
| Outpatient Surgery | 0% | $0.00 | $27.65 | $27.65 |
| Pre-Admission Testing | 0% | $0.00 | $0.35 | $0.35 |
| PT / OT / ST | 0% | $0.00 | $0.73 | $0.73 |
| Radiation Therapy | 0% | $0.00 | $1.84 | $1.84 |
| Radiology | 0% | $0.00 | $2.16 | $2.16 |
| Radiology - Advanced | 0% | $0.00 | $2.84 | $2.84 |
| Urgent Care | 0% | $0.00 | $2.56 | $2.56 |
| Other | 0% | $0.00 | $2.66 | $2.66 |
| Outpatient Total: | | | $72.00 | $72.00 |
| **Professional** | | | | |
| Preventive | 0% | $0.00 | $15.94 | $15.94 |
| Office/Home Visit - PCP | 0% | $0.00 | $12.23 | $12.23 |
| Office/Home Visit - SCP | 0% | $0.00 | $8.67 | $8.67 |
| Abortion - Elective | 0% | $0.00 | $0.02 | $0.02 |
| Abortion - Non Elective | 0% | $0.00 | $0.06 | $0.06 |
| Advanced Radiology | 0% | $0.00 | $6.10 | $6.10 |
| Allergy Shots | 0% | $0.00 | $0.37 | $0.37 |
| Allergy Tests | 0% | $0.00 | $0.24 | $0.24 |
| Ambulance | 0% | $0.00 | $1.75 | $1.75 |
| Anesthesia | 0% | $0.00 | $1.07 | $1.07 |
| Cardiovascular | 0% | $0.00 | $2.43 | $2.43 |
| Chemotherapy | 0% | $0.00 | $3.25 | $3.25 |
| Chiropractic | 0% | $0.00 | $0.98 | $0.98 |
| Consults | 0% | $0.00 | $3.11 | $3.11 |
| Diabetic Drugs/Supplies | 0% | $0.00 | $0.69 | $0.69 |
| Diabetic Education | 0% | $0.00 | $0.02 | $0.02 |
| Dialysis | 0% | $0.00 | $0.06 | $0.06 |
| DME and Supplies | 0% | $0.00 | $3.56 | $3.56 |
| Facility Visits | 0% | $0.00 | $4.87 | $4.87 |
| Hearing Aid | 0% | $0.00 | $0.00 | $0.00 |
| Hearing Exam | 0% | $0.00 | $0.18 | $0.18 |
| Home Care | 0% | $0.00 | $1.01 | $1.01 |
| Maternity | 0% | $0.00 | $2.49 | $2.49 |
| Mental Health | 0% | $0.00 | $3.03 | $3.03 |
| Office-Administered Drugs | 0% | $0.00 | $13.79 | $13.79 |
| Pathology / Laboratory | 0% | $0.00 | $6.32 | $6.32 |
| PT/OT/ST | 0% | $0.00 | $2.04 | $2.04 |
| Radiation Therapy | 0% | $0.00 | $2.38 | $2.38 |
| Radiology | 0% | $0.00 | $4.92 | $4.92 |
| Substance Abuse | 0% | $0.00 | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | $9.35 | $9.35 |
| Surgery - Office | 0% | $0.00 | $6.32 | $6.32 |
| Vision - Exam | 0% | $0.00 | $0.90 | $0.90 |
| Vision - Lenses & Frames | 0% | $0.00 | $0.35 | $0.35 |
| Other | 0% | $0.00 | $3.00 | $3.00 |
| Professional Total: | | | $126.59 | $126.59 |
| Medical Total: | | | $282.62 | $282.62 |
| Utilization Adjustment: | | | 1.1133 | 1.1133 |
| **Adjusted Medical Total:** | | | **$314.63** | **$314.63** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 9 - Full Coverage
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Full Coverage Plan**

| Type & Service Category | Member Cost Share | Copay Equivalent | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|
| **Prescription Drug** | | | | |
| Generic | 0% | $0.00 | $24.52 | $24.52 |
| Brand | 0% | $0.00 | $46.45 | $46.45 |
| Non Formulary | 0% | $0.00 | $8.34 | $8.34 |
| Supplies | 0% | $0.00 | $1.29 | $1.29 |
| Drug Total: | | | $80.59 | $80.59 |
| Utilization Adjustment: | | | 1.1133 | 1.1133 |
| **Adjusted Drug Total:** | | | **$89.72** | **$89.72** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$0** | **0%** | **1.115** | **0%** | **$17.68** | **$19.72** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Platinum Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $0 |
| OOP Maximum: | $2,000 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Platinum |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $500.00 | $500.00 | No | $0.15 | $0.15 |
| Detox | $500.00 | $500.00 | No | $0.58 | $0.57 |
| Maternity | $500.00 | $500.00 | No | $4.71 | $4.70 |
| Med/Surg | $500.00 | $500.00 | No | $70.82 | $70.09 |
| Mental Health | $500.00 | $500.00 | No | $3.13 | $3.11 |
| Newborn | $500.00 | $500.00 | No | $3.93 | $3.92 |
| SNF | $500.00 | $500.00 | No | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $83.26 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $100.00 | $100.00 | No | $0.01 | $0.01 |
| Abortion - Non Elective | $100.00 | $100.00 | No | $0.12 | $0.12 |
| Cardiology | $15.00 | $15.00 | No | $1.54 | $1.49 |
| Chemotherapy | $15.00 | $15.00 | No | $4.81 | $4.79 |
| Diagnostic | $35.00 | $35.00 | No | $1.15 | $1.09 |
| Dialysis | $15.00 | $15.00 | No | $0.76 | $0.75 |
| Emergency Room | $100.00 | $100.00 | No | $11.03 | $9.44 |
| Home Health | $15.00 | $15.00 | No | $0.82 | $0.76 |
| Hospice | $15.00 | $15.00 | No | $0.26 | $0.26 |
| Infusion Therapy | $15.00 | $15.00 | No | $2.33 | $2.31 |
| Laboratory Tests | $35.00 | $35.00 | No | $3.18 | $3.15 |
| Mental Health / Substance Abuse | $15.00 | $15.00 | No | $0.98 | $0.84 |
| Outpatient Surgery | $100.00 | $100.00 | No | $27.65 | $26.48 |
| Pre-Admission Testing | 0% | $0.00 | No | $0.35 | $0.35 |
| PT / OT / ST | $25.00 | $25.00 | No | $0.73 | $0.53 |
| Radiation Therapy | $15.00 | $15.00 | No | $1.84 | $1.81 |
| Radiology | $35.00 | $35.00 | No | $2.16 | $1.79 |
| Radiology - Advanced | $35.00 | $35.00 | No | $2.84 | $2.74 |
| Urgent Care | $55.00 | $55.00 | No | $2.56 | $1.95 |
| Other | $35.00 | $35.00 | No | $2.66 | $2.53 |
| Outpatient Total: | | | | $72.00 | $67.39 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $15.00 | $15.00 | No | $12.23 | $10.53 |
| Office/Home Visit - SCP | $35.00 | $35.00 | No | $8.67 | $5.58 |
| Abortion - Elective | $35.00 | $35.00 | No | $0.02 | $0.02 |
| Abortion - Non Elective | $35.00 | $35.00 | No | $0.06 | $0.06 |
| Advanced Radiology | $35.00 | $35.00 | No | $6.10 | $5.83 |
| Allergy Shots | $25.00 | $25.00 | No | $0.37 | $0.22 |
| Allergy Tests | $25.00 | $25.00 | No | $0.24 | $0.24 |
| Ambulance | $100.00 | $100.00 | No | $1.75 | $1.61 |
| Anesthesia | 0% | $0.00 | No | $1.07 | $1.07 |
| Cardiovascular | $15.00 | $15.00 | No | $2.43 | $2.31 |
| Chemotherapy | $15.00 | $15.00 | No | $3.25 | $3.22 |
| Chiropractic | $35.00 | $35.00 | No | $0.98 | $0.00 |
| Consults | $25.00 | $25.00 | No | $3.11 | $2.76 |
| Diabetic Drugs/Supplies | $15.00 | $15.00 | No | $0.69 | $0.67 |
| Diabetic Education | $15.00 | $15.00 | No | $0.02 | $0.01 |
| Dialysis | $15.00 | $15.00 | No | $0.06 | $0.06 |
| DME and Supplies | 10% | $13.62 | No | $3.56 | $3.56 |
| Facility Visits | $25.00 | $25.00 | No | $4.87 | $4.86 |
| Hearing Aid | 10% | $5.90 | No | $0.00 | $0.00 |
| Hearing Exam | $35.00 | $35.00 | No | $0.18 | $0.14 |
| Home Care | $15.00 | $15.00 | No | $1.01 | $1.01 |
| Maternity | $15.00 | $15.00 | No | $2.49 | $2.49 |
| Mental Health | $15.00 | $15.00 | No | $3.03 | $2.65 |
| Office-Administered Drugs | $35.00 | $35.00 | No | $13.79 | $13.40 |
| Pathology / Laboratory | $35.00 | $35.00 | No | $6.32 | $6.32 |
| PT/OT/ST | $25.00 | $25.00 | No | $2.04 | $1.07 |
| Radiation Therapy | $15.00 | $15.00 | No | $2.38 | $2.33 |
| Radiology | $35.00 | $35.00 | No | $4.92 | $4.12 |
| Substance Abuse | $15.00 | $15.00 | No | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | No | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | No | $9.35 | $9.35 |
| Surgery - Office | $25.00 | $25.00 | No | $6.32 | $5.94 |
| Vision - Exam | $15.00 | $15.00 | No | $0.90 | $0.80 |
| Vision - Lenses & Frames | 10% | $7.90 | No | $0.35 | $0.35 |
| Other | $35.00 | $35.00 | No | $3.00 | $2.70 |
| Professional Total: | | | | $126.59 | $116.28 |
| Medical Total: | | | | $282.62 | $266.93 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $262.46 | $246.77 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0861 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$288.17** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Platinum Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $30.00 | $30.00 | No | $46.45 | $45.67 |
| Non Formulary | $60.00 | $60.00 | No | $8.34 | $8.06 |
| Supplies | 10% | $10.05 | No | $1.29 | $1.26 |
| Drug Total: | | | | $80.59 | $78.03 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $80.59 | $78.03 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0861 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$84.75** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Platinum 250

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $250 |
| OOP Maximum: | $6,600 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Platinum |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 8% | $891.48 | Yes | $0.15 | $0.15 |
| Detox | 8% | $347.59 | Yes | $0.58 | $0.58 |
| Maternity | 8% | $639.92 | Yes | $4.71 | $4.69 |
| Med/Surg | 8% | $1,732.78 | Yes | $70.82 | $68.30 |
| Mental Health | 8% | $736.30 | Yes | $3.13 | $3.10 |
| Newborn | 8% | $443.48 | Yes | $3.93 | $3.93 |
| SNF | 8% | $424.12 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $81.46 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 8% | $164.61 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 8% | $129.07 | Yes | $0.12 | $0.11 |
| Cardiology | 8% | $19.38 | Yes | $1.54 | $1.48 |
| Chemotherapy | 8% | $33.87 | Yes | $4.81 | $4.76 |
| Diagnostic | 8% | $28.48 | Yes | $1.15 | $1.10 |
| Dialysis | 8% | $14.24 | Yes | $0.76 | $0.75 |
| Emergency Room | 8% | $46.53 | Yes | $11.03 | $10.29 |
| Home Health | 8% | $13.70 | Yes | $0.82 | $0.77 |
| Hospice | 8% | $28.34 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 8% | $36.01 | Yes | $2.33 | $2.27 |
| Laboratory Tests | 0% | $0.00 | Yes | $3.18 | $3.18 |
| Mental Health / Substance Abuse | 8% | $8.18 | Yes | $0.98 | $0.91 |
| Outpatient Surgery | 8% | $94.41 | Yes | $27.65 | $26.54 |
| Pre-Admission Testing | 8% | $1.91 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 8% | $6.34 | Yes | $0.73 | $0.68 |
| Radiation Therapy | 8% | $40.50 | Yes | $1.84 | $1.76 |
| Radiology | 8% | $12.31 | Yes | $2.16 | $2.03 |
| Radiology - Advanced | 8% | $55.91 | Yes | $2.84 | $2.68 |
| Urgent Care | $55.00 | $55.00 | Yes | $2.56 | $1.95 |
| Other | 8% | $16.96 | Yes | $2.66 | $2.60 |
| Outpatient Total: | | | | $72.00 | $68.69 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 8% | $7.03 | Yes | $12.23 | $11.43 |
| Office/Home Visit - SCP | 8% | $7.32 | Yes | $8.67 | $8.03 |
| Abortion - Elective | 8% | $23.61 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 8% | $34.80 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 8% | $25.56 | Yes | $6.10 | $5.90 |
| Allergy Shots | 8% | $3.11 | Yes | $0.37 | $0.35 |
| Allergy Tests | 8% | $15.08 | Yes | $0.24 | $0.24 |
| Ambulance | $200.00 | $200.00 | Yes | $1.75 | $1.47 |
| Anesthesia | 8% | $45.05 | Yes | $1.07 | $1.07 |
| Cardiovascular | 8% | $6.61 | Yes | $2.43 | $2.37 |
| Chemotherapy | 8% | $38.16 | Yes | $3.25 | $3.18 |
| Chiropractic | 8% | $2.57 | Yes | $0.98 | $0.90 |
| Consults | 8% | $14.84 | Yes | $3.11 | $2.90 |
| Diabetic Drugs/Supplies | 8% | $22.29 | Yes | $0.69 | $0.66 |
| Diabetic Education | 8% | $8.13 | Yes | $0.02 | $0.02 |
| Dialysis | 8% | $14.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 8% | $11.60 | Yes | $4.87 | $4.86 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 8% | $3.24 | Yes | $0.18 | $0.18 |
| Home Care | 8% | $23.52 | Yes | $1.01 | $1.01 |
| Maternity | 8% | $82.79 | Yes | $2.49 | $2.47 |
| Mental Health | 8% | $8.83 | Yes | $3.03 | $2.81 |
| Office-Administered Drugs | 8% | $20.67 | Yes | $13.79 | $13.56 |
| Pathology / Laboratory | 0% | $0.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 8% | $3.66 | Yes | $2.04 | $1.90 |
| Radiation Therapy | 8% | $24.13 | Yes | $2.38 | $2.30 |
| Radiology | 8% | $4.93 | Yes | $4.92 | $4.80 |
| Substance Abuse | 8% | $23.72 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 8% | $68.43 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 8% | $37.29 | Yes | $9.35 | $9.34 |
| Surgery - Office | 8% | $13.23 | Yes | $6.32 | $6.12 |
| Vision - Exam | 8% | $8.64 | Yes | $0.90 | $0.84 |
| Vision - Lenses & Frames | 10% | $7.90 | Yes | $0.35 | $0.35 |
| Other | 8% | $8.19 | Yes | $3.00 | $2.93 |
| Professional Total: | | | | $126.59 | $123.03 |
| Medical Total: | | | | $282.62 | $273.18 |
| *Subject to Deductible:* | | | | $262.46 | $253.02 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0911 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1721 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$312.66** | **$296.22** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Platinum 250**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $2.00 | $2.00 | No | $24.52 | $24.22 |
| Brand | 20% | $71.88 | Yes | $46.45 | $44.59 |
| Non Formulary | 20% | $44.70 | Yes | $8.34 | $8.13 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $78.09 |
| *Subject to Deductible:* | | | | $56.08 | $53.87 |
| *Not Subject to Deductible:* | | | | $24.52 | $24.22 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0911 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1721 |
| **Adjusted Drug Total:** | | | | **$91.43** | **$87.16** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Platinum 250

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $450 |
| OOP Maximum: | $6,600 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Platinum |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 10% | $1,114.36 | Yes | $0.15 | $0.15 |
| Detox | 10% | $434.49 | Yes | $0.58 | $0.58 |
| Maternity | 10% | $799.90 | Yes | $4.71 | $4.69 |
| Med/Surg | 10% | $2,165.97 | Yes | $70.82 | $67.68 |
| Mental Health | 10% | $920.37 | Yes | $3.13 | $3.09 |
| Newborn | 10% | $554.35 | Yes | $3.93 | $3.92 |
| SNF | 10% | $530.15 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $80.81 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 10% | $205.76 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 10% | $161.34 | Yes | $0.12 | $0.11 |
| Cardiology | 10% | $24.23 | Yes | $1.54 | $1.46 |
| Chemotherapy | 10% | $42.33 | Yes | $4.81 | $4.75 |
| Diagnostic | 10% | $35.60 | Yes | $1.15 | $1.09 |
| Dialysis | 10% | $17.80 | Yes | $0.76 | $0.75 |
| Emergency Room | 8% | $46.53 | Yes | $11.03 | $10.29 |
| Home Health | 10% | $17.13 | Yes | $0.82 | $0.76 |
| Hospice | 10% | $35.43 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 10% | $45.02 | Yes | $2.33 | $2.26 |
| Laboratory Tests | 10% | $6.62 | Yes | $3.18 | $3.18 |
| Mental Health / Substance Abuse | 10% | $10.23 | Yes | $0.98 | $0.89 |
| Outpatient Surgery | 10% | $118.01 | Yes | $27.65 | $26.26 |
| Pre-Admission Testing | 10% | $2.38 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 10% | $7.93 | Yes | $0.73 | $0.67 |
| Radiation Therapy | 10% | $50.63 | Yes | $1.84 | $1.74 |
| Radiology | 10% | $15.39 | Yes | $2.16 | $2.00 |
| Radiology - Advanced | 10% | $69.89 | Yes | $2.84 | $2.64 |
| Urgent Care | $55.00 | $55.00 | Yes | $2.56 | $1.95 |
| Other | 10% | $21.20 | Yes | $2.66 | $2.58 |
| Outpatient Total: | | | | $72.00 | $68.19 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 10% | $8.79 | Yes | $12.23 | $11.23 |
| Office/Home Visit - SCP | 10% | $9.15 | Yes | $8.67 | $7.87 |
| Abortion - Elective | 10% | $29.52 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 10% | $43.50 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 10% | $31.95 | Yes | $6.10 | $5.85 |
| Allergy Shots | 10% | $3.88 | Yes | $0.37 | $0.35 |
| Allergy Tests | 10% | $18.85 | Yes | $0.24 | $0.24 |
| Ambulance | $200.00 | $200.00 | Yes | $1.75 | $1.47 |
| Anesthesia | 10% | $56.31 | Yes | $1.07 | $1.07 |
| Cardiovascular | 10% | $8.26 | Yes | $2.43 | $2.36 |
| Chemotherapy | 10% | $47.70 | Yes | $3.25 | $3.17 |
| Chiropractic | 10% | $3.21 | Yes | $0.98 | $0.89 |
| Consults | 10% | $18.55 | Yes | $3.11 | $2.85 |
| Diabetic Drugs/Supplies | 10% | $27.86 | Yes | $0.69 | $0.66 |
| Diabetic Education | 10% | $10.16 | Yes | $0.02 | $0.02 |
| Dialysis | 10% | $17.50 | Yes | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 10% | $14.50 | Yes | $4.87 | $4.86 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 10% | $4.05 | Yes | $0.18 | $0.17 |
| Home Care | 10% | $29.41 | Yes | $1.01 | $1.01 |
| Maternity | 10% | $103.49 | Yes | $2.49 | $2.46 |
| Mental Health | 10% | $11.03 | Yes | $3.03 | $2.75 |
| Office-Administered Drugs | 10% | $25.84 | Yes | $13.79 | $13.50 |
| Pathology / Laboratory | 10% | $2.12 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 10% | $4.57 | Yes | $2.04 | $1.87 |
| Radiation Therapy | 10% | $30.16 | Yes | $2.38 | $2.28 |
| Radiology | 10% | $6.16 | Yes | $4.92 | $4.78 |
| Substance Abuse | 10% | $29.65 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 10% | $85.53 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 10% | $46.61 | Yes | $9.35 | $9.34 |
| Surgery - Office | 10% | $16.54 | Yes | $6.32 | $6.07 |
| Vision - Exam | 10% | $10.80 | Yes | $0.90 | $0.83 |
| Vision - Lenses & Frames | 10% | $7.90 | Yes | $0.35 | $0.35 |
| Other | 10% | $10.24 | Yes | $3.00 | $2.92 |
| Professional Total: | | | | $126.59 | $122.22 |
| Medical Total: | | | | $282.62 | $271.22 |
| *Subject to Deductible:* | | | | $262.46 | $251.06 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0871 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1721 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$312.66** | **$293.10** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Platinum 250**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $2.00 | $2.00 | No | $24.52 | $24.22 |
| Brand | 20% | $71.88 | Yes | $46.45 | $44.59 |
| Non Formulary | 20% | $44.70 | Yes | $8.34 | $8.13 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $78.09 |
| *Subject to Deductible:* | | | | $56.08 | $53.87 |
| *Not Subject to Deductible:* | | | | $24.52 | $24.22 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0871 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1721 |
| **Adjusted Drug Total:** | | | | **$91.43** | **$86.95** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Platinum POS 110

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $0 |
| OOP Maximum: | $4,000 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Platinum |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $500.00 | $500.00 | No | $0.15 | $0.15 |
| Detox | $500.00 | $500.00 | No | $0.58 | $0.57 |
| Maternity | $500.00 | $500.00 | No | $4.71 | $4.70 |
| Med/Surg | $500.00 | $500.00 | No | $70.82 | $70.09 |
| Mental Health | $500.00 | $500.00 | No | $3.13 | $3.11 |
| Newborn | $500.00 | $500.00 | No | $3.93 | $3.92 |
| SNF | $500.00 | $500.00 | No | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $83.26 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $150.00 | $150.00 | No | $0.01 | $0.01 |
| Abortion - Non Elective | $150.00 | $150.00 | No | $0.12 | $0.11 |
| Cardiology | $20.00 | $20.00 | No | $1.54 | $1.47 |
| Chemotherapy | $30.00 | $30.00 | No | $4.81 | $4.76 |
| Diagnostic | $30.00 | $30.00 | No | $1.15 | $1.10 |
| Dialysis | $30.00 | $30.00 | No | $0.76 | $0.74 |
| Emergency Room | $100.00 | $100.00 | No | $11.03 | $9.44 |
| Home Health | $30.00 | $30.00 | No | $0.82 | $0.71 |
| Hospice | $30.00 | $30.00 | No | $0.26 | $0.26 |
| Infusion Therapy | $30.00 | $30.00 | No | $2.33 | $2.28 |
| Laboratory Tests | 0% | $0.00 | No | $3.18 | $3.18 |
| Mental Health / Substance Abuse | $30.00 | $30.00 | No | $0.98 | $0.71 |
| Outpatient Surgery | $150.00 | $150.00 | No | $27.65 | $25.89 |
| Pre-Admission Testing | 0% | $0.00 | No | $0.35 | $0.35 |
| PT / OT / ST | $20.00 | $20.00 | No | $0.73 | $0.57 |
| Radiation Therapy | $30.00 | $30.00 | No | $1.84 | $1.78 |
| Radiology | $30.00 | $30.00 | No | $2.16 | $1.84 |
| Radiology - Advanced | $30.00 | $30.00 | No | $2.84 | $2.75 |
| Urgent Care | $40.00 | $40.00 | No | $2.56 | $2.12 |
| Other | $30.00 | $30.00 | No | $2.66 | $2.55 |
| Outpatient Total: | | | | $72.00 | $66.85 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $20.00 | $20.00 | No | $12.23 | $9.96 |
| Office/Home Visit - SCP | $30.00 | $30.00 | No | $8.67 | $6.02 |
| Abortion - Elective | $25.00 | $25.00 | No | $0.02 | $0.02 |
| Abortion - Non Elective | $25.00 | $25.00 | No | $0.06 | $0.06 |
| Advanced Radiology | $25.00 | $25.00 | No | $6.10 | $5.91 |
| Allergy Shots | $25.00 | $25.00 | No | $0.37 | $0.22 |
| Allergy Tests | $25.00 | $25.00 | No | $0.24 | $0.24 |
| Ambulance | $100.00 | $100.00 | No | $1.75 | $1.61 |
| Anesthesia | 0% | $0.00 | No | $1.07 | $1.07 |
| Cardiovascular | $20.00 | $20.00 | No | $2.43 | $2.27 |
| Chemotherapy | $30.00 | $30.00 | No | $3.25 | $3.20 |
| Chiropractic | $20.00 | $20.00 | No | $0.98 | $0.39 |
| Consults | $25.00 | $25.00 | No | $3.11 | $2.76 |
| Diabetic Drugs/Supplies | $20.00 | $20.00 | No | $0.69 | $0.67 |
| Diabetic Education | $20.00 | $20.00 | No | $0.02 | $0.01 |
| Dialysis | $30.00 | $30.00 | No | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | No | $3.56 | $3.56 |
| Facility Visits | $25.00 | $25.00 | No | $4.87 | $4.86 |
| Hearing Aid | 50% | $29.49 | No | $0.00 | $0.00 |
| Hearing Exam | $30.00 | $30.00 | No | $0.18 | $0.15 |
| Home Care | $30.00 | $30.00 | No | $1.01 | $1.01 |
| Maternity | 0% | $0.00 | No | $2.49 | $2.49 |
| Mental Health | $30.00 | $30.00 | No | $3.03 | $2.28 |
| Office-Administered Drugs | $30.00 | $30.00 | No | $13.79 | $13.45 |
| Pathology / Laboratory | 0% | $0.00 | No | $6.32 | $6.32 |
| PT/OT/ST | $20.00 | $20.00 | No | $2.04 | $1.27 |
| Radiation Therapy | $30.00 | $30.00 | No | $2.38 | $2.28 |
| Radiology | $30.00 | $30.00 | No | $4.92 | $4.23 |
| Substance Abuse | $30.00 | $30.00 | No | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | No | $5.05 | $5.05 |
| Surgery - Facility (OP) | $30.00 | $30.00 | No | $9.35 | $9.34 |
| Surgery - Office | $25.00 | $25.00 | No | $6.32 | $5.94 |
| Vision - Exam | $30.00 | $30.00 | No | $0.90 | $0.69 |
| Vision - Lenses & Frames | $30.00 | $30.00 | No | $0.35 | $0.33 |
| Other | $30.00 | $30.00 | No | $3.00 | $2.74 |
| Professional Total: | | | | $126.59 | $116.41 |
| Medical Total: | | | | $282.62 | $266.51 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $262.46 | $246.35 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0860 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$287.71** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Platinum POS 110**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | No | $24.52 | $23.78 |
| Brand | $30.00 | $30.00 | No | $46.45 | $45.67 |
| Non Formulary | 50% | $111.74 | No | $8.34 | $7.82 |
| Supplies | 50% | $50.26 | No | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $78.41 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $80.59 | $78.41 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0860 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$85.16** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$1,500** | **40%** | **$4,000** | **0.845** | **30%** | **$17.68** | **$10.47** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Gold Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $600 |
| OOP Maximum: | $4,000 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Gold |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $1,000.00 | $1,000.00 | Yes | $0.15 | $0.15 |
| Detox | $1,000.00 | $1,000.00 | Yes | $0.58 | $0.56 |
| Maternity | $1,000.00 | $1,000.00 | Yes | $4.71 | $4.69 |
| Med/Surg | $1,000.00 | $1,000.00 | Yes | $70.82 | $69.37 |
| Mental Health | $1,000.00 | $1,000.00 | Yes | $3.13 | $3.08 |
| Newborn | $1,000.00 | $1,000.00 | Yes | $3.93 | $3.92 |
| SNF | $1,000.00 | $1,000.00 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $82.48 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $100.00 | $100.00 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | $100.00 | $100.00 | Yes | $0.12 | $0.12 |
| Cardiology | $25.00 | $25.00 | Yes | $1.54 | $1.46 |
| Chemotherapy | $25.00 | $25.00 | Yes | $4.81 | $4.77 |
| Diagnostic | $40.00 | $40.00 | Yes | $1.15 | $1.08 |
| Dialysis | $25.00 | $25.00 | Yes | $0.76 | $0.74 |
| Emergency Room | $150.00 | $150.00 | Yes | $11.03 | $8.65 |
| Home Health | $25.00 | $25.00 | Yes | $0.82 | $0.73 |
| Hospice | $25.00 | $25.00 | Yes | $0.26 | $0.26 |
| Infusion Therapy | $25.00 | $25.00 | Yes | $2.33 | $2.29 |
| Laboratory Tests | $40.00 | $40.00 | Yes | $3.18 | $3.14 |
| Mental Health / Substance Abuse | $25.00 | $25.00 | Yes | $0.98 | $0.75 |
| Outpatient Surgery | $100.00 | $100.00 | Yes | $27.65 | $26.48 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $30.00 | $30.00 | Yes | $0.73 | $0.48 |
| Radiation Therapy | $25.00 | $25.00 | Yes | $1.84 | $1.79 |
| Radiology | $40.00 | $40.00 | Yes | $2.16 | $1.74 |
| Radiology - Advanced | $40.00 | $40.00 | Yes | $2.84 | $2.72 |
| Urgent Care | $60.00 | $60.00 | Yes | $2.56 | $1.90 |
| Other | $40.00 | $40.00 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $66.19 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $25.00 | $25.00 | Yes | $12.23 | $9.39 |
| Office/Home Visit - SCP | $40.00 | $40.00 | Yes | $8.67 | $5.14 |
| Abortion - Elective | $40.00 | $40.00 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | $40.00 | $40.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | $40.00 | $40.00 | Yes | $6.10 | $5.79 |
| Allergy Shots | $32.50 | $32.50 | Yes | $0.37 | $0.17 |
| Allergy Tests | $32.50 | $32.50 | Yes | $0.24 | $0.24 |
| Ambulance | $150.00 | $150.00 | Yes | $1.75 | $1.54 |
| Anesthesia | 0% | $0.00 | Yes | $1.07 | $1.07 |
| Cardiovascular | $25.00 | $25.00 | Yes | $2.43 | $2.23 |
| Chemotherapy | $25.00 | $25.00 | Yes | $3.25 | $3.21 |
| Chiropractic | $40.00 | $40.00 | Yes | $0.98 | $0.00 |
| Consults | $32.50 | $32.50 | Yes | $3.11 | $2.65 |
| Diabetic Drugs/Supplies | $25.00 | $25.00 | Yes | $0.69 | $0.66 |
| Diabetic Education | $25.00 | $25.00 | Yes | $0.02 | $0.01 |
| Dialysis | $25.00 | $25.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | $32.50 | $32.50 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | $40.00 | $40.00 | Yes | $0.18 | $0.13 |
| Home Care | $32.50 | $32.50 | Yes | $1.01 | $1.01 |
| Maternity | $25.00 | $25.00 | Yes | $2.49 | $2.49 |
| Mental Health | $25.00 | $25.00 | Yes | $3.03 | $2.40 |
| Office-Administered Drugs | $40.00 | $40.00 | Yes | $13.79 | $13.34 |
| Pathology / Laboratory | $40.00 | $40.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $30.00 | $30.00 | Yes | $2.04 | $0.88 |
| Radiation Therapy | $25.00 | $25.00 | Yes | $2.38 | $2.30 |
| Radiology | $40.00 | $40.00 | Yes | $4.92 | $4.00 |
| Substance Abuse | $25.00 | $25.00 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | Yes | $9.35 | $9.35 |
| Surgery - Office | $32.50 | $32.50 | Yes | $6.32 | $5.83 |
| Vision - Exam | $25.00 | $25.00 | Yes | $0.90 | $0.73 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | $40.00 | $40.00 | Yes | $3.00 | $2.66 |
| Professional Total: | | | | $126.59 | $113.43 |
| Medical Total: | | | | $282.62 | $262.10 |
| *Subject to Deductible:* | | | | $262.46 | $241.94 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1209 | 1.0707 |
| *Not Subject to Deductible:* | | | | 1.1182 | 1.0963 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.36** | **$279.21** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Gold Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | No | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | No | $8.34 | $8.01 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $77.82 |
| *Subject to Deductible:* | | | | $1.29 | $1.23 |
| *Not Subject to Deductible:* | | | | $79.30 | $76.59 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1209 | 1.0707 |
| *Not Subject to Deductible:* | | | | 1.1182 | 1.0963 |
| **Adjusted Drug Total:** | | | | **$90.13** | **$85.29** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Gold 850

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $850 |
| OOP Maximum: | $6,600 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Gold |
| Geographic Factors: | Local HMO / POS Region 2A |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 15% | $1,671.53 | Yes | $0.15 | $0.14 |
| Detox | 15% | $651.74 | Yes | $0.58 | $0.57 |
| Maternity | 15% | $1,199.84 | Yes | $4.71 | $4.68 |
| Med/Surg | 15% | $3,248.96 | Yes | $70.82 | $66.10 |
| Mental Health | 15% | $1,380.56 | Yes | $3.13 | $3.07 |
| Newborn | 15% | $831.52 | Yes | $3.93 | $3.92 |
| SNF | 15% | $795.23 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $79.20 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 15% | $308.64 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 15% | $242.01 | Yes | $0.12 | $0.11 |
| Cardiology | 15% | $36.34 | Yes | $1.54 | $1.42 |
| Chemotherapy | 15% | $63.50 | Yes | $4.81 | $4.72 |
| Diagnostic | 15% | $53.40 | Yes | $1.15 | $1.06 |
| Dialysis | 15% | $26.70 | Yes | $0.76 | $0.74 |
| Emergency Room | 15% | $87.25 | Yes | $11.03 | $9.64 |
| Home Health | 15% | $25.69 | Yes | $0.82 | $0.73 |
| Hospice | 15% | $53.15 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 15% | $67.53 | Yes | $2.33 | $2.22 |
| Laboratory Tests | 0% | $0.00 | Yes | $3.18 | $3.18 |
| Mental Health / Substance Abuse | 15% | $15.35 | Yes | $0.98 | $0.84 |
| Outpatient Surgery | 15% | $177.02 | Yes | $27.65 | $25.57 |
| Pre-Admission Testing | 15% | $3.57 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 15% | $11.89 | Yes | $0.73 | $0.63 |
| Radiation Therapy | 15% | $75.94 | Yes | $1.84 | $1.69 |
| Radiology | 15% | $23.08 | Yes | $2.16 | $1.92 |
| Radiology - Advanced | 15% | $104.84 | Yes | $2.84 | $2.53 |
| Urgent Care | $60.00 | $60.00 | Yes | $2.56 | $1.90 |
| Other | 15% | $31.81 | Yes | $2.66 | $2.54 |
| Outpatient Total: | | | | $72.00 | $66.27 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 15% | $13.19 | Yes | $12.23 | $10.73 |
| Office/Home Visit - SCP | 15% | $13.72 | Yes | $8.67 | $7.46 |
| Abortion - Elective | 15% | $44.27 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 15% | $65.25 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 15% | $47.92 | Yes | $6.10 | $5.73 |
| Allergy Shots | 0% | $0.00 | Yes | $0.37 | $0.37 |
| Allergy Tests | 15% | $28.28 | Yes | $0.24 | $0.24 |
| Ambulance | $200.00 | $200.00 | Yes | $1.75 | $1.47 |
| Anesthesia | 15% | $84.46 | Yes | $1.07 | $1.07 |
| Cardiovascular | 15% | $12.40 | Yes | $2.43 | $2.33 |
| Chemotherapy | 15% | $71.55 | Yes | $3.25 | $3.13 |
| Chiropractic | 15% | $4.82 | Yes | $0.98 | $0.84 |
| Consults | 15% | $27.82 | Yes | $3.11 | $2.72 |
| Diabetic Drugs/Supplies | 15% | $41.79 | Yes | $0.69 | $0.64 |
| Diabetic Education | 15% | $15.24 | Yes | $0.02 | $0.01 |
| Dialysis | 15% | $26.26 | Yes | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 15% | $21.75 | Yes | $4.87 | $4.86 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 15% | $6.07 | Yes | $0.18 | $0.17 |
| Home Care | 15% | $44.11 | Yes | $1.01 | $1.01 |
| Maternity | 15% | $155.23 | Yes | $2.49 | $2.45 |
| Mental Health | 15% | $16.55 | Yes | $3.03 | $2.62 |
| Office-Administered Drugs | 15% | $38.76 | Yes | $13.79 | $13.35 |
| Pathology / Laboratory | 0% | $0.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 15% | $6.86 | Yes | $2.04 | $1.78 |
| Radiation Therapy | 15% | $45.24 | Yes | $2.38 | $2.23 |
| Radiology | 15% | $9.24 | Yes | $4.92 | $4.71 |
| Substance Abuse | 15% | $44.47 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 15% | $128.30 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 15% | $69.92 | Yes | $9.35 | $9.33 |
| Surgery - Office | 15% | $24.80 | Yes | $6.32 | $5.94 |
| Vision - Exam | 15% | $16.20 | Yes | $0.90 | $0.79 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | 15% | $15.36 | Yes | $3.00 | $2.87 |
| Professional Total: | | | | $126.59 | $120.20 |
| Medical Total: | | | | $282.62 | $265.67 |
| *Subject to Deductible:* | | | | $262.46 | $245.51 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0739 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1599 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$312.66** | **$283.83** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Gold 850**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | No | $24.52 | $23.78 |
| Brand | 30% | $107.81 | Yes | $46.45 | $43.66 |
| Non Formulary | 30% | $67.04 | Yes | $8.34 | $8.03 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $76.61 |
| *Subject to Deductible:* | | | | $56.08 | $52.83 |
| *Not Subject to Deductible:* | | | | $24.52 | $23.78 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0739 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1599 |
| **Adjusted Drug Total:** | | | | **$91.43** | **$84.32** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Gold 850

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $1,700 |
| OOP Maximum: | $6,600 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Gold |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 25% | $2,785.89 | Yes | $0.15 | $0.14 |
| Detox | 25% | $1,086.23 | Yes | $0.58 | $0.56 |
| Maternity | 25% | $1,999.74 | Yes | $4.71 | $4.67 |
| Med/Surg | 25% | $5,414.93 | Yes | $70.82 | $62.96 |
| Mental Health | 25% | $2,300.93 | Yes | $3.13 | $3.02 |
| Newborn | 25% | $1,385.87 | Yes | $3.93 | $3.92 |
| SNF | 25% | $1,325.38 | Yes | $0.72 | $0.70 |
| Inpatient Total: | | | | $84.04 | $75.98 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 25% | $514.39 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 25% | $403.35 | Yes | $0.12 | $0.09 |
| Cardiology | 25% | $60.57 | Yes | $1.54 | $1.34 |
| Chemotherapy | 25% | $105.84 | Yes | $4.81 | $4.65 |
| Diagnostic | 25% | $89.01 | Yes | $1.15 | $1.00 |
| Dialysis | 25% | $44.50 | Yes | $0.76 | $0.73 |
| Emergency Room | 15% | $87.25 | Yes | $11.03 | $9.64 |
| Home Health | 25% | $42.81 | Yes | $0.82 | $0.67 |
| Hospice | 25% | $88.58 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 25% | $112.55 | Yes | $2.33 | $2.15 |
| Laboratory Tests | 25% | $16.54 | Yes | $3.18 | $3.17 |
| Mental Health / Substance Abuse | 25% | $25.58 | Yes | $0.98 | $0.75 |
| Outpatient Surgery | 25% | $295.04 | Yes | $27.65 | $24.18 |
| Pre-Admission Testing | 25% | $5.96 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 25% | $19.82 | Yes | $0.73 | $0.57 |
| Radiation Therapy | 25% | $126.57 | Yes | $1.84 | $1.59 |
| Radiology | 25% | $38.47 | Yes | $2.16 | $1.76 |
| Radiology - Advanced | 25% | $174.73 | Yes | $2.84 | $2.32 |
| Urgent Care | $60.00 | $60.00 | Yes | $2.56 | $1.90 |
| Other | 25% | $53.01 | Yes | $2.66 | $2.47 |
| Outpatient Total: | | | | $72.00 | $63.80 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 25% | $21.98 | Yes | $12.23 | $9.73 |
| Office/Home Visit - SCP | 25% | $22.87 | Yes | $8.67 | $6.65 |
| Abortion - Elective | 25% | $73.79 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 25% | $108.76 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 25% | $79.86 | Yes | $6.10 | $5.48 |
| Allergy Shots | 0% | $0.00 | Yes | $0.37 | $0.37 |
| Allergy Tests | 25% | $47.13 | Yes | $0.24 | $0.24 |
| Ambulance | $200.00 | $200.00 | Yes | $1.75 | $1.47 |
| Anesthesia | 25% | $140.77 | Yes | $1.07 | $1.07 |
| Cardiovascular | 25% | $20.66 | Yes | $2.43 | $2.26 |
| Chemotherapy | 25% | $119.25 | Yes | $3.25 | $3.05 |
| Chiropractic | 25% | $8.03 | Yes | $0.98 | $0.74 |
| Consults | 25% | $46.37 | Yes | $3.11 | $2.46 |
| Diabetic Drugs/Supplies | 25% | $69.65 | Yes | $0.69 | $0.60 |
| Diabetic Education | 25% | $25.40 | Yes | $0.02 | $0.01 |
| Dialysis | 25% | $43.76 | Yes | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 25% | $36.25 | Yes | $4.87 | $4.85 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 25% | $10.12 | Yes | $0.18 | $0.17 |
| Home Care | 25% | $73.51 | Yes | $1.01 | $1.01 |
| Maternity | 25% | $258.72 | Yes | $2.49 | $2.41 |
| Mental Health | 25% | $27.58 | Yes | $3.03 | $2.34 |
| Office-Administered Drugs | 25% | $64.61 | Yes | $13.79 | $13.06 |
| Pathology / Laboratory | 25% | $5.29 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 25% | $11.43 | Yes | $2.04 | $1.60 |
| Radiation Therapy | 25% | $75.40 | Yes | $2.38 | $2.14 |
| Radiology | 25% | $15.40 | Yes | $4.92 | $4.57 |
| Substance Abuse | 25% | $74.12 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 25% | $213.83 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 25% | $116.53 | Yes | $9.35 | $9.32 |
| Surgery - Office | 25% | $41.34 | Yes | $6.32 | $5.69 |
| Vision - Exam | 25% | $27.00 | Yes | $0.90 | $0.71 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | 25% | $25.61 | Yes | $3.00 | $2.78 |
| Professional Total: | | | | $126.59 | $116.15 |
| Medical Total: | | | | $282.62 | $255.92 |
| *Subject to Deductible:* | | | | $262.46 | $235.76 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0544 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1599 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$312.66** | **$268.74** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Gold 850**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | No | $24.52 | $23.78 |
| Brand | 30% | $107.81 | Yes | $46.45 | $43.66 |
| Non Formulary | 30% | $67.04 | Yes | $8.34 | $8.03 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $76.61 |
| *Subject to Deductible:* | | | | $56.08 | $52.83 |
| *Not Subject to Deductible:* | | | | $24.52 | $23.78 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0544 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1599 |
| **Adjusted Drug Total:** | | | | **$91.43** | **$83.28** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Region #2: Gold Aqua**

**Plan Information:**

| | |
|---|---|
| First Dollar: | $500 |
| Deductible Amount: | $1,000 |
| OOP Maximum: | $5,000 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Gold |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 20% | $2,228.71 | No | $0.15 | $0.14 |
| Detox | 20% | $868.98 | No | $0.58 | $0.57 |
| Maternity | 20% | $1,599.79 | No | $4.71 | $4.67 |
| Med/Surg | 20% | $4,331.94 | No | $70.82 | $64.53 |
| Mental Health | 20% | $1,840.75 | No | $3.13 | $3.04 |
| Newborn | 20% | $1,108.70 | No | $3.93 | $3.92 |
| SNF | 20% | $1,060.31 | No | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $77.59 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 20% | $411.52 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 20% | $322.68 | Yes | $0.12 | $0.10 |
| Cardiology | 20% | $48.46 | Yes | $1.54 | $1.38 |
| Chemotherapy | 20% | $84.67 | Yes | $4.81 | $4.68 |
| Diagnostic | 20% | $71.20 | Yes | $1.15 | $1.03 |
| Dialysis | 20% | $35.60 | Yes | $0.76 | $0.73 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 20% | $34.25 | Yes | $0.82 | $0.70 |
| Hospice | 20% | $70.86 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 20% | $90.04 | Yes | $2.33 | $2.19 |
| Laboratory Tests | 20% | $13.24 | Yes | $3.18 | $3.17 |
| Mental Health / Substance Abuse | 20% | $20.46 | Yes | $0.98 | $0.80 |
| Outpatient Surgery | 20% | $236.03 | Yes | $27.65 | $24.87 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 20% | $15.86 | Yes | $0.73 | $0.60 |
| Radiation Therapy | 20% | $101.26 | Yes | $1.84 | $1.64 |
| Radiology | 20% | $30.77 | Yes | $2.16 | $1.84 |
| Radiology - Advanced | 20% | $139.78 | Yes | $2.84 | $2.43 |
| Urgent Care | 20% | $43.94 | Yes | $2.56 | $2.08 |
| Other | 20% | $42.41 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $64.75 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 20% | $17.58 | Yes | $12.23 | $10.23 |
| Office/Home Visit - SCP | 20% | $18.30 | Yes | $8.67 | $7.06 |
| Abortion - Elective | 20% | $59.03 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 20% | $87.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 20% | $63.89 | Yes | $6.10 | $5.60 |
| Allergy Shots | 20% | $7.77 | Yes | $0.37 | $0.32 |
| Allergy Tests | 20% | $37.71 | Yes | $0.24 | $0.24 |
| Ambulance | 20% | $123.60 | Yes | $1.75 | $1.58 |
| Anesthesia | 20% | $112.61 | Yes | $1.07 | $1.07 |
| Cardiovascular | 20% | $16.53 | Yes | $2.43 | $2.30 |
| Chemotherapy | 20% | $95.40 | Yes | $3.25 | $3.09 |
| Chiropractic | 20% | $6.42 | Yes | $0.98 | $0.79 |
| Consults | 20% | $37.09 | Yes | $3.11 | $2.59 |
| Diabetic Drugs/Supplies | 20% | $55.72 | No | $0.69 | $0.62 |
| Diabetic Education | 20% | $20.32 | No | $0.02 | $0.01 |
| Dialysis | 20% | $35.01 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | 20% | $29.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | 20% | $8.10 | Yes | $0.18 | $0.17 |
| Home Care | 20% | $58.81 | Yes | $1.01 | $1.01 |
| Maternity | 0% | $0.00 | Yes | $2.49 | $2.49 |
| Mental Health | 20% | $22.06 | Yes | $3.03 | $2.48 |
| Office-Administered Drugs | 20% | $51.69 | Yes | $13.79 | $13.21 |
| Pathology / Laboratory | 20% | $4.23 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 20% | $9.14 | Yes | $2.04 | $1.69 |
| Radiation Therapy | 20% | $60.32 | Yes | $2.38 | $2.19 |
| Radiology | 20% | $12.32 | Yes | $4.92 | $4.64 |
| Substance Abuse | 20% | $59.30 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 20% | $171.06 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 20% | $93.23 | Yes | $9.35 | $9.33 |
| Surgery - Office | 20% | $33.07 | Yes | $6.32 | $5.82 |
| Vision - Exam | 20% | $21.60 | Yes | $0.90 | $0.75 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | 20% | $20.49 | Yes | $3.00 | $2.83 |
| Professional Total: | | | | $126.59 | $118.30 |
| Medical Total: | | | | $282.62 | $260.63 |
| *Subject to Deductible:* | | | | $177.71 | $162.25 |
| *Not Subject to Deductible:* | | | | $84.75 | $78.22 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1545 | 1.0970 |
| *Not Subject to Deductible:* | | | | 1.0755 | 1.0358 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$316.47** | **$279.18** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Gold Aqua**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $15.00 | $15.00 | No | $24.52 | $22.30 |
| Brand | $50.00 | $50.00 | No | $46.45 | $45.15 |
| Non Formulary | 50% | $111.74 | No | $8.34 | $7.82 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $76.50 |
| *Subject to Deductible:* | | | | $1.29 | $1.23 |
| *Not Subject to Deductible:* | | | | $79.30 | $75.27 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1545 | 1.0970 |
| *Not Subject to Deductible:* | | | | 1.0755 | 1.0358 |
| **Adjusted Drug Total:** | | | | **$86.78** | **$79.32** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$1,000** | **50%** | **$10,000** | **0.837** | **33%** | **$17.68** | **$9.95** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Silver Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $2,000 |
| OOP Maximum: | $5,500 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Silver |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $1,500.00 | $1,500.00 | Yes | $0.15 | $0.14 |
| Detox | $1,500.00 | $1,500.00 | Yes | $0.58 | $0.55 |
| Maternity | $1,500.00 | $1,500.00 | Yes | $4.71 | $4.68 |
| Med/Surg | $1,500.00 | $1,500.00 | Yes | $70.82 | $68.64 |
| Mental Health | $1,500.00 | $1,500.00 | Yes | $3.13 | $3.06 |
| Newborn | $1,500.00 | $1,500.00 | Yes | $3.93 | $3.92 |
| SNF | $1,500.00 | $1,500.00 | Yes | $0.72 | $0.70 |
| Inpatient Total: | | | | $84.04 | $81.70 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $100.00 | $100.00 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | $100.00 | $100.00 | Yes | $0.12 | $0.12 |
| Cardiology | $30.00 | $30.00 | Yes | $1.54 | $1.44 |
| Chemotherapy | $30.00 | $30.00 | Yes | $4.81 | $4.76 |
| Diagnostic | $50.00 | $50.00 | Yes | $1.15 | $1.07 |
| Dialysis | $30.00 | $30.00 | Yes | $0.76 | $0.74 |
| Emergency Room | $150.00 | $150.00 | Yes | $11.03 | $8.65 |
| Home Health | $30.00 | $30.00 | Yes | $0.82 | $0.71 |
| Hospice | $30.00 | $30.00 | Yes | $0.26 | $0.26 |
| Infusion Therapy | $30.00 | $30.00 | Yes | $2.33 | $2.28 |
| Laboratory Tests | $50.00 | $50.00 | Yes | $3.18 | $3.13 |
| Mental Health / Substance Abuse | $30.00 | $30.00 | Yes | $0.98 | $0.71 |
| Outpatient Surgery | $100.00 | $100.00 | Yes | $27.65 | $26.48 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $30.00 | $30.00 | Yes | $0.73 | $0.48 |
| Radiation Therapy | $30.00 | $30.00 | Yes | $1.84 | $1.78 |
| Radiology | $50.00 | $50.00 | Yes | $2.16 | $1.63 |
| Radiology - Advanced | $50.00 | $50.00 | Yes | $2.84 | $2.69 |
| Urgent Care | $70.00 | $70.00 | Yes | $2.56 | $1.79 |
| Other | $50.00 | $50.00 | Yes | $2.66 | $2.48 |
| Outpatient Total: | | | | $72.00 | $65.77 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $30.00 | $30.00 | Yes | $12.23 | $8.82 |
| Office/Home Visit - SCP | $50.00 | $50.00 | Yes | $8.67 | $4.26 |
| Abortion - Elective | $50.00 | $50.00 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | $50.00 | $50.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | $50.00 | $50.00 | Yes | $6.10 | $5.71 |
| Allergy Shots | $40.00 | $40.00 | Yes | $0.37 | $0.13 |
| Allergy Tests | $40.00 | $40.00 | Yes | $0.24 | $0.24 |
| Ambulance | $150.00 | $150.00 | Yes | $1.75 | $1.54 |
| Anesthesia | 0% | $0.00 | No | $1.07 | $1.07 |
| Cardiovascular | $30.00 | $30.00 | Yes | $2.43 | $2.19 |
| Chemotherapy | $30.00 | $30.00 | Yes | $3.25 | $3.20 |
| Chiropractic | $50.00 | $50.00 | Yes | $0.98 | $0.00 |
| Consults | $40.00 | $40.00 | Yes | $3.11 | $2.55 |
| Diabetic Drugs/Supplies | $30.00 | $30.00 | Yes | $0.69 | $0.65 |
| Diabetic Education | $30.00 | $30.00 | Yes | $0.02 | $0.01 |
| Dialysis | $30.00 | $30.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 30% | $40.86 | Yes | $3.56 | $3.56 |
| Facility Visits | $40.00 | $40.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 30% | $17.69 | Yes | $0.00 | $0.00 |
| Hearing Exam | $50.00 | $50.00 | Yes | $0.18 | $0.12 |
| Home Care | $40.00 | $40.00 | Yes | $1.01 | $1.01 |
| Maternity | $30.00 | $30.00 | Yes | $2.49 | $2.48 |
| Mental Health | $30.00 | $30.00 | Yes | $3.03 | $2.28 |
| Office-Administered Drugs | $50.00 | $50.00 | Yes | $13.79 | $13.22 |
| Pathology / Laboratory | $50.00 | $50.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $30.00 | $30.00 | Yes | $2.04 | $0.88 |
| Radiation Therapy | $30.00 | $30.00 | Yes | $2.38 | $2.28 |
| Radiology | $50.00 | $50.00 | Yes | $4.92 | $3.78 |
| Substance Abuse | $30.00 | $30.00 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | Yes | $9.35 | $9.35 |
| Surgery - Office | $40.00 | $40.00 | Yes | $6.32 | $5.71 |
| Vision - Exam | $30.00 | $30.00 | Yes | $0.90 | $0.69 |
| Vision - Lenses & Frames | 30% | $23.70 | Yes | $0.35 | $0.33 |
| Other | $50.00 | $50.00 | Yes | $3.00 | $2.57 |
| Professional Total: | | | | $126.59 | $110.95 |
| Medical Total: | | | | $282.62 | $258.42 |
| *Subject to Deductible:* | | | | $261.39 | $237.19 |
| *Not Subject to Deductible:* | | | | $1.07 | $1.07 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1210 | 1.0616 |
| *Not Subject to Deductible:* | | | | 1.1179 | 1.0962 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.38** | **$273.12** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Silver Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | No | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | No | $8.34 | $8.01 |
| Supplies | 30% | $30.16 | Yes | $1.29 | $1.20 |
| Drug Total: | | | | $80.59 | $77.80 |
| *Subject to Deductible:* | | | | $1.29 | $1.20 |
| *Not Subject to Deductible:* | | | | $79.30 | $76.59 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1210 | 1.0616 |
| *Not Subject to Deductible:* | | | | 1.1179 | 1.0962 |
| **Adjusted Drug Total:** | | | | **$90.10** | **$85.24** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Silver 2000

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $2,000 |
| OOP Maximum: | $6,000 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Silver |
| Geographic Factors: | Local HMO / POS Region 2A |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 35% | $3,900.25 | Yes | $0.15 | $0.14 |
| Detox | 35% | $1,520.72 | Yes | $0.58 | $0.55 |
| Maternity | 35% | $2,799.64 | Yes | $4.71 | $4.65 |
| Med/Surg | 35% | $7,580.90 | Yes | $70.82 | $59.81 |
| Mental Health | 35% | $3,221.31 | Yes | $3.13 | $2.98 |
| Newborn | 35% | $1,940.22 | Yes | $3.93 | $3.92 |
| SNF | 35% | $1,855.54 | Yes | $0.72 | $0.70 |
| Inpatient Total: | | | | $84.04 | $72.75 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 35% | $720.15 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 35% | $564.70 | Yes | $0.12 | $0.08 |
| Cardiology | 35% | $84.80 | Yes | $1.54 | $1.26 |
| Chemotherapy | 35% | $148.17 | Yes | $4.81 | $4.59 |
| Diagnostic | 35% | $124.61 | Yes | $1.15 | $0.94 |
| Dialysis | 35% | $62.30 | Yes | $0.76 | $0.71 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 35% | $59.94 | Yes | $0.82 | $0.61 |
| Hospice | 35% | $124.01 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 35% | $157.56 | Yes | $2.33 | $2.08 |
| Laboratory Tests | 0% | $0.00 | Yes | $3.18 | $3.18 |
| Mental Health / Substance Abuse | 35% | $35.81 | Yes | $0.98 | $0.66 |
| Outpatient Surgery | 35% | $413.05 | Yes | $27.65 | $22.79 |
| Pre-Admission Testing | 35% | $8.34 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $5.00 | $5.00 | Yes | $0.73 | $0.69 |
| Radiation Therapy | 35% | $177.20 | Yes | $1.84 | $1.49 |
| Radiology | 35% | $53.86 | Yes | $2.16 | $1.59 |
| Radiology - Advanced | 35% | $244.62 | Yes | $2.84 | $2.11 |
| Urgent Care | $70.00 | $70.00 | Yes | $2.56 | $1.79 |
| Other | 35% | $74.21 | Yes | $2.66 | $2.39 |
| Outpatient Total: | | | | $72.00 | $60.98 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $5.00 | $5.00 | Yes | $12.23 | $11.66 |
| Office/Home Visit - SCP | 35% | $32.02 | Yes | $8.67 | $5.85 |
| Abortion - Elective | 35% | $103.31 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 35% | $152.26 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 35% | $111.81 | Yes | $6.10 | $5.22 |
| Allergy Shots | 35% | $13.59 | Yes | $0.37 | $0.29 |
| Allergy Tests | 35% | $65.99 | Yes | $0.24 | $0.23 |
| Ambulance | 35% | $216.30 | Yes | $1.75 | $1.45 |
| Anesthesia | 35% | $197.08 | Yes | $1.07 | $1.07 |
| Cardiovascular | 35% | $28.93 | Yes | $2.43 | $2.20 |
| Chemotherapy | 35% | $166.95 | Yes | $3.25 | $2.97 |
| Chiropractic | $5.00 | $5.00 | Yes | $0.98 | $0.83 |
| Consults | 0% | $0.00 | No | $3.11 | $3.11 |
| Diabetic Drugs/Supplies | $5.00 | $5.00 | Yes | $0.69 | $0.69 |
| Diabetic Education | $5.00 | $5.00 | Yes | $0.02 | $0.02 |
| Dialysis | 35% | $61.27 | Yes | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 35% | $50.75 | Yes | $4.87 | $4.84 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 35% | $14.17 | Yes | $0.18 | $0.16 |
| Home Care | 35% | $102.92 | Yes | $1.01 | $1.01 |
| Maternity | $5.00 | $5.00 | Yes | $2.49 | $2.49 |
| Mental Health | 35% | $38.61 | Yes | $3.03 | $2.06 |
| Office-Administered Drugs | 35% | $90.45 | Yes | $13.79 | $12.76 |
| Pathology / Laboratory | 0% | $0.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $5.00 | $5.00 | Yes | $2.04 | $1.85 |
| Radiation Therapy | 35% | $105.55 | Yes | $2.38 | $2.04 |
| Radiology | 35% | $21.55 | Yes | $4.92 | $4.43 |
| Substance Abuse | 35% | $103.77 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 35% | $299.36 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 35% | $163.14 | Yes | $9.35 | $9.31 |
| Surgery - Office | 35% | $57.87 | Yes | $6.32 | $5.44 |
| Vision - Exam | 35% | $37.80 | Yes | $0.90 | $0.64 |
| Vision - Lenses & Frames | 30% | $23.70 | Yes | $0.35 | $0.33 |
| Other | 35% | $35.85 | Yes | $3.00 | $2.69 |
| Professional Total: | | | | $126.59 | $116.66 |
| Medical Total: | | | | $282.62 | $250.39 |
| *Subject to Deductible:* | | | | $259.35 | $227.12 |
| *Not Subject to Deductible:* | | | | $3.11 | $3.11 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1134 | 1.0374 |
| *Not Subject to Deductible:* | | | | 1.1826 | 1.1645 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$312.60** | **$259.39** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Silver 2000**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | No | $24.52 | $23.78 |
| Brand | 50% | $179.69 | Yes | $46.45 | $41.80 |
| Non Formulary | 50% | $111.74 | Yes | $8.34 | $7.82 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $74.54 |
| *Subject to Deductible:* | | | | $56.08 | $50.76 |
| *Not Subject to Deductible:* | | | | $24.52 | $23.78 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1134 | 1.0374 |
| *Not Subject to Deductible:* | | | | 1.1826 | 1.1645 |
| **Adjusted Drug Total:** | | | | **$91.43** | **$80.35** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Silver 2000

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $3,000 |
| OOP Maximum: | $6,000 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Silver |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 50% | $5,571.78 | Yes | $0.15 | $0.14 |
| Detox | 50% | $2,172.46 | Yes | $0.58 | $0.54 |
| Maternity | 50% | $3,999.48 | Yes | $4.71 | $4.62 |
| Med/Surg | 50% | $10,829.85 | Yes | $70.82 | $55.09 |
| Mental Health | 50% | $4,601.87 | Yes | $3.13 | $2.92 |
| Newborn | 50% | $2,771.75 | Yes | $3.93 | $3.91 |
| SNF | 50% | $2,650.77 | Yes | $0.72 | $0.69 |
| Inpatient Total: | | | | $84.04 | $67.92 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 50% | $1,028.79 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 50% | $806.71 | Yes | $0.12 | $0.06 |
| Cardiology | 50% | $121.14 | Yes | $1.54 | $1.14 |
| Chemotherapy | 50% | $211.67 | Yes | $4.81 | $4.50 |
| Diagnostic | 50% | $178.01 | Yes | $1.15 | $0.86 |
| Dialysis | 50% | $89.00 | Yes | $0.76 | $0.69 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 50% | $85.63 | Yes | $0.82 | $0.52 |
| Hospice | 50% | $177.16 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 50% | $225.09 | Yes | $2.33 | $1.97 |
| Laboratory Tests | 50% | $33.09 | Yes | $3.18 | $3.15 |
| Mental Health / Substance Abuse | 50% | $51.15 | Yes | $0.98 | $0.52 |
| Outpatient Surgery | 50% | $590.07 | Yes | $27.65 | $20.70 |
| Pre-Admission Testing | 50% | $11.91 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $30.00 | $30.00 | Yes | $0.73 | $0.48 |
| Radiation Therapy | 50% | $253.14 | Yes | $1.84 | $1.34 |
| Radiology | 50% | $76.94 | Yes | $2.16 | $1.35 |
| Radiology - Advanced | 50% | $349.46 | Yes | $2.84 | $1.80 |
| Urgent Care | $70.00 | $70.00 | Yes | $2.56 | $1.79 |
| Other | 50% | $106.02 | Yes | $2.66 | $2.27 |
| Outpatient Total: | | | | $72.00 | $57.15 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $30.00 | $30.00 | Yes | $12.23 | $8.82 |
| Office/Home Visit - SCP | 50% | $45.74 | Yes | $8.67 | $4.64 |
| Abortion - Elective | 50% | $147.58 | Yes | $0.02 | $0.01 |
| Abortion - Non Elective | 50% | $217.51 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 50% | $159.73 | Yes | $6.10 | $4.85 |
| Allergy Shots | 50% | $19.41 | Yes | $0.37 | $0.25 |
| Allergy Tests | 50% | $94.26 | Yes | $0.24 | $0.23 |
| Ambulance | 50% | $308.99 | Yes | $1.75 | $1.31 |
| Anesthesia | 50% | $281.54 | Yes | $1.07 | $1.07 |
| Cardiovascular | 50% | $41.32 | Yes | $2.43 | $2.10 |
| Chemotherapy | 50% | $238.50 | Yes | $3.25 | $2.85 |
| Chiropractic | $30.00 | $30.00 | Yes | $0.98 | $0.10 |
| Consults | 0% | $0.00 | Yes | $3.11 | $3.11 |
| Diabetic Drugs/Supplies | $30.00 | $30.00 | Yes | $0.69 | $0.65 |
| Diabetic Education | $30.00 | $30.00 | Yes | $0.02 | $0.01 |
| Dialysis | 50% | $87.52 | Yes | $0.06 | $0.05 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 50% | $72.50 | Yes | $4.87 | $4.83 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 50% | $20.25 | Yes | $0.18 | $0.16 |
| Home Care | 50% | $147.03 | Yes | $1.01 | $1.01 |
| Maternity | $30.00 | $30.00 | Yes | $2.49 | $2.48 |
| Mental Health | 50% | $55.16 | Yes | $3.03 | $1.64 |
| Office-Administered Drugs | 50% | $129.21 | Yes | $13.79 | $12.32 |
| Pathology / Laboratory | 50% | $10.58 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $30.00 | $30.00 | Yes | $2.04 | $0.88 |
| Radiation Therapy | 50% | $150.79 | Yes | $2.38 | $1.90 |
| Radiology | 50% | $30.79 | Yes | $4.92 | $4.21 |
| Substance Abuse | 50% | $148.25 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 50% | $427.66 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 50% | $233.06 | Yes | $9.35 | $9.29 |
| Surgery - Office | 50% | $82.68 | Yes | $6.32 | $5.06 |
| Vision - Exam | 50% | $53.99 | Yes | $0.90 | $0.52 |
| Vision - Lenses & Frames | 30% | $23.70 | Yes | $0.35 | $0.33 |
| Other | 50% | $51.21 | Yes | $3.00 | $2.56 |
| Professional Total: | | | | $126.59 | $108.22 |
| Medical Total: | | | | $282.62 | $233.29 |
| *Subject to Deductible:* | | | | $262.46 | $213.13 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0048 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1599 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$312.66** | **$234.30** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Silver 2000**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | No | $24.52 | $23.78 |
| Brand | 50% | $179.69 | Yes | $46.45 | $41.80 |
| Non Formulary | 50% | $111.74 | Yes | $8.34 | $7.82 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $74.54 |
| *Subject to Deductible:* | | | | $56.08 | $50.76 |
| *Not Subject to Deductible:* | | | | $24.52 | $23.78 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1145 | 1.0048 |
| *Not Subject to Deductible:* | | | | 1.1803 | 1.1599 |
| **Adjusted Drug Total:** | | | | **$91.43** | **$78.58** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Silver POS 7100

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $1,500 |
| OOP Maximum: | $5,000 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Silver |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $750.00 | $750.00 | Yes | $0.15 | $0.15 |
| Detox | $750.00 | $750.00 | Yes | $0.58 | $0.57 |
| Maternity | $750.00 | $750.00 | Yes | $4.71 | $4.69 |
| Med/Surg | $750.00 | $750.00 | Yes | $70.82 | $69.73 |
| Mental Health | $750.00 | $750.00 | Yes | $3.13 | $3.10 |
| Newborn | $750.00 | $750.00 | Yes | $3.93 | $3.92 |
| SNF | $750.00 | $750.00 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $82.87 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $150.00 | $150.00 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | $150.00 | $150.00 | Yes | $0.12 | $0.11 |
| Cardiology | $25.00 | $25.00 | Yes | $1.54 | $1.46 |
| Chemotherapy | $40.00 | $40.00 | Yes | $4.81 | $4.75 |
| Diagnostic | $40.00 | $40.00 | Yes | $1.15 | $1.08 |
| Dialysis | $40.00 | $40.00 | Yes | $0.76 | $0.73 |
| Emergency Room | $150.00 | $150.00 | Yes | $11.03 | $8.65 |
| Home Health | $40.00 | $40.00 | Yes | $0.82 | $0.68 |
| Hospice | $40.00 | $40.00 | Yes | $0.26 | $0.26 |
| Infusion Therapy | $40.00 | $40.00 | Yes | $2.33 | $2.27 |
| Laboratory Tests | $40.00 | $40.00 | Yes | $3.18 | $3.14 |
| Mental Health / Substance Abuse | $40.00 | $40.00 | Yes | $0.98 | $0.62 |
| Outpatient Surgery | $150.00 | $150.00 | Yes | $27.65 | $25.89 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $25.00 | $25.00 | Yes | $0.73 | $0.53 |
| Radiation Therapy | $40.00 | $40.00 | Yes | $1.84 | $1.76 |
| Radiology | $40.00 | $40.00 | Yes | $2.16 | $1.74 |
| Radiology - Advanced | $40.00 | $40.00 | Yes | $2.84 | $2.72 |
| Urgent Care | $75.00 | $75.00 | Yes | $2.56 | $1.73 |
| Other | $40.00 | $40.00 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $65.20 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $25.00 | $25.00 | Yes | $12.23 | $9.39 |
| Office/Home Visit - SCP | $40.00 | $40.00 | Yes | $8.67 | $5.14 |
| Abortion - Elective | $40.00 | $40.00 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | $40.00 | $40.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | $40.00 | $40.00 | Yes | $6.10 | $5.79 |
| Allergy Shots | $32.50 | $32.50 | Yes | $0.37 | $0.17 |
| Allergy Tests | $32.50 | $32.50 | Yes | $0.24 | $0.24 |
| Ambulance | $150.00 | $150.00 | Yes | $1.75 | $1.54 |
| Anesthesia | $40.00 | $40.00 | Yes | $1.07 | $1.07 |
| Cardiovascular | $25.00 | $25.00 | Yes | $2.43 | $2.23 |
| Chemotherapy | $40.00 | $40.00 | Yes | $3.25 | $3.18 |
| Chiropractic | $25.00 | $25.00 | Yes | $0.98 | $0.25 |
| Consults | $32.50 | $32.50 | Yes | $3.11 | $2.65 |
| Diabetic Drugs/Supplies | $25.00 | $25.00 | Yes | $0.69 | $0.66 |
| Diabetic Education | $25.00 | $25.00 | Yes | $0.02 | $0.01 |
| Dialysis | 0% | $0.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | $32.50 | $32.50 | Yes | $4.87 | $4.85 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | $40.00 | $40.00 | Yes | $0.18 | $0.13 |
| Home Care | $32.50 | $32.50 | Yes | $1.01 | $1.01 |
| Maternity | 0% | $0.00 | Yes | $2.49 | $2.49 |
| Mental Health | $40.00 | $40.00 | Yes | $3.03 | $2.02 |
| Office-Administered Drugs | $40.00 | $40.00 | Yes | $13.79 | $13.34 |
| Pathology / Laboratory | $40.00 | $40.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $25.00 | $25.00 | Yes | $2.04 | $1.07 |
| Radiation Therapy | $40.00 | $40.00 | Yes | $2.38 | $2.25 |
| Radiology | $40.00 | $40.00 | Yes | $4.92 | $4.00 |
| Substance Abuse | $40.00 | $40.00 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | $40.00 | $40.00 | Yes | $9.35 | $9.34 |
| Surgery - Office | $32.50 | $32.50 | Yes | $6.32 | $5.83 |
| Vision - Exam | $40.00 | $40.00 | Yes | $0.90 | $0.62 |
| Vision - Lenses & Frames | $40.00 | $40.00 | Yes | $0.35 | $0.32 |
| Other | $40.00 | $40.00 | Yes | $3.00 | $2.66 |
| Professional Total: | | | | $126.59 | $113.29 |
| Medical Total: | | | | $282.62 | $261.35 |
| *Subject to Deductible:* | | | | $262.46 | $241.19 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0764 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$279.77** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Silver POS 7100**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | Yes | $24.52 | $23.78 |
| Brand | $30.00 | $30.00 | Yes | $46.45 | $45.67 |
| Non Formulary | 50% | $111.74 | Yes | $8.34 | $7.82 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $78.41 |
| *Subject to Deductible:* | | | | $80.59 | $78.41 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0764 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$84.40** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$1,500** | **40%** | **$10,000** | **0.825** | **38%** | **$17.68** | **$9.07** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Bronze Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $3,000 |
| OOP Maximum: | $6,350 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Bronze |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 50% | $5,571.78 | Yes | $0.15 | $0.14 |
| Detox | 50% | $2,172.46 | Yes | $0.58 | $0.54 |
| Maternity | 50% | $3,999.48 | Yes | $4.71 | $4.62 |
| Med/Surg | 50% | $10,829.85 | Yes | $70.82 | $55.09 |
| Mental Health | 50% | $4,601.87 | Yes | $3.13 | $2.92 |
| Newborn | 50% | $2,771.75 | Yes | $3.93 | $3.91 |
| SNF | 50% | $2,650.77 | Yes | $0.72 | $0.69 |
| Inpatient Total: | | | | $84.04 | $67.92 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 50% | $1,028.79 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 50% | $806.71 | Yes | $0.12 | $0.06 |
| Cardiology | 50% | $121.14 | Yes | $1.54 | $1.14 |
| Chemotherapy | 50% | $211.67 | Yes | $4.81 | $4.50 |
| Diagnostic | 50% | $178.01 | Yes | $1.15 | $0.86 |
| Dialysis | 50% | $89.00 | Yes | $0.76 | $0.69 |
| Emergency Room | 50% | $290.84 | Yes | $11.03 | $6.42 |
| Home Health | 50% | $85.63 | Yes | $0.82 | $0.52 |
| Hospice | 50% | $177.16 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 50% | $225.09 | Yes | $2.33 | $1.97 |
| Laboratory Tests | 50% | $33.09 | Yes | $3.18 | $3.15 |
| Mental Health / Substance Abuse | 50% | $51.15 | Yes | $0.98 | $0.52 |
| Outpatient Surgery | 50% | $590.07 | Yes | $27.65 | $20.70 |
| Pre-Admission Testing | 50% | $11.91 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 50% | $39.64 | Yes | $0.73 | $0.40 |
| Radiation Therapy | 50% | $253.14 | Yes | $1.84 | $1.34 |
| Radiology | 50% | $76.94 | Yes | $2.16 | $1.35 |
| Radiology - Advanced | 50% | $349.46 | Yes | $2.84 | $1.80 |
| Urgent Care | 50% | $109.85 | Yes | $2.56 | $1.35 |
| Other | 50% | $106.02 | Yes | $2.66 | $2.27 |
| Outpatient Total: | | | | $72.00 | $53.87 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 50% | $43.95 | Yes | $12.23 | $7.23 |
| Office/Home Visit - SCP | 50% | $45.74 | Yes | $8.67 | $4.64 |
| Abortion - Elective | 50% | $147.58 | Yes | $0.02 | $0.01 |
| Abortion - Non Elective | 50% | $217.51 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 50% | $159.73 | Yes | $6.10 | $4.85 |
| Allergy Shots | 50% | $19.41 | Yes | $0.37 | $0.25 |
| Allergy Tests | 50% | $94.26 | Yes | $0.24 | $0.23 |
| Ambulance | 50% | $308.99 | Yes | $1.75 | $1.31 |
| Anesthesia | 50% | $281.54 | Yes | $1.07 | $1.07 |
| Cardiovascular | 50% | $41.32 | Yes | $2.43 | $2.10 |
| Chemotherapy | 50% | $238.50 | Yes | $3.25 | $2.85 |
| Chiropractic | 50% | $16.06 | Yes | $0.98 | $0.51 |
| Consults | 50% | $92.73 | Yes | $3.11 | $1.81 |
| Diabetic Drugs/Supplies | 50% | $139.29 | Yes | $0.69 | $0.51 |
| Diabetic Education | 50% | $50.80 | Yes | $0.02 | $0.01 |
| Dialysis | 50% | $87.52 | Yes | $0.06 | $0.05 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 50% | $72.50 | Yes | $4.87 | $4.83 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 50% | $20.25 | Yes | $0.18 | $0.16 |
| Home Care | 50% | $147.03 | Yes | $1.01 | $1.01 |
| Maternity | 50% | $517.44 | Yes | $2.49 | $2.33 |
| Mental Health | 50% | $55.16 | Yes | $3.03 | $1.64 |
| Office-Administered Drugs | 50% | $129.21 | Yes | $13.79 | $12.32 |
| Pathology / Laboratory | 50% | $10.58 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 50% | $22.86 | Yes | $2.04 | $1.16 |
| Radiation Therapy | 50% | $150.79 | Yes | $2.38 | $1.90 |
| Radiology | 50% | $30.79 | Yes | $4.92 | $4.21 |
| Substance Abuse | 50% | $148.25 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 50% | $427.66 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 50% | $233.06 | Yes | $9.35 | $9.29 |
| Surgery - Office | 50% | $82.68 | Yes | $6.32 | $5.06 |
| Vision - Exam | 50% | $53.99 | Yes | $0.90 | $0.52 |
| Vision - Lenses & Frames | 50% | $39.50 | Yes | $0.35 | $0.32 |
| Other | 50% | $51.21 | Yes | $3.00 | $2.56 |
| Professional Total: | | | | $126.59 | $105.71 |
| Medical Total: | | | | $282.62 | $227.49 |
| *Subject to Deductible:* | | | | $262.46 | $207.33 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0116 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$229.91** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Bronze Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | Yes | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | Yes | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | Yes | $8.34 | $8.01 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $77.74 |
| *Subject to Deductible:* | | | | $80.59 | $77.74 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0116 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$78.65** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Bronze Value

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $6,600 |
| OOP Maximum: | $6,600 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Bronze |
| Geographic Factors: | Local HMO / POS |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 0% | $0.00 | Yes | $0.15 | $0.15 |
| Detox | 0% | $0.00 | Yes | $0.58 | $0.58 |
| Maternity | 0% | $0.00 | Yes | $4.71 | $4.71 |
| Med/Surg | 0% | $0.00 | Yes | $70.82 | $70.82 |
| Mental Health | 0% | $0.00 | Yes | $3.13 | $3.13 |
| Newborn | 0% | $0.00 | Yes | $3.93 | $3.93 |
| SNF | 0% | $0.00 | Yes | $0.72 | $0.72 |
| Inpatient Total: | | | | $84.04 | $84.04 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 0% | $0.00 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 0% | $0.00 | Yes | $0.12 | $0.12 |
| Cardiology | 0% | $0.00 | Yes | $1.54 | $1.54 |
| Chemotherapy | 0% | $0.00 | Yes | $4.81 | $4.81 |
| Diagnostic | 0% | $0.00 | Yes | $1.15 | $1.15 |
| Dialysis | 0% | $0.00 | Yes | $0.76 | $0.76 |
| Emergency Room | 0% | $0.00 | Yes | $11.03 | $11.03 |
| Home Health | 0% | $0.00 | Yes | $0.82 | $0.82 |
| Hospice | 0% | $0.00 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 0% | $0.00 | Yes | $2.33 | $2.33 |
| Laboratory Tests | 0% | $0.00 | Yes | $3.18 | $3.18 |
| Mental Health / Substance Abuse | 0% | $0.00 | Yes | $0.98 | $0.98 |
| Outpatient Surgery | 0% | $0.00 | Yes | $27.65 | $27.65 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 0% | $0.00 | Yes | $0.73 | $0.73 |
| Radiation Therapy | 0% | $0.00 | Yes | $1.84 | $1.84 |
| Radiology | 0% | $0.00 | Yes | $2.16 | $2.16 |
| Radiology - Advanced | 0% | $0.00 | Yes | $2.84 | $2.84 |
| Urgent Care | 0% | $0.00 | Yes | $2.56 | $2.56 |
| Other | 0% | $0.00 | Yes | $2.66 | $2.66 |
| Outpatient Total: | | | | $72.00 | $72.00 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $5.00 | $5.00 | No | $12.23 | $11.66 |
| Office/Home Visit - SCP | 0% | $0.00 | Yes | $8.67 | $8.67 |
| Abortion - Elective | 0% | $0.00 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 0% | $0.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 0% | $0.00 | Yes | $6.10 | $6.10 |
| Allergy Shots | 0% | $0.00 | Yes | $0.37 | $0.37 |
| Allergy Tests | 0% | $0.00 | Yes | $0.24 | $0.24 |
| Ambulance | 0% | $0.00 | Yes | $1.75 | $1.75 |
| Anesthesia | 0% | $0.00 | Yes | $1.07 | $1.07 |
| Cardiovascular | 0% | $0.00 | Yes | $2.43 | $2.43 |
| Chemotherapy | 0% | $0.00 | Yes | $3.25 | $3.25 |
| Chiropractic | 0% | $0.00 | Yes | $0.98 | $0.98 |
| Consults | 0% | $0.00 | Yes | $3.11 | $3.11 |
| Diabetic Drugs/Supplies | 0% | $0.00 | Yes | $0.69 | $0.69 |
| Diabetic Education | 0% | $0.00 | Yes | $0.02 | $0.02 |
| Dialysis | 0% | $0.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 0% | $0.00 | Yes | $3.56 | $3.56 |
| Facility Visits | 0% | $0.00 | Yes | $4.87 | $4.87 |
| Hearing Aid | 0% | $0.00 | Yes | $0.00 | $0.00 |
| Hearing Exam | 0% | $0.00 | Yes | $0.18 | $0.18 |
| Home Care | 0% | $0.00 | Yes | $1.01 | $1.01 |
| Maternity | 0% | $0.00 | Yes | $2.49 | $2.49 |
| Mental Health | 0% | $0.00 | Yes | $3.03 | $3.03 |
| Office-Administered Drugs | 0% | $0.00 | Yes | $13.79 | $13.79 |
| Pathology / Laboratory | 0% | $0.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 0% | $0.00 | Yes | $2.04 | $2.04 |
| Radiation Therapy | 0% | $0.00 | Yes | $2.38 | $2.38 |
| Radiology | 0% | $0.00 | Yes | $4.92 | $4.92 |
| Substance Abuse | 0% | $0.00 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | Yes | $9.35 | $9.35 |
| Surgery - Office | 0% | $0.00 | Yes | $6.32 | $6.32 |
| Vision - Exam | 0% | $0.00 | Yes | $0.90 | $0.90 |
| Vision - Lenses & Frames | 0% | $0.00 | Yes | $0.35 | $0.35 |
| Other | 0% | $0.00 | Yes | $3.00 | $3.00 |
| Professional Total: | | | | $126.59 | $126.02 |
| Medical Total: | | | | $282.62 | $282.05 |
| *Subject to Deductible:* | | | | $250.23 | $250.23 |
| *Not Subject to Deductible:* | | | | $12.23 | $11.66 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1077 | 1.1077 |
| *Not Subject to Deductible:* | | | | 1.1966 | 1.1583 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$311.97** | **$310.84** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Bronze Value**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | 0% | $0.00 | Yes | $46.45 | $46.45 |
| Non Formulary | 0% | $0.00 | Yes | $8.34 | $8.34 |
| Supplies | 0% | $0.00 | Yes | $1.29 | $1.29 |
| Drug Total: | | | | $80.59 | $79.11 |
| *Subject to Deductible:* | | | | $56.08 | $56.08 |
| *Not Subject to Deductible:* | | | | $24.52 | $23.04 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1077 | 1.1077 |
| *Not Subject to Deductible:* | | | | 1.1966 | 1.1583 |
| **Adjusted Drug Total:** | | | | **$91.45** | **$88.80** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #2: Bronze POS 8100EX

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $4,000 |
| OOP Maximum: | $6,450 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Bronze |
| Geographic Factors: | Local POS/PPO Wrap |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 20% | $2,228.71 | Yes | $0.15 | $0.14 |
| Detox | 20% | $868.98 | Yes | $0.58 | $0.57 |
| Maternity | 20% | $1,599.79 | Yes | $4.71 | $4.67 |
| Med/Surg | 20% | $4,331.94 | Yes | $70.82 | $64.53 |
| Mental Health | 20% | $1,840.75 | Yes | $3.13 | $3.04 |
| Newborn | 20% | $1,108.70 | Yes | $3.93 | $3.92 |
| SNF | 20% | $1,060.31 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $77.59 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 25% | $514.39 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 25% | $403.35 | Yes | $0.12 | $0.09 |
| Cardiology | 20% | $48.46 | Yes | $1.54 | $1.38 |
| Chemotherapy | 20% | $84.67 | Yes | $4.81 | $4.68 |
| Diagnostic | 20% | $71.20 | Yes | $1.15 | $1.03 |
| Dialysis | 20% | $35.60 | Yes | $0.76 | $0.73 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 20% | $34.25 | Yes | $0.82 | $0.70 |
| Hospice | 20% | $70.86 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 20% | $90.04 | Yes | $2.33 | $2.19 |
| Laboratory Tests | 20% | $13.24 | Yes | $3.18 | $3.17 |
| Mental Health / Substance Abuse | 20% | $20.46 | Yes | $0.98 | $0.80 |
| Outpatient Surgery | 20% | $236.03 | Yes | $27.65 | $24.87 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 20% | $15.86 | Yes | $0.73 | $0.60 |
| Radiation Therapy | 20% | $101.26 | Yes | $1.84 | $1.64 |
| Radiology | 20% | $30.77 | Yes | $2.16 | $1.84 |
| Radiology - Advanced | 20% | $139.78 | Yes | $2.84 | $2.43 |
| Urgent Care | 20% | $43.94 | Yes | $2.56 | $2.08 |
| Other | 20% | $42.41 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $64.74 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 20% | $17.58 | Yes | $12.23 | $10.23 |
| Office/Home Visit - SCP | 20% | $18.30 | Yes | $8.67 | $7.06 |
| Abortion - Elective | 25% | $73.79 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 25% | $108.76 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 20% | $63.89 | Yes | $6.10 | $5.60 |
| Allergy Shots | 20% | $7.77 | Yes | $0.37 | $0.32 |
| Allergy Tests | 20% | $37.71 | Yes | $0.24 | $0.24 |
| Ambulance | 20% | $123.60 | Yes | $1.75 | $1.58 |
| Anesthesia | 20% | $112.61 | Yes | $1.07 | $1.07 |
| Cardiovascular | 20% | $16.53 | Yes | $2.43 | $2.30 |
| Chemotherapy | 20% | $95.40 | Yes | $3.25 | $3.09 |
| Chiropractic | 20% | $6.42 | Yes | $0.98 | $0.79 |
| Consults | 25% | $46.37 | Yes | $3.11 | $2.46 |
| Diabetic Drugs/Supplies | 20% | $55.72 | Yes | $0.69 | $0.62 |
| Diabetic Education | 20% | $20.32 | Yes | $0.02 | $0.01 |
| Dialysis | 20% | $35.01 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | 20% | $29.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | 20% | $8.10 | Yes | $0.18 | $0.17 |
| Home Care | 20% | $58.81 | Yes | $1.01 | $1.01 |
| Maternity | 0% | $0.00 | Yes | $2.49 | $2.49 |
| Mental Health | 20% | $22.06 | Yes | $3.03 | $2.48 |
| Office-Administered Drugs | 20% | $51.69 | Yes | $13.79 | $13.21 |
| Pathology / Laboratory | 20% | $4.23 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 20% | $9.14 | Yes | $2.04 | $1.69 |
| Radiation Therapy | 20% | $60.32 | Yes | $2.38 | $2.19 |
| Radiology | 20% | $12.32 | Yes | $4.92 | $4.64 |
| Substance Abuse | 20% | $59.30 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 25% | $213.83 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 20% | $93.23 | Yes | $9.35 | $9.33 |
| Surgery - Office | 20% | $33.07 | Yes | $6.32 | $5.82 |
| Vision - Exam | 20% | $21.60 | Yes | $0.90 | $0.75 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | 20% | $20.49 | Yes | $3.00 | $2.83 |
| Professional Total: | | | | $126.59 | $118.17 |
| Medical Total: | | | | $282.62 | $260.50 |
| *Subject to Deductible:* | | | | $262.46 | $240.34 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0749 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$278.50** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #2: Bronze POS 8100EX**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $5.00 | $5.00 | Yes | $24.52 | $23.78 |
| Brand | $30.00 | $30.00 | Yes | $46.45 | $45.67 |
| Non Formulary | 50% | $111.74 | Yes | $8.34 | $7.82 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $78.50 |
| *Subject to Deductible:* | | | | $80.59 | $78.50 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0749 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$84.38** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$4,000** | **40%** | **$10,000** | **0.820** | **46%** | **$17.68** | **$7.89** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Platinum Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $0 |
| OOP Maximum: | $2,000 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Platinum |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $500.00 | $500.00 | No | $0.15 | $0.15 |
| Detox | $500.00 | $500.00 | No | $0.58 | $0.57 |
| Maternity | $500.00 | $500.00 | No | $4.71 | $4.70 |
| Med/Surg | $500.00 | $500.00 | No | $70.82 | $70.09 |
| Mental Health | $500.00 | $500.00 | No | $3.13 | $3.11 |
| Newborn | $500.00 | $500.00 | No | $3.93 | $3.92 |
| SNF | $500.00 | $500.00 | No | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $83.26 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $100.00 | $100.00 | No | $0.01 | $0.01 |
| Abortion - Non Elective | $100.00 | $100.00 | No | $0.12 | $0.12 |
| Cardiology | $15.00 | $15.00 | No | $1.54 | $1.49 |
| Chemotherapy | $15.00 | $15.00 | No | $4.81 | $4.79 |
| Diagnostic | $35.00 | $35.00 | No | $1.15 | $1.09 |
| Dialysis | $15.00 | $15.00 | No | $0.76 | $0.75 |
| Emergency Room | $100.00 | $100.00 | No | $11.03 | $9.44 |
| Home Health | $15.00 | $15.00 | No | $0.82 | $0.76 |
| Hospice | $15.00 | $15.00 | No | $0.26 | $0.26 |
| Infusion Therapy | $15.00 | $15.00 | No | $2.33 | $2.31 |
| Laboratory Tests | $35.00 | $35.00 | No | $3.18 | $3.15 |
| Mental Health / Substance Abuse | $15.00 | $15.00 | No | $0.98 | $0.84 |
| Outpatient Surgery | $100.00 | $100.00 | No | $27.65 | $26.48 |
| Pre-Admission Testing | 0% | $0.00 | No | $0.35 | $0.35 |
| PT / OT / ST | $25.00 | $25.00 | No | $0.73 | $0.53 |
| Radiation Therapy | $15.00 | $15.00 | No | $1.84 | $1.81 |
| Radiology | $35.00 | $35.00 | No | $2.16 | $1.79 |
| Radiology - Advanced | $35.00 | $35.00 | No | $2.84 | $2.74 |
| Urgent Care | $55.00 | $55.00 | No | $2.56 | $1.95 |
| Other | $35.00 | $35.00 | No | $2.66 | $2.53 |
| Outpatient Total: | | | | $72.00 | $67.39 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $15.00 | $15.00 | No | $12.23 | $10.53 |
| Office/Home Visit - SCP | $35.00 | $35.00 | No | $8.67 | $5.58 |
| Abortion - Elective | $35.00 | $35.00 | No | $0.02 | $0.02 |
| Abortion - Non Elective | $35.00 | $35.00 | No | $0.06 | $0.06 |
| Advanced Radiology | $35.00 | $35.00 | No | $6.10 | $5.83 |
| Allergy Shots | $25.00 | $25.00 | No | $0.37 | $0.22 |
| Allergy Tests | $25.00 | $25.00 | No | $0.24 | $0.24 |
| Ambulance | $100.00 | $100.00 | No | $1.75 | $1.61 |
| Anesthesia | 0% | $0.00 | No | $1.07 | $1.07 |
| Cardiovascular | $15.00 | $15.00 | No | $2.43 | $2.31 |
| Chemotherapy | $15.00 | $15.00 | No | $3.25 | $3.22 |
| Chiropractic | $35.00 | $35.00 | No | $0.98 | $0.00 |
| Consults | $25.00 | $25.00 | No | $3.11 | $2.76 |
| Diabetic Drugs/Supplies | $15.00 | $15.00 | No | $0.69 | $0.67 |
| Diabetic Education | $15.00 | $15.00 | No | $0.02 | $0.01 |
| Dialysis | $15.00 | $15.00 | No | $0.06 | $0.06 |
| DME and Supplies | 10% | $13.62 | No | $3.56 | $3.56 |
| Facility Visits | $25.00 | $25.00 | No | $4.87 | $4.86 |
| Hearing Aid | 10% | $5.90 | No | $0.00 | $0.00 |
| Hearing Exam | $35.00 | $35.00 | No | $0.18 | $0.14 |
| Home Care | $15.00 | $15.00 | No | $1.01 | $1.01 |
| Maternity | $15.00 | $15.00 | No | $2.49 | $2.49 |
| Mental Health | $15.00 | $15.00 | No | $3.03 | $2.65 |
| Office-Administered Drugs | $35.00 | $35.00 | No | $13.79 | $13.40 |
| Pathology / Laboratory | $35.00 | $35.00 | No | $6.32 | $6.32 |
| PT/OT/ST | $25.00 | $25.00 | No | $2.04 | $1.07 |
| Radiation Therapy | $15.00 | $15.00 | No | $2.38 | $2.33 |
| Radiology | $35.00 | $35.00 | No | $4.92 | $4.12 |
| Substance Abuse | $15.00 | $15.00 | No | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | No | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | No | $9.35 | $9.35 |
| Surgery - Office | $25.00 | $25.00 | No | $6.32 | $5.94 |
| Vision - Exam | $15.00 | $15.00 | No | $0.90 | $0.80 |
| Vision - Lenses & Frames | 10% | $7.90 | No | $0.35 | $0.35 |
| Other | $35.00 | $35.00 | No | $3.00 | $2.70 |
| Professional Total: | | | | $126.59 | $116.28 |
| Medical Total: | | | | $282.62 | $266.93 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $262.46 | $246.77 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0861 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$288.17** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Platinum Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $30.00 | $30.00 | No | $46.45 | $45.67 |
| Non Formulary | $60.00 | $60.00 | No | $8.34 | $8.06 |
| Supplies | 10% | $10.05 | No | $1.29 | $1.26 |
| Drug Total: | | | | $80.59 | $78.03 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $80.59 | $78.03 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0861 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$84.75** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Platinum 267

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $0 |
| OOP Maximum: | $6,600 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Platinum |
| Geographic Factors: | Local POS Custom Region 1A & N/A |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $150.00 | $150.00 | No | $0.15 | $0.15 |
| Detox | $150.00 | $150.00 | No | $0.58 | $0.58 |
| Maternity | $150.00 | $150.00 | No | $4.71 | $4.71 |
| Med/Surg | $150.00 | $150.00 | No | $70.82 | $70.60 |
| Mental Health | $150.00 | $150.00 | No | $3.13 | $3.12 |
| Newborn | $150.00 | $150.00 | No | $3.93 | $3.93 |
| SNF | $150.00 | $150.00 | No | $0.72 | $0.72 |
| Inpatient Total: | | | | $84.04 | $83.80 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $150.00 | $150.00 | No | $0.01 | $0.01 |
| Abortion - Non Elective | $150.00 | $150.00 | No | $0.12 | $0.11 |
| Cardiology | $25.00 | $25.00 | No | $1.54 | $1.46 |
| Chemotherapy | $25.00 | $25.00 | No | $4.81 | $4.77 |
| Diagnostic | $25.00 | $25.00 | No | $1.15 | $1.11 |
| Dialysis | $25.00 | $25.00 | No | $0.76 | $0.74 |
| Emergency Room | $100.00 | $100.00 | No | $11.03 | $9.44 |
| Home Health | $25.00 | $25.00 | No | $0.82 | $0.73 |
| Hospice | $25.00 | $25.00 | No | $0.26 | $0.26 |
| Infusion Therapy | $25.00 | $25.00 | No | $2.33 | $2.29 |
| Laboratory Tests | $25.00 | $25.00 | No | $3.18 | $3.16 |
| Mental Health / Substance Abuse | $25.00 | $25.00 | No | $0.98 | $0.75 |
| Outpatient Surgery | $150.00 | $150.00 | No | $27.65 | $25.89 |
| Pre-Admission Testing | 0% | $0.00 | No | $0.35 | $0.35 |
| PT / OT / ST | $25.00 | $25.00 | No | $0.73 | $0.53 |
| Radiation Therapy | $25.00 | $25.00 | No | $1.84 | $1.79 |
| Radiology | $25.00 | $25.00 | No | $2.16 | $1.90 |
| Radiology - Advanced | $25.00 | $25.00 | No | $2.84 | $2.77 |
| Urgent Care | $75.00 | $75.00 | No | $2.56 | $1.73 |
| Other | $25.00 | $25.00 | No | $2.66 | $2.57 |
| Outpatient Total: | | | | $72.00 | $66.56 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $25.00 | $25.00 | No | $12.23 | $9.39 |
| Office/Home Visit - SCP | $25.00 | $25.00 | No | $8.67 | $6.47 |
| Abortion - Elective | $25.00 | $25.00 | No | $0.02 | $0.02 |
| Abortion - Non Elective | $25.00 | $25.00 | No | $0.06 | $0.06 |
| Advanced Radiology | $25.00 | $25.00 | No | $6.10 | $5.91 |
| Allergy Shots | $25.00 | $25.00 | No | $0.37 | $0.22 |
| Allergy Tests | $25.00 | $25.00 | No | $0.24 | $0.24 |
| Ambulance | $100.00 | $100.00 | No | $1.75 | $1.61 |
| Anesthesia | $25.00 | $25.00 | No | $1.07 | $1.07 |
| Cardiovascular | $25.00 | $25.00 | No | $2.43 | $2.23 |
| Chemotherapy | $25.00 | $25.00 | No | $3.25 | $3.21 |
| Chiropractic | $25.00 | $25.00 | No | $0.98 | $0.25 |
| Consults | $25.00 | $25.00 | No | $3.11 | $2.76 |
| Diabetic Drugs/Supplies | $25.00 | $25.00 | No | $0.69 | $0.66 |
| Diabetic Education | $25.00 | $25.00 | No | $0.02 | $0.01 |
| Dialysis | $25.00 | $25.00 | No | $0.06 | $0.06 |
| DME and Supplies | 50% | $68.10 | No | $3.56 | $3.56 |
| Facility Visits | $25.00 | $25.00 | No | $4.87 | $4.86 |
| Hearing Aid | 50% | $29.49 | No | $0.00 | $0.00 |
| Hearing Exam | $25.00 | $25.00 | No | $0.18 | $0.15 |
| Home Care | $25.00 | $25.00 | No | $1.01 | $1.01 |
| Maternity | $25.00 | $25.00 | No | $2.49 | $2.49 |
| Mental Health | $25.00 | $25.00 | No | $3.03 | $2.40 |
| Office-Administered Drugs | $25.00 | $25.00 | No | $13.79 | $13.51 |
| Pathology / Laboratory | $25.00 | $25.00 | No | $6.32 | $6.32 |
| PT/OT/ST | $25.00 | $25.00 | No | $2.04 | $1.07 |
| Radiation Therapy | $25.00 | $25.00 | No | $2.38 | $2.30 |
| Radiology | $25.00 | $25.00 | No | $4.92 | $4.35 |
| Substance Abuse | $25.00 | $25.00 | No | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | No | $5.05 | $5.05 |
| Surgery - Facility (OP) | $25.00 | $25.00 | No | $9.35 | $9.34 |
| Surgery - Office | $25.00 | $25.00 | No | $6.32 | $5.94 |
| Vision - Exam | $25.00 | $25.00 | No | $0.90 | $0.73 |
| Vision - Lenses & Frames | $25.00 | $25.00 | No | $0.35 | $0.33 |
| Other | $25.00 | $25.00 | No | $3.00 | $2.79 |
| Professional Total: | | | | $126.59 | $116.30 |
| Medical Total: | | | | $282.62 | $266.66 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $262.46 | $246.50 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0871 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$288.14** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Platinum 267**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $4.00 | $4.00 | No | $24.52 | $23.93 |
| Brand | $30.00 | $30.00 | No | $46.45 | $45.67 |
| Non Formulary | $50.00 | $50.00 | No | $8.34 | $8.11 |
| Supplies | 50% | $50.26 | No | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $78.85 |
| *Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Not Subject to Deductible:* | | | | $80.59 | $78.85 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Not Subject to Deductible:* | | | | 1.1203 | 1.0871 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$85.72** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$5,000** | **50%** | **$10,000** | **0.820** | **48%** | **$17.68** | **$7.49** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Gold Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $600 |
| OOP Maximum: | $4,000 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Gold |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $1,000.00 | $1,000.00 | Yes | $0.15 | $0.15 |
| Detox | $1,000.00 | $1,000.00 | Yes | $0.58 | $0.56 |
| Maternity | $1,000.00 | $1,000.00 | Yes | $4.71 | $4.69 |
| Med/Surg | $1,000.00 | $1,000.00 | Yes | $70.82 | $69.37 |
| Mental Health | $1,000.00 | $1,000.00 | Yes | $3.13 | $3.08 |
| Newborn | $1,000.00 | $1,000.00 | Yes | $3.93 | $3.92 |
| SNF | $1,000.00 | $1,000.00 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $82.48 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $100.00 | $100.00 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | $100.00 | $100.00 | Yes | $0.12 | $0.12 |
| Cardiology | $25.00 | $25.00 | Yes | $1.54 | $1.46 |
| Chemotherapy | $25.00 | $25.00 | Yes | $4.81 | $4.77 |
| Diagnostic | $40.00 | $40.00 | Yes | $1.15 | $1.08 |
| Dialysis | $25.00 | $25.00 | Yes | $0.76 | $0.74 |
| Emergency Room | $150.00 | $150.00 | Yes | $11.03 | $8.65 |
| Home Health | $25.00 | $25.00 | Yes | $0.82 | $0.73 |
| Hospice | $25.00 | $25.00 | Yes | $0.26 | $0.26 |
| Infusion Therapy | $25.00 | $25.00 | Yes | $2.33 | $2.29 |
| Laboratory Tests | $40.00 | $40.00 | Yes | $3.18 | $3.14 |
| Mental Health / Substance Abuse | $25.00 | $25.00 | Yes | $0.98 | $0.75 |
| Outpatient Surgery | $100.00 | $100.00 | Yes | $27.65 | $26.48 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $30.00 | $30.00 | Yes | $0.73 | $0.48 |
| Radiation Therapy | $25.00 | $25.00 | Yes | $1.84 | $1.79 |
| Radiology | $40.00 | $40.00 | Yes | $2.16 | $1.74 |
| Radiology - Advanced | $40.00 | $40.00 | Yes | $2.84 | $2.72 |
| Urgent Care | $60.00 | $60.00 | Yes | $2.56 | $1.90 |
| Other | $40.00 | $40.00 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $66.19 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $25.00 | $25.00 | Yes | $12.23 | $9.39 |
| Office/Home Visit - SCP | $40.00 | $40.00 | Yes | $8.67 | $5.14 |
| Abortion - Elective | $40.00 | $40.00 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | $40.00 | $40.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | $40.00 | $40.00 | Yes | $6.10 | $5.79 |
| Allergy Shots | $32.50 | $32.50 | Yes | $0.37 | $0.17 |
| Allergy Tests | $32.50 | $32.50 | Yes | $0.24 | $0.24 |
| Ambulance | $150.00 | $150.00 | Yes | $1.75 | $1.54 |
| Anesthesia | 0% | $0.00 | Yes | $1.07 | $1.07 |
| Cardiovascular | $25.00 | $25.00 | Yes | $2.43 | $2.23 |
| Chemotherapy | $25.00 | $25.00 | Yes | $3.25 | $3.21 |
| Chiropractic | $40.00 | $40.00 | Yes | $0.98 | $0.00 |
| Consults | $32.50 | $32.50 | Yes | $3.11 | $2.65 |
| Diabetic Drugs/Supplies | $25.00 | $25.00 | Yes | $0.69 | $0.66 |
| Diabetic Education | $25.00 | $25.00 | Yes | $0.02 | $0.01 |
| Dialysis | $25.00 | $25.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | $32.50 | $32.50 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | $40.00 | $40.00 | Yes | $0.18 | $0.13 |
| Home Care | $32.50 | $32.50 | Yes | $1.01 | $1.01 |
| Maternity | $25.00 | $25.00 | Yes | $2.49 | $2.49 |
| Mental Health | $25.00 | $25.00 | Yes | $3.03 | $2.40 |
| Office-Administered Drugs | $40.00 | $40.00 | Yes | $13.79 | $13.34 |
| Pathology / Laboratory | $40.00 | $40.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $30.00 | $30.00 | Yes | $2.04 | $0.88 |
| Radiation Therapy | $25.00 | $25.00 | Yes | $2.38 | $2.30 |
| Radiology | $40.00 | $40.00 | Yes | $4.92 | $4.00 |
| Substance Abuse | $25.00 | $25.00 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | Yes | $9.35 | $9.35 |
| Surgery - Office | $32.50 | $32.50 | Yes | $6.32 | $5.83 |
| Vision - Exam | $25.00 | $25.00 | Yes | $0.90 | $0.73 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | $40.00 | $40.00 | Yes | $3.00 | $2.66 |
| Professional Total: | | | | $126.59 | $113.43 |
| Medical Total: | | | | $282.62 | $262.10 |
| *Subject to Deductible:* | | | | $262.46 | $241.94 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1209 | 1.0707 |
| *Not Subject to Deductible:* | | | | 1.1182 | 1.0963 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.36** | **$279.21** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Gold Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | No | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | No | $8.34 | $8.01 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $77.82 |
| *Subject to Deductible:* | | | | $1.29 | $1.23 |
| *Not Subject to Deductible:* | | | | $79.30 | $76.59 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1209 | 1.0707 |
| *Not Subject to Deductible:* | | | | 1.1182 | 1.0963 |
| **Adjusted Drug Total:** | | | | **$90.13** | **$85.29** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Gold Aqua

**Plan Information:**

| | |
|---|---|
| First Dollar: | $500 |
| Deductible Amount: | $2,000 |
| OOP Maximum: | $5,000 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Gold |
| Geographic Factors: | Local POS Custom Region 1A & N/A |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 20% | $2,228.71 | No | $0.15 | $0.14 |
| Detox | 20% | $868.98 | No | $0.58 | $0.57 |
| Maternity | 20% | $1,599.79 | No | $4.71 | $4.67 |
| Med/Surg | 20% | $4,331.94 | No | $70.82 | $64.53 |
| Mental Health | 20% | $1,840.75 | No | $3.13 | $3.04 |
| Newborn | 20% | $1,108.70 | No | $3.93 | $3.92 |
| SNF | 20% | $1,060.31 | No | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $77.59 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 20% | $411.52 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 20% | $322.68 | Yes | $0.12 | $0.10 |
| Cardiology | 20% | $48.46 | Yes | $1.54 | $1.38 |
| Chemotherapy | 20% | $84.67 | Yes | $4.81 | $4.68 |
| Diagnostic | 20% | $71.20 | Yes | $1.15 | $1.03 |
| Dialysis | 20% | $35.60 | Yes | $0.76 | $0.73 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 20% | $34.25 | Yes | $0.82 | $0.70 |
| Hospice | 20% | $70.86 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 20% | $90.04 | Yes | $2.33 | $2.19 |
| Laboratory Tests | 20% | $13.24 | Yes | $3.18 | $3.17 |
| Mental Health / Substance Abuse | 20% | $20.46 | Yes | $0.98 | $0.80 |
| Outpatient Surgery | 20% | $236.03 | Yes | $27.65 | $24.87 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 20% | $15.86 | Yes | $0.73 | $0.60 |
| Radiation Therapy | 20% | $101.26 | Yes | $1.84 | $1.64 |
| Radiology | 20% | $30.77 | Yes | $2.16 | $1.84 |
| Radiology - Advanced | 20% | $139.78 | Yes | $2.84 | $2.43 |
| Urgent Care | 20% | $43.94 | Yes | $2.56 | $2.08 |
| Other | 20% | $42.41 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $64.75 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 20% | $17.58 | Yes | $12.23 | $10.23 |
| Office/Home Visit - SCP | 20% | $18.30 | Yes | $8.67 | $7.06 |
| Abortion - Elective | 20% | $59.03 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 20% | $87.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 20% | $63.89 | Yes | $6.10 | $5.60 |
| Allergy Shots | 20% | $7.77 | Yes | $0.37 | $0.32 |
| Allergy Tests | 20% | $37.71 | Yes | $0.24 | $0.24 |
| Ambulance | 20% | $123.60 | Yes | $1.75 | $1.58 |
| Anesthesia | 20% | $112.61 | Yes | $1.07 | $1.07 |
| Cardiovascular | 20% | $16.53 | Yes | $2.43 | $2.30 |
| Chemotherapy | 20% | $95.40 | Yes | $3.25 | $3.09 |
| Chiropractic | 20% | $6.42 | Yes | $0.98 | $0.79 |
| Consults | 20% | $37.09 | Yes | $3.11 | $2.59 |
| Diabetic Drugs/Supplies | 20% | $55.72 | No | $0.69 | $0.62 |
| Diabetic Education | 20% | $20.32 | No | $0.02 | $0.01 |
| Dialysis | 20% | $35.01 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | 20% | $29.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | 20% | $8.10 | Yes | $0.18 | $0.17 |
| Home Care | 20% | $58.81 | Yes | $1.01 | $1.01 |
| Maternity | 20% | $206.98 | Yes | $2.49 | $2.43 |
| Mental Health | 20% | $22.06 | Yes | $3.03 | $2.48 |
| Office-Administered Drugs | 20% | $51.69 | Yes | $13.79 | $13.21 |
| Pathology / Laboratory | 20% | $4.23 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 20% | $9.14 | Yes | $2.04 | $1.69 |
| Radiation Therapy | 20% | $60.32 | Yes | $2.38 | $2.19 |
| Radiology | 20% | $12.32 | Yes | $4.92 | $4.64 |
| Substance Abuse | 20% | $59.30 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 20% | $171.06 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 20% | $93.23 | Yes | $9.35 | $9.33 |
| Surgery - Office | 20% | $33.07 | Yes | $6.32 | $5.82 |
| Vision - Exam | 20% | $21.60 | Yes | $0.90 | $0.75 |
| Vision - Lenses & Frames | 20% | $15.80 | Yes | $0.35 | $0.34 |
| Other | 20% | $20.49 | Yes | $3.00 | $2.83 |
| Professional Total: | | | | $126.59 | $118.23 |
| Medical Total: | | | | $282.62 | $260.57 |
| *Subject to Deductible:* | | | | $177.71 | $162.19 |
| *Not Subject to Deductible:* | | | | $84.75 | $78.22 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1545 | 1.0968 |
| *Not Subject to Deductible:* | | | | 1.0755 | 1.0408 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$316.47** | **$279.46** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Gold Aqua**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | No | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | No | $8.34 | $8.01 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $77.82 |
| *Subject to Deductible:* | | | | $1.29 | $1.23 |
| *Not Subject to Deductible:* | | | | $79.30 | $76.59 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1545 | 1.0968 |
| *Not Subject to Deductible:* | | | | 1.0755 | 1.0408 |
| **Adjusted Drug Total:** | | | | **$86.78** | **$81.07** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$5,000** | **50%** | **$10,000** | **0.820** | **48%** | **$17.68** | **$7.49** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Silver Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $2,000 |
| OOP Maximum: | $5,500 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Silver |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | $1,500.00 | $1,500.00 | Yes | $0.15 | $0.14 |
| Detox | $1,500.00 | $1,500.00 | Yes | $0.58 | $0.55 |
| Maternity | $1,500.00 | $1,500.00 | Yes | $4.71 | $4.68 |
| Med/Surg | $1,500.00 | $1,500.00 | Yes | $70.82 | $68.64 |
| Mental Health | $1,500.00 | $1,500.00 | Yes | $3.13 | $3.06 |
| Newborn | $1,500.00 | $1,500.00 | Yes | $3.93 | $3.92 |
| SNF | $1,500.00 | $1,500.00 | Yes | $0.72 | $0.70 |
| Inpatient Total: | | | | $84.04 | $81.70 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | $100.00 | $100.00 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | $100.00 | $100.00 | Yes | $0.12 | $0.12 |
| Cardiology | $30.00 | $30.00 | Yes | $1.54 | $1.44 |
| Chemotherapy | $30.00 | $30.00 | Yes | $4.81 | $4.76 |
| Diagnostic | $50.00 | $50.00 | Yes | $1.15 | $1.07 |
| Dialysis | $30.00 | $30.00 | Yes | $0.76 | $0.74 |
| Emergency Room | $150.00 | $150.00 | Yes | $11.03 | $8.65 |
| Home Health | $30.00 | $30.00 | Yes | $0.82 | $0.71 |
| Hospice | $30.00 | $30.00 | Yes | $0.26 | $0.26 |
| Infusion Therapy | $30.00 | $30.00 | Yes | $2.33 | $2.28 |
| Laboratory Tests | $50.00 | $50.00 | Yes | $3.18 | $3.13 |
| Mental Health / Substance Abuse | $30.00 | $30.00 | Yes | $0.98 | $0.71 |
| Outpatient Surgery | $100.00 | $100.00 | Yes | $27.65 | $26.48 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | $30.00 | $30.00 | Yes | $0.73 | $0.48 |
| Radiation Therapy | $30.00 | $30.00 | Yes | $1.84 | $1.78 |
| Radiology | $50.00 | $50.00 | Yes | $2.16 | $1.63 |
| Radiology - Advanced | $50.00 | $50.00 | Yes | $2.84 | $2.69 |
| Urgent Care | $70.00 | $70.00 | Yes | $2.56 | $1.79 |
| Other | $50.00 | $50.00 | Yes | $2.66 | $2.48 |
| Outpatient Total: | | | | $72.00 | $65.77 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | $30.00 | $30.00 | Yes | $12.23 | $8.82 |
| Office/Home Visit - SCP | $50.00 | $50.00 | Yes | $8.67 | $4.26 |
| Abortion - Elective | $50.00 | $50.00 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | $50.00 | $50.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | $50.00 | $50.00 | Yes | $6.10 | $5.71 |
| Allergy Shots | $40.00 | $40.00 | Yes | $0.37 | $0.13 |
| Allergy Tests | $40.00 | $40.00 | Yes | $0.24 | $0.24 |
| Ambulance | $150.00 | $150.00 | Yes | $1.75 | $1.54 |
| Anesthesia | 0% | $0.00 | No | $1.07 | $1.07 |
| Cardiovascular | $30.00 | $30.00 | Yes | $2.43 | $2.19 |
| Chemotherapy | $30.00 | $30.00 | Yes | $3.25 | $3.20 |
| Chiropractic | $50.00 | $50.00 | Yes | $0.98 | $0.00 |
| Consults | $40.00 | $40.00 | Yes | $3.11 | $2.55 |
| Diabetic Drugs/Supplies | $30.00 | $30.00 | Yes | $0.69 | $0.65 |
| Diabetic Education | $30.00 | $30.00 | Yes | $0.02 | $0.01 |
| Dialysis | $30.00 | $30.00 | Yes | $0.06 | $0.06 |
| DME and Supplies | 30% | $40.86 | Yes | $3.56 | $3.56 |
| Facility Visits | $40.00 | $40.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 30% | $17.69 | Yes | $0.00 | $0.00 |
| Hearing Exam | $50.00 | $50.00 | Yes | $0.18 | $0.12 |
| Home Care | $40.00 | $40.00 | Yes | $1.01 | $1.01 |
| Maternity | $30.00 | $30.00 | Yes | $2.49 | $2.48 |
| Mental Health | $30.00 | $30.00 | Yes | $3.03 | $2.28 |
| Office-Administered Drugs | $50.00 | $50.00 | Yes | $13.79 | $13.22 |
| Pathology / Laboratory | $50.00 | $50.00 | Yes | $6.32 | $6.32 |
| PT/OT/ST | $30.00 | $30.00 | Yes | $2.04 | $0.88 |
| Radiation Therapy | $30.00 | $30.00 | Yes | $2.38 | $2.28 |
| Radiology | $50.00 | $50.00 | Yes | $4.92 | $3.78 |
| Substance Abuse | $30.00 | $30.00 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 0% | $0.00 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 0% | $0.00 | Yes | $9.35 | $9.35 |
| Surgery - Office | $40.00 | $40.00 | Yes | $6.32 | $5.71 |
| Vision - Exam | $30.00 | $30.00 | Yes | $0.90 | $0.69 |
| Vision - Lenses & Frames | 30% | $23.70 | Yes | $0.35 | $0.33 |
| Other | $50.00 | $50.00 | Yes | $3.00 | $2.57 |
| Professional Total: | | | | $126.59 | $110.95 |
| Medical Total: | | | | $282.62 | $258.42 |
| *Subject to Deductible:* | | | | $261.39 | $237.19 |
| *Not Subject to Deductible:* | | | | $1.07 | $1.07 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1210 | 1.0616 |
| *Not Subject to Deductible:* | | | | 1.1179 | 1.0962 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.38** | **$273.12** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Silver Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | No | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | No | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | No | $8.34 | $8.01 |
| Supplies | 30% | $30.16 | Yes | $1.29 | $1.20 |
| Drug Total: | | | | $80.59 | $77.80 |
| *Subject to Deductible:* | | | | $1.29 | $1.20 |
| *Not Subject to Deductible:* | | | | $79.30 | $76.59 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1210 | 1.0616 |
| *Not Subject to Deductible:* | | | | 1.1179 | 1.0962 |
| **Adjusted Drug Total:** | | | | **$90.10** | **$85.24** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Silver HDHP-HSA 269

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $2,000 |
| OOP Maximum: | $6,450 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Silver |
| Geographic Factors: | Local POS Custom Region 1A & N/A |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 20% | $2,228.71 | Yes | $0.15 | $0.14 |
| Detox | 20% | $868.98 | Yes | $0.58 | $0.57 |
| Maternity | 20% | $1,599.79 | Yes | $4.71 | $4.67 |
| Med/Surg | 20% | $4,331.94 | Yes | $70.82 | $64.53 |
| Mental Health | 20% | $1,840.75 | Yes | $3.13 | $3.04 |
| Newborn | 20% | $1,108.70 | Yes | $3.93 | $3.92 |
| SNF | 20% | $1,060.31 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $77.59 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 20% | $411.52 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 20% | $322.68 | Yes | $0.12 | $0.10 |
| Cardiology | 20% | $48.46 | Yes | $1.54 | $1.38 |
| Chemotherapy | 20% | $84.67 | Yes | $4.81 | $4.68 |
| Diagnostic | 20% | $71.20 | Yes | $1.15 | $1.03 |
| Dialysis | 20% | $35.60 | Yes | $0.76 | $0.73 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 20% | $34.25 | Yes | $0.82 | $0.70 |
| Hospice | 20% | $70.86 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 20% | $90.04 | Yes | $2.33 | $2.19 |
| Laboratory Tests | 20% | $13.24 | Yes | $3.18 | $3.17 |
| Mental Health / Substance Abuse | 20% | $20.46 | Yes | $0.98 | $0.80 |
| Outpatient Surgery | 20% | $236.03 | Yes | $27.65 | $24.87 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 20% | $15.86 | Yes | $0.73 | $0.60 |
| Radiation Therapy | 20% | $101.26 | Yes | $1.84 | $1.64 |
| Radiology | 20% | $30.77 | Yes | $2.16 | $1.84 |
| Radiology - Advanced | 20% | $139.78 | Yes | $2.84 | $2.43 |
| Urgent Care | 20% | $43.94 | Yes | $2.56 | $2.08 |
| Other | 20% | $42.41 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $64.75 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 20% | $17.58 | Yes | $12.23 | $10.23 |
| Office/Home Visit - SCP | 20% | $18.30 | Yes | $8.67 | $7.06 |
| Abortion - Elective | 20% | $59.03 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 20% | $87.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 20% | $63.89 | Yes | $6.10 | $5.60 |
| Allergy Shots | 20% | $7.77 | Yes | $0.37 | $0.32 |
| Allergy Tests | 20% | $37.71 | Yes | $0.24 | $0.24 |
| Ambulance | 20% | $123.60 | Yes | $1.75 | $1.58 |
| Anesthesia | 20% | $112.61 | Yes | $1.07 | $1.07 |
| Cardiovascular | 20% | $16.53 | Yes | $2.43 | $2.30 |
| Chemotherapy | 20% | $95.40 | Yes | $3.25 | $3.09 |
| Chiropractic | 20% | $6.42 | Yes | $0.98 | $0.79 |
| Consults | 20% | $37.09 | Yes | $3.11 | $2.59 |
| Diabetic Drugs/Supplies | 20% | $55.72 | Yes | $0.69 | $0.62 |
| Diabetic Education | 20% | $20.32 | Yes | $0.02 | $0.01 |
| Dialysis | 20% | $35.01 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | 20% | $29.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | 20% | $8.10 | Yes | $0.18 | $0.17 |
| Home Care | 20% | $58.81 | Yes | $1.01 | $1.01 |
| Maternity | 20% | $206.98 | Yes | $2.49 | $2.43 |
| Mental Health | 20% | $22.06 | Yes | $3.03 | $2.48 |
| Office-Administered Drugs | 20% | $51.69 | Yes | $13.79 | $13.21 |
| Pathology / Laboratory | 20% | $4.23 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 20% | $9.14 | Yes | $2.04 | $1.69 |
| Radiation Therapy | 20% | $60.32 | Yes | $2.38 | $2.19 |
| Radiology | 20% | $12.32 | Yes | $4.92 | $4.64 |
| Substance Abuse | 20% | $59.30 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 20% | $171.06 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 20% | $93.23 | Yes | $9.35 | $9.33 |
| Surgery - Office | 20% | $33.07 | Yes | $6.32 | $5.82 |
| Vision - Exam | 20% | $21.60 | Yes | $0.90 | $0.75 |
| Vision - Lenses & Frames | 20% | $15.80 | No | $0.35 | $0.34 |
| Other | 20% | $20.49 | Yes | $3.00 | $2.83 |
| Professional Total: | | | | $126.59 | $118.23 |
| Medical Total: | | | | $282.62 | $260.57 |
| *Subject to Deductible:* | | | | $262.11 | $240.07 |
| *Not Subject to Deductible:* | | | | $0.35 | $0.34 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1202 | 1.0754 |
| *Not Subject to Deductible:* | | | | 1.1665 | 1.1378 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$278.71** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Silver HDHP-HSA 269**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $4.00 | $4.00 | Yes | $24.52 | $23.93 |
| Brand | $35.00 | $35.00 | Yes | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | Yes | $8.34 | $8.01 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $78.71 |
| *Subject to Deductible:* | | | | $80.59 | $78.71 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1202 | 1.0754 |
| *Not Subject to Deductible:* | | | | 1.1665 | 1.1378 |
| **Adjusted Drug Total:** | | | | **$90.28** | **$84.65** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$5,000** | **50%** | **$10,000** | **0.820** | **48%** | **$17.68** | **$7.49** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Bronze Standard

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $3,000 |
| OOP Maximum: | $6,350 |
| Plan Offering: | Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Bronze |
| Geographic Factors: | Local EPO |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 50% | $5,571.78 | Yes | $0.15 | $0.14 |
| Detox | 50% | $2,172.46 | Yes | $0.58 | $0.54 |
| Maternity | 50% | $3,999.48 | Yes | $4.71 | $4.62 |
| Med/Surg | 50% | $10,829.85 | Yes | $70.82 | $55.09 |
| Mental Health | 50% | $4,601.87 | Yes | $3.13 | $2.92 |
| Newborn | 50% | $2,771.75 | Yes | $3.93 | $3.91 |
| SNF | 50% | $2,650.77 | Yes | $0.72 | $0.69 |
| Inpatient Total: | | | | $84.04 | $67.92 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 50% | $1,028.79 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 50% | $806.71 | Yes | $0.12 | $0.06 |
| Cardiology | 50% | $121.14 | Yes | $1.54 | $1.14 |
| Chemotherapy | 50% | $211.67 | Yes | $4.81 | $4.50 |
| Diagnostic | 50% | $178.01 | Yes | $1.15 | $0.86 |
| Dialysis | 50% | $89.00 | Yes | $0.76 | $0.69 |
| Emergency Room | 50% | $290.84 | Yes | $11.03 | $6.42 |
| Home Health | 50% | $85.63 | Yes | $0.82 | $0.52 |
| Hospice | 50% | $177.16 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 50% | $225.09 | Yes | $2.33 | $1.97 |
| Laboratory Tests | 50% | $33.09 | Yes | $3.18 | $3.15 |
| Mental Health / Substance Abuse | 50% | $51.15 | Yes | $0.98 | $0.52 |
| Outpatient Surgery | 50% | $590.07 | Yes | $27.65 | $20.70 |
| Pre-Admission Testing | 50% | $11.91 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 50% | $39.64 | Yes | $0.73 | $0.40 |
| Radiation Therapy | 50% | $253.14 | Yes | $1.84 | $1.34 |
| Radiology | 50% | $76.94 | Yes | $2.16 | $1.35 |
| Radiology - Advanced | 50% | $349.46 | Yes | $2.84 | $1.80 |
| Urgent Care | 50% | $109.85 | Yes | $2.56 | $1.35 |
| Other | 50% | $106.02 | Yes | $2.66 | $2.27 |
| Outpatient Total: | | | | $72.00 | $53.87 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 50% | $43.95 | Yes | $12.23 | $7.23 |
| Office/Home Visit - SCP | 50% | $45.74 | Yes | $8.67 | $4.64 |
| Abortion - Elective | 50% | $147.58 | Yes | $0.02 | $0.01 |
| Abortion - Non Elective | 50% | $217.51 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 50% | $159.73 | Yes | $6.10 | $4.85 |
| Allergy Shots | 50% | $19.41 | Yes | $0.37 | $0.25 |
| Allergy Tests | 50% | $94.26 | Yes | $0.24 | $0.23 |
| Ambulance | 50% | $308.99 | Yes | $1.75 | $1.31 |
| Anesthesia | 50% | $281.54 | Yes | $1.07 | $1.07 |
| Cardiovascular | 50% | $41.32 | Yes | $2.43 | $2.10 |
| Chemotherapy | 50% | $238.50 | Yes | $3.25 | $2.85 |
| Chiropractic | 50% | $16.06 | Yes | $0.98 | $0.51 |
| Consults | 50% | $92.73 | Yes | $3.11 | $1.81 |
| Diabetic Drugs/Supplies | 50% | $139.29 | Yes | $0.69 | $0.51 |
| Diabetic Education | 50% | $50.80 | Yes | $0.02 | $0.01 |
| Dialysis | 50% | $87.52 | Yes | $0.06 | $0.05 |
| DME and Supplies | 50% | $68.10 | Yes | $3.56 | $3.56 |
| Facility Visits | 50% | $72.50 | Yes | $4.87 | $4.83 |
| Hearing Aid | 50% | $29.49 | Yes | $0.00 | $0.00 |
| Hearing Exam | 50% | $20.25 | Yes | $0.18 | $0.16 |
| Home Care | 50% | $147.03 | Yes | $1.01 | $1.01 |
| Maternity | 50% | $517.44 | Yes | $2.49 | $2.33 |
| Mental Health | 50% | $55.16 | Yes | $3.03 | $1.64 |
| Office-Administered Drugs | 50% | $129.21 | Yes | $13.79 | $12.32 |
| Pathology / Laboratory | 50% | $10.58 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 50% | $22.86 | Yes | $2.04 | $1.16 |
| Radiation Therapy | 50% | $150.79 | Yes | $2.38 | $1.90 |
| Radiology | 50% | $30.79 | Yes | $4.92 | $4.21 |
| Substance Abuse | 50% | $148.25 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 50% | $427.66 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 50% | $233.06 | Yes | $9.35 | $9.29 |
| Surgery - Office | 50% | $82.68 | Yes | $6.32 | $5.06 |
| Vision - Exam | 50% | $53.99 | Yes | $0.90 | $0.52 |
| Vision - Lenses & Frames | 50% | $39.50 | Yes | $0.35 | $0.32 |
| Other | 50% | $51.21 | Yes | $3.00 | $2.56 |
| Professional Total: | | | | $126.59 | $105.71 |
| Medical Total: | | | | $282.62 | $227.49 |
| *Subject to Deductible:* | | | | $262.46 | $207.33 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0116 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$229.91** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Bronze Standard**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $10.00 | $10.00 | Yes | $24.52 | $23.04 |
| Brand | $35.00 | $35.00 | Yes | $46.45 | $45.54 |
| Non Formulary | $70.00 | $70.00 | Yes | $8.34 | $8.01 |
| Supplies | 50% | $50.26 | Yes | $1.29 | $1.15 |
| Drug Total: | | | | $80.59 | $77.74 |
| *Subject to Deductible:* | | | | $80.59 | $77.74 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1203 | 1.0116 |
| *Not Subject to Deductible:* | | | | 1.2200 | 1.0000 |
| **Adjusted Drug Total:** | | | | **$90.29** | **$78.65** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** | **N/A** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

## Region #1 and #7: Bronze HDHP-HSA 270

**Plan Information:**

| | |
|---|---|
| First Dollar: | $0 |
| Deductible Amount: | $5,000 |
| OOP Maximum: | $6,450 |
| Plan Offering: | Non-Standard |
| Plan Type: | Individual |
| Availability: | Both |
| Medal Level: | Bronze |
| Geographic Factors: | Local POS Custom Region 1A & N/A |

**Plan In-Network Data by Service:**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Inpatient Hospital** | | | | | |
| ASA Rehab | 20% | $2,228.71 | Yes | $0.15 | $0.14 |
| Detox | 20% | $868.98 | Yes | $0.58 | $0.57 |
| Maternity | 20% | $1,599.79 | Yes | $4.71 | $4.67 |
| Med/Surg | 20% | $4,331.94 | Yes | $70.82 | $64.53 |
| Mental Health | 20% | $1,840.75 | Yes | $3.13 | $3.04 |
| Newborn | 20% | $1,108.70 | Yes | $3.93 | $3.92 |
| SNF | 20% | $1,060.31 | Yes | $0.72 | $0.71 |
| Inpatient Total: | | | | $84.04 | $77.59 |
| **Outpatient Facility** | | | | | |
| Preventive | 0% | $0.00 | No | $4.22 | $4.22 |
| Abortion - Elective | 20% | $411.52 | Yes | $0.01 | $0.01 |
| Abortion - Non Elective | 20% | $322.68 | Yes | $0.12 | $0.10 |
| Cardiology | 20% | $48.46 | Yes | $1.54 | $1.38 |
| Chemotherapy | 20% | $84.67 | Yes | $4.81 | $4.68 |
| Diagnostic | 20% | $71.20 | Yes | $1.15 | $1.03 |
| Dialysis | 20% | $35.60 | Yes | $0.76 | $0.73 |
| Emergency Room | 20% | $116.34 | Yes | $11.03 | $9.18 |
| Home Health | 20% | $34.25 | Yes | $0.82 | $0.70 |
| Hospice | 20% | $70.86 | Yes | $0.26 | $0.26 |
| Infusion Therapy | 20% | $90.04 | Yes | $2.33 | $2.19 |
| Laboratory Tests | 20% | $13.24 | Yes | $3.18 | $3.17 |
| Mental Health / Substance Abuse | 20% | $20.46 | Yes | $0.98 | $0.80 |
| Outpatient Surgery | 20% | $236.03 | Yes | $27.65 | $24.87 |
| Pre-Admission Testing | 0% | $0.00 | Yes | $0.35 | $0.35 |
| PT / OT / ST | 20% | $15.86 | Yes | $0.73 | $0.60 |
| Radiation Therapy | 20% | $101.26 | Yes | $1.84 | $1.64 |
| Radiology | 20% | $30.77 | Yes | $2.16 | $1.84 |
| Radiology - Advanced | 20% | $139.78 | Yes | $2.84 | $2.43 |
| Urgent Care | 20% | $43.94 | Yes | $2.56 | $2.08 |
| Other | 20% | $42.41 | Yes | $2.66 | $2.51 |
| Outpatient Total: | | | | $72.00 | $64.75 |
| **Professional** | | | | | |
| Preventive | 0% | $0.00 | No | $15.94 | $15.94 |
| Office/Home Visit - PCP | 20% | $17.58 | Yes | $12.23 | $10.23 |
| Office/Home Visit - SCP | 20% | $18.30 | Yes | $8.67 | $7.06 |
| Abortion - Elective | 20% | $59.03 | Yes | $0.02 | $0.02 |
| Abortion - Non Elective | 20% | $87.00 | Yes | $0.06 | $0.06 |
| Advanced Radiology | 20% | $63.89 | Yes | $6.10 | $5.60 |
| Allergy Shots | 20% | $7.77 | Yes | $0.37 | $0.32 |
| Allergy Tests | 20% | $37.71 | Yes | $0.24 | $0.24 |
| Ambulance | 20% | $123.60 | Yes | $1.75 | $1.58 |
| Anesthesia | 20% | $112.61 | Yes | $1.07 | $1.07 |
| Cardiovascular | 20% | $16.53 | Yes | $2.43 | $2.30 |
| Chemotherapy | 20% | $95.40 | Yes | $3.25 | $3.09 |
| Chiropractic | 20% | $6.42 | Yes | $0.98 | $0.79 |
| Consults | 20% | $37.09 | Yes | $3.11 | $2.59 |
| Diabetic Drugs/Supplies | 20% | $55.72 | Yes | $0.69 | $0.62 |
| Diabetic Education | 20% | $20.32 | Yes | $0.02 | $0.01 |
| Dialysis | 20% | $35.01 | Yes | $0.06 | $0.06 |
| DME and Supplies | 20% | $27.24 | Yes | $3.56 | $3.56 |
| Facility Visits | 20% | $29.00 | Yes | $4.87 | $4.85 |
| Hearing Aid | 20% | $11.80 | Yes | $0.00 | $0.00 |
| Hearing Exam | 20% | $8.10 | Yes | $0.18 | $0.17 |
| Home Care | 20% | $58.81 | Yes | $1.01 | $1.01 |
| Maternity | 20% | $206.98 | Yes | $2.49 | $2.43 |
| Mental Health | 20% | $22.06 | Yes | $3.03 | $2.48 |
| Office-Administered Drugs | 20% | $51.69 | Yes | $13.79 | $13.21 |
| Pathology / Laboratory | 20% | $4.23 | Yes | $6.32 | $6.32 |
| PT/OT/ST | 20% | $9.14 | Yes | $2.04 | $1.69 |
| Radiation Therapy | 20% | $60.32 | Yes | $2.38 | $2.19 |
| Radiology | 20% | $12.32 | Yes | $4.92 | $4.64 |
| Substance Abuse | 20% | $59.30 | Yes | $0.00 | $0.00 |
| Surgery - Facility (IP) | 20% | $171.06 | Yes | $5.05 | $5.05 |
| Surgery - Facility (OP) | 20% | $93.23 | Yes | $9.35 | $9.33 |
| Surgery - Office | 20% | $33.07 | Yes | $6.32 | $5.82 |
| Vision - Exam | 20% | $21.60 | Yes | $0.90 | $0.75 |
| Vision - Lenses & Frames | 20% | $15.80 | No | $0.35 | $0.34 |
| Other | 20% | $20.49 | Yes | $3.00 | $2.83 |
| Professional Total: | | | | $126.59 | $118.23 |
| Medical Total: | | | | $282.62 | $260.57 |
| *Subject to Deductible:* | | | | $262.11 | $240.07 |
| *Not Subject to Deductible:* | | | | $0.35 | $0.34 |
| *Preventive* | | | | $20.16 | $20.16 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1202 | 1.0746 |
| *Not Subject to Deductible:* | | | | 1.1665 | 1.1378 |
| *Preventive* | | | | 1.0000 | 1.0000 |
| **Adjusted Medical Total:** | | | | **$314.19** | **$278.52** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

**Plan Pharmacy Data:**
**Region #1 and #7: Bronze HDHP-HSA 270**

| Type & Service Category | Member Cost Share | Copay Equivalent | Subject to Deductible | Allowed PMPM | Paid PMPM |
|---|---|---|---|---|---|
| **Prescription Drug** | | | | | |
| Generic | $4.00 | $4.00 | Yes | $24.52 | $23.93 |
| Brand | $50.00 | $50.00 | Yes | $46.45 | $45.15 |
| Non Formulary | $80.00 | $80.00 | Yes | $8.34 | $7.97 |
| Supplies | 20% | $20.11 | Yes | $1.29 | $1.23 |
| Drug Total: | | | | $80.59 | $78.28 |
| *Subject to Deductible:* | | | | $80.59 | $78.28 |
| *Not Subject to Deductible:* | | | | $0.00 | $0.00 |
| Utilization Adjustment: | | | | | |
| *Subject to Deductible:* | | | | 1.1202 | 1.0746 |
| *Not Subject to Deductible:* | | | | 1.1665 | 1.1378 |
| **Adjusted Drug Total:** | | | | **$90.28** | **$84.11** |

**Plan Out-of-Network Data:**

| | Deductible | Coinsurance | OOP Maximum | Utilization Adjustment | Actuarial Value | Allowed PMPM | Adjusted Allowed PMPM |
|---|---|---|---|---|---|---|---|
| **Out of Network Total:** | **$5,000** | **50%** | **$10,000** | **0.820** | **48%** | **$17.68** | **$7.49** |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 11 - Development Details
Rates Effective 1/1/2015

**Total Single Rate Region #2:**
AVs are for member.

| | | Platinum | Platinum | | Platinum | Gold | Gold | | Gold |
|---|---|---|---|---|---|---|---|---|---|
| | | Platinum Standard | Platinum 250 | | Platinum POS 110 | Gold Standard | Gold 850 | | Gold Aqua |
| | | | Tier 1 | Tier 2 | | | Tier 1 | Tier 2 | |
| | Standard/ NonStandard | Standard | Non-Standard | Non-Standard | Non-Standard | Standard | Non-Standard | Non-Standard | Non-Standard |
| | Availability | Both | Both | Both | Both | Both | Both | Both | Both |
| 135 | INN Medical Paid at Full Coverage: | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 |
| 136 | Pharmacy Paid Full Coverage: | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 |
| 137 | INN Medical Paid (w/ copay / coin only): | 288.17 | 296.22 | 293.10 | 287.71 | 279.21 | 283.83 | 268.74 | 279.18 |
| 138 | Pharmacy Paid (w/ copay / coin only): | 84.75 | 87.16 | 86.95 | 85.16 | 85.29 | 84.32 | 83.28 | 79.32 |
| 139 | Initial AV: | 7.8% | 5.2% | 6.0% | 7.8% | 9.9% | 9.0% | 12.9% | 11.3% |
| | First Dollar: | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 500.00 |
| | Deductible: | 0.0% | 250 | 450 | 0.0% | 600 | 850 | 1,700 | 1,000 |
| | OOP Max: | 2,000 | 6,600 | 6,600 | 4,000 | 4,000 | 6,600 | 6,600 | 5,000 |
| 140 | Total AV (w/ First $, Ded, and OOP added): | 5.5% | 9.0% | 12.8% | 6.4% | 14.6% | 18.4% | 28.1% | 15.0% |
| 141 | Induced Demand Factor: | 0.968 | 0.949 | 0.926 | 0.963 | 0.916 | 0.894 | 0.852 | 0.914 |
| 142 | Final INN Medical Paid: | 287.89 | 271.65 | 254.12 | 283.66 | 246.14 | 229.63 | 192.58 | 244.44 |
| 143 | Final INN Rx Paid: | 82.10 | 77.47 | 72.47 | 80.89 | 70.19 | 65.48 | 54.92 | 69.71 |
| 144 | $250 Wellness Allowance & HRA: | 3.85 | 3.85 | 0.00 | 3.85 | 3.85 | 3.85 | 0.00 | 3.85 |
| 145 | Non-System Medical Claims: | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 |
| 146 | MSP Receipts 2012 and Prior | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) |
| 147 | Non-System Pharmacy Claims (Rebates): | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) |
| 148 | PPACA Insurer Tax: | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% |
| 149 | CER Fee: | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 |
| 150 | Reinsurance Contribution: | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 |
| 151 | Risk Adjustment Operational Fee: | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 |
| 152 | Internal Admin: | 42.16 | 42.16 | 42.16 | 42.16 | 40.68 | 40.68 | 40.68 | 40.68 |
| | **Individual - Region #2** | | | | | | | | |
| 153 | Reinsurance Recovery: | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) |
| 154 | Risk Adjustment - Payment / (Receipt): | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 155 | Limited Pharmacy Formulary: | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) |
| 156 | OON Claims: | 0.00 | 0.00 | 0.00 | 10.47 | 0.00 | 0.00 | 0.00 | 9.95 |
| 157 | Population Adjustment Factor: | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 |
| 158 | Geographic Adjustment: | 1.006 | 0.909 | 0.909 | 0.909 | 1.006 | 0.862 | 0.909 | 0.909 |
| 159 | Align Network Weighting Factor: | 1.000 | 0.900 | 0.100 | 1.000 | 1.000 | 0.900 | 0.100 | 1.000 |
| 160 | Risk Margin: | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% |
| 161 | Conversion Factor: | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 |
| 162 | 1/1/2015 Individual Medical PMPM: | 411.46 | 356.23 | | 384.93 | 356.37 | 291.94 | | 337.35 |
| 163 | 1/1/2015 Individual Pharmacy PMPM: | 99.97 | 83.84 | | 88.42 | 84.26 | 65.29 | | 75.02 |
| 164 | 1/1/2015 Individual Medical Single Rate: | 497.76 | 430.95 | | 465.66 | 431.11 | 353.17 | | 408.10 |
| 165 | 1/1/2015 Individual Pharmacy Single Rate: | 120.94 | 101.43 | | 106.97 | 101.93 | 78.98 | | 90.76 |
| 166 | Individual MLR | 90.5% | 89.1% | | 89.8% | 89.4% | 87.2% | | 88.8% |

**Tier Factors Region #2 - Age 26:**

| Plan | 167 Child Only | 168 Single | 169 2 Person | 170 Sub + Child(ren) | 171 Family |
|---|---|---|---|---|---|
| All | 0.4120 | 1.0000 | 2.0000 | 1.7000 | 2.8500 |

**Tier Rates Region #2 - Age 26:**

**Individual**

| | | | Platinum | Platinum | Platinum | Gold | Gold | Gold |
|---|---|---|---|---|---|---|---|---|
| | | | Platinum Standard | Platinum 250 | Platinum POS 110 | Gold Standard | Gold 850 | Gold Aqua |
| 172 | Medical | Child Only | 205.08 | | | 177.62 | | |
| 173 | | Single | 497.76 | 430.95 | 465.66 | 431.11 | 353.17 | 408.10 |
| 174 | | 2 Person | 995.52 | 861.90 | 931.32 | 862.22 | 706.34 | 816.20 |
| 175 | | Sub + Child(ren) | 846.19 | 732.62 | 791.62 | 732.89 | 600.39 | 693.77 |
| 176 | | Family | 1418.62 | 1228.21 | 1327.13 | 1228.66 | 1006.53 | 1163.09 |
| 177 | Pharmacy | Child Only | 49.83 | | | 42.00 | | |
| 178 | | Single | 120.94 | 101.43 | 106.97 | 101.93 | 78.98 | 90.76 |
| 179 | | 2 Person | 241.88 | 202.86 | 213.94 | 203.86 | 157.96 | 181.52 |
| 180 | | Sub + Child(ren) | 205.60 | 172.43 | 181.85 | 173.28 | 134.27 | 154.29 |
| 181 | | Family | 344.68 | 289.08 | 304.86 | 290.50 | 225.09 | 258.67 |

**Tier Factors Region #2 - Age 30:**

| Plan | 182 Single | 183 2 Person | 184 Sub + Child(ren) | 185 Family |
|---|---|---|---|---|
| All | 1.0118 | 2.0237 | 1.7201 | 2.8837 |

**Tier Rates Region #2 - Age 30:**

**Individual**

| | | | Platinum | Platinum | Platinum | Gold | Gold | Gold |
|---|---|---|---|---|---|---|---|---|
| | | | Platinum Standard | Platinum 250 | Platinum POS 110 | Gold Standard | Gold 850 | Gold Aqua |
| 186 | Medical | Single | 503.63 | 436.04 | 471.15 | 436.20 | 357.34 | 412.92 |
| 187 | | 2 Person | 1019.20 | 882.41 | 953.47 | 882.74 | 723.15 | 835.63 |
| 188 | | Sub + Child(ren) | 866.29 | 750.03 | 810.43 | 750.31 | 614.66 | 710.26 |
| 189 | | Family | 1452.32 | 1257.41 | 1358.66 | 1257.87 | 1030.46 | 1190.74 |
| 190 | Pharmacy | Single | 122.37 | 102.63 | 108.23 | 103.13 | 79.91 | 91.83 |
| 191 | | 2 Person | 247.64 | 207.69 | 219.03 | 208.70 | 161.71 | 185.84 |
| 192 | | Sub + Child(ren) | 210.49 | 176.53 | 186.17 | 177.39 | 137.45 | 157.96 |
| 193 | | Family | 352.88 | 295.95 | 312.10 | 297.40 | 230.44 | 264.81 |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 11 - Development Details
Rates Effective 1/1/2015

**Total Single Rate Region #2:**
AVs are for member.

| | | Silver | Silver | | Silver | Bronze | Bronze | Bronze |
|---|---|---|---|---|---|---|---|---|
| | | Silver Standard | Silver 2000 | | Silver POS 7100 | Bronze Standard | Bronze Value | Bronze POS 8100EX |
| | | | Tier 1 | Tier 2 | | | | |
| | Standard/ NonStandard | Standard | Non-Standard | Non-Standard | Non-Standard | Standard | Non-Standard | Non-Standard |
| | Availability | Both | Both | Both | Both | Both | Both | Both |
| 135 | INN Medical Paid at Full Coverage: | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 |
| 136 | Pharmacy Paid Full Coverage: | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 |
| 137 | INN Medical Paid (w/ copay / coin only): | 273.12 | 259.39 | 234.30 | 279.77 | 229.91 | 310.84 | 278.50 |
| 138 | Pharmacy Paid (w/ copay / coin only): | 85.24 | 80.35 | 78.58 | 84.40 | 78.65 | 88.80 | 84.38 |
| 139 | Initial AV: | 11.4% | 16.0% | 22.6% | 9.9% | 23.7% | 1.2% | 10.3% |
| | First Dollar: | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| | Deductible: | 2,000 | 2,000 | 3,000 | 1,500 | 3,000 | 6,600 | 4,000 |
| | OOP Max: | 5,500 | 6,000 | 6,000 | 5,000 | 6,350 | 6,600 | 6,450 |
| 140 | Total AV (w/ First $, Ded, and OOP added): | 23.3% | 28.9% | 36.5% | 24.7% | 35.1% | 40.8% | 37.7% |
| 141 | Induced Demand Factor: | 0.872 | 0.849 | 0.828 | 0.866 | 0.832 | 0.773 | 0.825 |
| 142 | Final INN Medical Paid: | 210.42 | 189.81 | 165.51 | 205.24 | 169.93 | 143.93 | 161.68 |
| 143 | Final INN Rx Paid: | 60.00 | 54.13 | 47.20 | 58.53 | 48.46 | 41.04 | 46.11 |
| 144 | $250 Wellness Allowance & HRA: | 3.85 | 3.85 | 0.00 | 3.85 | 3.85 | 3.85 | 3.85 |
| 145 | Non-System Medical Claims: | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 |
| 146 | MSP Receipts 2012 and Prior | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) |
| 147 | Non-System Pharmacy Claims (Rebates): | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) |
| 148 | PPACA Insurer Tax: | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% |
| 149 | CER Fee: | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 |
| 150 | Reinsurance Contribution: | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 |
| 151 | Risk Adjustment Operational Fee: | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 |
| 152 | Internal Admin: | 37.37 | 37.37 | 37.37 | 37.37 | 34.79 | 34.79 | 34.79 |
| | **Individual - Region #2** | | | | | | | |
| 153 | Reinsurance Recovery: | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) |
| 154 | Risk Adjustment - Payment / (Receipt): | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 155 | Limited Pharmacy Formulary: | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) |
| 156 | OON Claims: | 0.00 | 0.00 | 0.00 | 9.07 | 0.00 | 0.00 | 7.89 |
| 157 | Population Adjustment Factor: | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 |
| 158 | Geographic Adjustment: | 1.006 | 0.862 | 0.909 | 0.909 | 1.006 | 0.909 | 0.980 |
| 159 | Align Network Weighting Factor: | 1.000 | 0.900 | 0.100 | 1.000 | 1.000 | 1.000 | 1.000 |
| 160 | Risk Margin: | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% |
| 161 | Conversion Factor: | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 |
| 162 | 1/1/2015 Individual Medical PMPM: | 307.60 | 246.43 | | 287.89 | 253.25 | 203.64 | 247.66 |
| 163 | 1/1/2015 Individual Pharmacy PMPM: | 70.35 | 52.32 | | 61.22 | 54.85 | 40.22 | 50.30 |
| 164 | 1/1/2015 Individual Medical Single Rate: | 372.11 | 298.12 | | 348.27 | 306.36 | 246.35 | 299.60 |
| 165 | 1/1/2015 Individual Pharmacy Single Rate: | 85.11 | 63.29 | | 74.06 | 66.36 | 48.65 | 60.85 |
| 166 | Individual MLR | 88.7% | 86.0% | | 87.9% | 87.3% | 84.1% | 86.8% |

**Tier Factors Region #2 - Age 26:**

**Tier Rates Region #2 - Age 26:**

**Individual**

| | | | Silver | Silver | Silver | Bronze | Bronze | Bronze |
|---|---|---|---|---|---|---|---|---|
| | | | Silver Standard | Silver 2000 | Silver POS 7100 | Bronze Standard | Bronze Value | Bronze POS 8100EX |
| 172 | Medical | Child Only | 153.31 | | | 126.22 | | |
| 173 | | Single | 372.11 | 298.12 | 348.27 | 306.36 | 246.35 | 299.60 |
| 174 | | 2 Person | 744.22 | 596.24 | 696.54 | 612.72 | 492.70 | 599.20 |
| 175 | | Sub + Child(ren) | 632.59 | 506.80 | 592.06 | 520.81 | 418.80 | 509.32 |
| 176 | | Family | 1060.51 | 849.64 | 992.57 | 873.13 | 702.10 | 853.86 |
| 177 | Pharmacy | Child Only | 35.07 | | | 27.34 | | |
| 178 | | Single | 85.11 | 63.29 | 74.06 | 66.36 | 48.65 | 60.85 |
| 179 | | 2 Person | 170.22 | 126.58 | 148.12 | 132.72 | 97.30 | 121.70 |
| 180 | | Sub + Child(ren) | 144.69 | 107.59 | 125.90 | 112.81 | 82.71 | 103.45 |
| 181 | | Family | 242.56 | 180.38 | 211.07 | 189.13 | 138.65 | 173.42 |

**Tier Factors Region #2 - Age 30:**

**Tier Rates Region #2 - Age 30:**

**Individual**

| | | | Silver | Silver | Silver | Bronze | Bronze | Bronze |
|---|---|---|---|---|---|---|---|---|
| | | | Silver Standard | Silver 2000 | Silver POS 7100 | Bronze Standard | Bronze Value | Bronze POS 8100EX |
| 186 | Medical | Single | 376.50 | 301.64 | 352.38 | 309.98 | 249.26 | 303.14 |
| 187 | | 2 Person | 761.92 | 610.43 | 713.11 | 627.31 | 504.43 | 613.46 |
| 188 | | Sub + Child(ren) | 647.62 | 518.85 | 606.13 | 533.20 | 428.75 | 521.43 |
| 189 | | Family | 1085.71 | 869.84 | 1016.16 | 893.89 | 718.79 | 874.16 |
| 190 | Pharmacy | Single | 86.11 | 64.04 | 74.93 | 67.14 | 49.22 | 61.57 |
| 191 | | 2 Person | 174.26 | 129.60 | 151.64 | 135.87 | 99.61 | 124.60 |
| 192 | | Sub + Child(ren) | 148.12 | 110.16 | 128.89 | 115.49 | 84.66 | 105.91 |
| 193 | | Family | 248.32 | 184.67 | 216.08 | 193.61 | 141.94 | 177.55 |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 12 - Plan Development
Rates Effective 1/1/2015

**Total Single Rate Region #1 and #7:**
AVs are for member.

| | Platinum | Platinum | Gold | Gold | Silver | Silver | Bronze | Bronze |
|---|---|---|---|---|---|---|---|---|
| | Platinum Standard | Platinum 267 | Gold Standard | Gold Aqua | Silver Standard | Silver HDHP-HSA 269 | Bronze Standard | Bronze HDHP-HSA 270 |
| Standard/ NonStandard | Standard | Non-Standard | Standard | Non-Standard | Standard | Non-Standard | Standard | Non-Standard |
| Availability | Both | Both | Both | Both | Both | Both | Both | Both |
| INN Medical Paid at Full Coverage: | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 | 314.63 |
| Pharmacy Paid Full Coverage: | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 | 89.72 |
| INN Medical Paid (w/ copay / coin only): | 288.17 | 288.14 | 279.21 | 279.46 | 273.12 | 278.71 | 229.91 | 278.52 |
| Pharmacy Paid (w/ copay / coin only): | 84.75 | 85.72 | 85.29 | 81.07 | 85.24 | 84.65 | 78.65 | 84.11 |
| Initial AV: | 7.8% | 7.5% | 9.9% | 10.8% | 11.4% | 10.1% | 23.7% | 10.3% |
| First Dollar: | 0.0% | 0.0% | 0.0% | 500.00 | 0.0% | 0.0% | 0.0% | 0.0% |
| Deductible: | 0.0% | 0.0% | 600 | 2,000 | 2,000 | 2,000 | 3,000 | 5,000 |
| OOP Max: | 2,000 | 6,600 | 4,000 | 5,000 | 5,500 | 6,450 | 6,350 | 6,450 |
| Total AV (w/ First $, Ded, and OOP added): | 5.5% | 6.3% | 14.7% | 18.9% | 23.7% | 28.6% | 35.4% | 40.6% |
| Induced Demand Factor: | 0.968 | 0.964 | 0.916 | 0.891 | 0.870 | 0.850 | 0.831 | 0.820 |
| Final INN Medical Paid: | 287.89 | 284.29 | 245.72 | 227.30 | 208.99 | 190.96 | 168.81 | 153.30 |
| Final INN Rx Paid: | 82.10 | 81.07 | 70.07 | 64.82 | 59.60 | 54.46 | 48.14 | 43.72 |
| $250 Wellness Allowance & HRA: | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 | 3.85 |
| Non-System Medical Claims: | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 | 18.27 |
| MSP Receipts 2012 and Prior | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) | (2.97) |
| Non-System Pharmacy Claims (Rebates): | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) | (8.74) |
| PPACA Insurer Tax: | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% |
| CER Fee: | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 |
| Reinsurance Contribution: | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 | 3.67 |
| Risk Adjustment Operational Fee: | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 | 0.08 |
| Internal Admin: | 42.16 | 42.16 | 40.68 | 40.68 | 37.37 | 37.37 | 34.79 | 34.79 |
| **Individual - Region #1** | | | | | | | | |
| Reinsurance Recovery: | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) | (13.99) |
| Risk Adjustment - Payment / (Receipt): | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Limited Pharmacy Formulary: | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) | (6.41) |
| OON Claims: | 0.00 | 7.49 | 0.00 | 7.49 | 0.00 | 7.49 | 0.00 | 7.49 |
| Population Adjustment Factor: | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 | 1.239 |
| Geographic Adjustment: | 1.258 | 1.080 | 1.258 | 1.080 | 1.258 | 1.080 | 1.258 | 1.080 |
| Align Network Weighting Factor: | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 |
| Risk Margin: | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% | 1.0% |
| Conversion Factor: | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 | 1.21 |
| 1/1/2015 Individual Medical PMPM: | 500.09 | 443.11 | 430.82 | 362.89 | 368.84 | 309.82 | 301.89 | 255.51 |
| 1/1/2015 Individual Pharmacy PMPM: | 126.53 | 106.42 | 106.78 | 83.54 | 89.11 | 68.40 | 70.02 | 52.92 |
| 1/1/2015 Individual Medical Single Rate: | 604.98 | 536.05 | 521.18 | 439.00 | 446.20 | 374.80 | 365.21 | 309.10 |
| 1/1/2015 Individual Pharmacy Single Rate: | 153.07 | 128.74 | 129.18 | 101.06 | 107.80 | 82.75 | 84.70 | 64.02 |
| Individual MLR | 92.0% | 91.1% | 91.2% | 89.6% | 90.5% | 88.7% | 89.3% | 87.3% |
| **Individual - Region #7** | | | | | | | | |
| Reinsurance Recovery: | (13.99) | | (13.99) | | (13.99) | | (13.99) | |
| Risk Adjustment - Payment / (Receipt): | 0.0% | | 0.0% | | 0.0% | | 0.0% | |
| Limited Pharmacy Formulary: | (6.41) | | (6.41) | | (6.41) | | (6.41) | |
| OON Claims: | 0.00 | | 0.00 | | 0.00 | | 0.00 | |
| Population Adjustment Factor: | 1.239 | | 1.239 | | 1.239 | | 1.239 | |
| Geographic Adjustment: | 1.376 | | 1.376 | | 1.376 | | 1.376 | |
| Align Network Weighting Factor: | 1.000 | | 1.000 | | 1.000 | | 1.000 | |
| Risk Margin: | 1.0% | | 1.0% | | 1.0% | | 1.0% | |
| Conversion Factor: | 1.21 | | 1.21 | | 1.21 | | 1.21 | |
| 1/1/2015 Individual Medical PMPM: | 541.51 | | 465.86 | | 398.33 | | 325.30 | |
| 1/1/2015 Individual Pharmacy PMPM: | 138.95 | | 117.37 | | 98.12 | | 77.30 | |
| 1/1/2015 Individual Medical Single Rate: | 655.08 | | 563.57 | | 481.88 | | 393.53 | |
| 1/1/2015 Individual Pharmacy Single Rate: | 168.09 | | 141.99 | | 118.70 | | 93.51 | |
| Individual MLR | 92.6% | | 91.8% | | 91.2% | | 90.0% | |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Individual On Exchange
Exhibit 12 - Plan Development
Rates Effective 1/1/2015

**Tier Factors Region #1 and #7 - Age 26:**

| Plan | Child Only | Single | 2 Person | Sub + Child(ren) | Family |
|---|---|---|---|---|---|
| All | 0.4120 | 1.0000 | 2.0000 | 1.7000 | 2.8500 |

**Tier Factors Region #1 - Age 26:**

**Individual**

| | | Platinum | Platinum | Gold | Gold | Silver | Silver | Bronze | Bronze |
|---|---|---|---|---|---|---|---|---|---|
| | | Platinum Standard | Platinum 267 | Gold Standard | Gold Aqua | Silver Standard | Silver HDHP-HSA 269 | Bronze Standard | Bronze HDHP-HSA 270 |
| Medical | Child Only | 249.25 | | 214.73 | | 183.83 | | 150.47 | |
| | Single | 604.98 | 536.05 | 521.18 | 439.00 | 446.20 | 374.80 | 365.21 | 309.10 |
| | 2 Person | 1209.96 | 1072.10 | 1042.36 | 878.00 | 892.40 | 749.60 | 730.42 | 618.20 |
| | Sub + Child(ren) | 1028.47 | 911.29 | 886.01 | 746.30 | 758.54 | 637.16 | 620.86 | 525.47 |
| | Family | 1724.19 | 1527.74 | 1485.36 | 1251.15 | 1271.67 | 1068.18 | 1040.85 | 880.94 |
| Pharmacy | Child Only | 63.06 | | 53.22 | | 44.41 | | 34.90 | |
| | Single | 153.07 | 128.74 | 129.18 | 101.06 | 107.80 | 82.75 | 84.70 | 64.02 |
| | 2 Person | 306.14 | 257.48 | 258.36 | 202.12 | 215.60 | 165.50 | 169.40 | 128.04 |
| | Sub + Child(ren) | 260.22 | 218.86 | 219.61 | 171.80 | 183.26 | 140.68 | 143.99 | 108.83 |
| | Family | 436.25 | 366.91 | 368.16 | 288.02 | 307.23 | 235.84 | 241.40 | 182.46 |

**Tier Factors Region #7 - Age 26:**

**Individual**

| | | Platinum | Gold | Silver | Bronze |
|---|---|---|---|---|---|
| | | Platinum Standard | Gold Standard | Silver Standard | Bronze Standard |
| Medical | Child Only | 269.89 | 232.19 | 198.53 | 162.13 |
| | Single | 655.08 | 563.57 | 481.88 | 393.53 |
| | 2 Person | 1310.16 | 1127.14 | 963.76 | 787.06 |
| | Sub + Child(ren) | 1113.64 | 958.07 | 819.20 | 669.00 |
| | Family | 1866.98 | 1606.17 | 1373.36 | 1121.56 |
| Pharmacy | Child Only | 69.25 | 58.50 | 48.90 | 38.53 |
| | Single | 168.09 | 141.99 | 118.70 | 93.51 |
| | 2 Person | 336.18 | 283.98 | 237.40 | 187.02 |
| | Sub + Child(ren) | 285.75 | 241.38 | 201.79 | 158.97 |
| | Family | 479.06 | 404.67 | 338.30 | 266.50 |

**Tier Factors - Age 30:**

| Plan | Single | 2 Person | Sub + Child(ren) | Family |
|---|---|---|---|---|
| All | 1.0118 | 2.0237 | 1.7201 | 2.8837 |

**Tier Factors Region #1 - Age 30:**

**Individual**

| | | Platinum | Platinum | Gold | Gold | Silver | Silver | Bronze | Bronze |
|---|---|---|---|---|---|---|---|---|---|
| | | Platinum Standard | Platinum 267 | Gold Standard | Gold Aqua | Silver Standard | Silver HDHP-HSA 269 | Bronze Standard | Bronze HDHP-HSA 270 |
| Medical | Single | 612.12 | 542.38 | 527.33 | 444.18 | 451.47 | 379.22 | 369.52 | 312.75 |
| | 2 Person | 1238.75 | 1097.61 | 1067.16 | 898.89 | 913.64 | 767.43 | 747.80 | 632.91 |
| | Sub + Child(ren) | 1052.91 | 932.95 | 907.06 | 764.03 | 776.57 | 652.30 | 635.61 | 537.96 |
| | Family | 1765.17 | 1564.06 | 1520.66 | 1280.88 | 1301.90 | 1093.56 | 1065.58 | 901.88 |
| Pharmacy | Single | 154.88 | 130.26 | 130.70 | 102.25 | 109.07 | 83.73 | 85.70 | 64.78 |
| | 2 Person | 313.43 | 263.61 | 264.50 | 206.92 | 220.72 | 169.44 | 173.43 | 131.10 |
| | Sub + Child(ren) | 266.41 | 224.06 | 224.82 | 175.88 | 187.61 | 144.02 | 147.41 | 111.43 |
| | Family | 446.63 | 375.63 | 376.90 | 294.86 | 314.53 | 241.45 | 247.13 | 186.81 |

**Tier Factors Region #7 - Age 30:**

**Individual**

| | | Platinum | Gold | Silver | Bronze |
|---|---|---|---|---|---|
| | | Platinum Standard | Gold Standard | Silver Standard | Bronze Standard |
| Medical | Single | 662.81 | 570.22 | 487.57 | 398.17 |
| | 2 Person | 1341.33 | 1153.95 | 986.70 | 805.78 |
| | Sub + Child(ren) | 1140.10 | 980.84 | 838.67 | 684.89 |
| | Family | 1911.35 | 1644.34 | 1406.01 | 1148.20 |
| Pharmacy | Single | 170.07 | 143.67 | 120.10 | 94.61 |
| | 2 Person | 344.17 | 290.74 | 243.05 | 191.46 |
| | Sub + Child(ren) | 292.54 | 247.13 | 206.58 | 162.74 |
| | Family | 490.43 | 414.30 | 346.33 | 272.83 |

HealthNow New York Inc.
2015 New York State Public Exchange Rate Submission: Individual On Exchange
Exhibit 13 - Formulas
Rates Effective 1/1/2015

**Formulas:**
Rate Support

| Number | Description | Calculation / Source |
|---|---|---|
| 1 | 2014 Western New York Unit Cost Trends | Internal forecasting |
| 2 | 2014 Western New York Utilization Trends | Internal forecasting |
| 3 | 2014 Northeastern New York Unit Cost Trends | Internal forecasting |
| 4 | 2014 Northeastern New York Utilization Trends | Internal forecasting |
| 5 | 2015 Western New York Unit Cost Trends | Internal forecasting |
| 6 | 2015 Western New York Utilization Trends | Internal forecasting |
| 7 | 2015 Northeastern New York Unit Cost Trends | Internal forecasting |
| 8 | 2015 Northeastern New York Utilization Trends | Internal forecasting |
| 9 | 2014 Statewide Unit Cost Trends | Weighted sum of (1) and (3) by total allowed dollars in the base data |
| 10 | 2014 Statewide Utilization Trends | Weighted sum of (2) and (4) by total allowed dollars in the base data |
| 11 | 2015 Statewide Unit Cost Trends | Weighted sum of (5) and (7) by total allowed dollars in the base data |
| 12 | 2015 Statewide Utilization Trends | Weighted sum of (6) and (8) by total allowed dollars in the base data |
| 13 | 1/1/2013 Small Group Demographic | January 2013 small group membership |
| 14 | 1/1/2014 Small Group Demographic | January 2014 small group membership |
| 15 | 2014 / 2013 Demographic Change | (14) / (13) - 1 |
| 16 | 2013 Non-System Medical Claims | 2013 small group experience |
| 17 | 2 Year Trend | Internal forecasting |
| 18 | 2015 Non-System Medical Claims | (16) * [1 + (17)] |
| 19 | 2013 Non-System Pharmacy Claims (Rebates) | 2013 small group experience |
| 20 | 2 Year Trend | Internal forecasting |
| 21 | 2015 Non-System Pharmacy Claims (Rebates) | (19) * [1 + (20)] |
| 22 | 2015 Fixed Admin | Internal forecasting |
| 23 | 2015 Variable Admin | Internal forecasting |
| 24 | 2015 Total Admin | (22) + (23) |
| 25 | Membership Distribution: Platinum | HealthNow Data and Internal Forecasting |
| 26 | Membership Distribution: Gold | HealthNow Data and Internal Forecasting |
| 27 | Membership Distribution: Silver | HealthNow Data and Internal Forecasting |
| 28 | Membership Distribution: Bronze / Catastrophic | HealthNow Data and Internal Forecasting |
| 29 | Variable Admin Relativity: Platinum | Internal forecasting |
| 30 | Variable Admin Relativity: Gold | Internal forecasting |
| 31 | Variable Admin Relativity: Silver | Internal forecasting |
| 32 | Variable Admin Relativity: Bronze / Catastrophic | Internal forecasting |
| 33 | 2015 Admin PMPM: Platinum | (23) * (29) + (22) |
| 34 | 2015 Admin PMPM: Gold | (23) * (30) + (22) |
| 35 | 2015 Admin PMPM: Silver | [(22) + (23) - [(25) * (33) + (26) * (34) + (28) * (36)]] / (27) |
| 36 | 2015 Admin PMPM: Bronze / Catastrophic | (23) * (32) + (22) |
| 37 | % Membership w/ Subsidy | OptumHealth |
| 38 | % Membership w/o Subsidy | OptumHealth |
| 39 | w/ Subsidy claims cost relative to Group Non-Exchange | OptumHealth |
| 40 | w/o Subsidy claims cost relative to Group Non-Exchange | OptumHealth |
| 41 | Individual Adjustment Factor | (37) * (39) + (38) * (40) |
| 42 | % Membership Group Off Exchange | Internal forecasting |
| 43 | % Membership Group On Exchange | Internal forecasting |
| 44 | Group Off Exchange claims cost relative to Group Non-Exchange | Set to 1.000. Based period experience represents this population. |
| 45 | Group On Exchange claims cost relative to Group Non-Exchange | OptumHealth |
| 46 | Group On Exchange Adjustment Factor | (42) * (44) + (43) * (45) |
| 47 | Contracts | January 2014 small group membership |
| 48 | Members | January 2014 small group membership |
| 49 | Contract Mix | (47) / Sum(47) |
| 50 | Average Contract Size | (48) / (47) |
| 51 | Tier Factor | NYS DFS |
| 52 | Conversion Factor | SumProduct[(50), (49)] / SumProduct[(51), (49)] |
| 53 | Age 26 Dependent Factor (From Age 19) | HealthNow File & Approve |
| 54 | Age 30 Dependent Factor (From Age 19) | HealthNow File & Approve |
| 55 | Convert From Age 26 to Age 30 | (54) / (53) |
| 56 | NYS DFS Tier Factors | NYS DFS |
| 57 | Original Contract Mix | (49) |
| 58 | Age 26 Revenue Factor | SumProduct[(56), (57)] |
| 59 | Age 30 Revenue Factor | SumProduct[(56), (57)] with the Sub+Child Tier and Family Tiers multiplied by (55) |
| 60 | Group Revenue Increase Factor | (59) / (58) |
| 61 | Final Age 30 Tier Factors | (56) * (60) |
| 62 | Individual Revenue Increase Factor | [ (61)- SumProduct[(56), (57)] for the Single and 2 Person Tiers] / SumProduct[(56), (57)] for the Sub+Child and Family Tiers |
| 63 | Final Age 30 Tier Factors | (56) * (62) |
| 64 | Paid Claims | Trended 2013 small group experience |
| 65 | Actuarial Value | Trended 2013 small group experience paid divided by allowed |
| 66 | Risk Score | Deloitte - NYS DFS Simulation |
| 67 | Normalized Claims | (64) * Statewide (65) / Region specific (65) * Statewide (66) / Region specific (66) |
| 68 | Geographic Factor | Region specific (67) / Statewide (67) |
| 69 | Counties | HealthNow Rating Counties by Region |
| 70 | Weight | Distribution by 2013 Paid PMPMs |
| 71 | Inpatient Weighting Factor | HealthNow Data |
| 72 | Outpatient Weighting Factor | HealthNow Data |
| 73 | Medical Weighting Factor | HealthNow Data |
| 74 | Prescription Drug Weighting Factor | HealthNow Data |
| 75 | Weighted Cost Factor | SumProduct[(70), (71-74)] |
| 76 | Distribution by Claim Type | Distribution by 2013 Total Paid Claims & Internal forecasting |
| 77 | Weighted Product Factor | Local[(75) * (76)] + National [(75) * (76)] |
| 78 | No PCP Required | Internal forecasting |
| 79 | Reduced Medical Management | Internal forecasting |
| 80 | Adjusted Product Factor | (77) * (78) * (79) |
| 81 | Percent of All Claims | 2013 small group experience |
| 82 | Aggregate Factor | Sum of (80) * (81) Across all Product and Region Types |
| 83 | Adjustment to Regional Claims | (80) / (82) |
| 84 | Region #1 Claim Costs | Region #1 (64) * (83) |
| 85 | Region #7 Claim Costs | Region #7 (64) * (83) |
| 86 | Region #1A Claim Costs | Region #1A (64) * (83) |
| 87 | Region #2 Claim Costs | Region #2 (64) * (83) |
| 88 | Region #2A Claim Costs | Region #2A (64) * (83) |
| 89 | Local Experience Period Actuarial Value | (65) |
| 90 | Local Normalized Risk Selection Factor | (66) |
| 91 | 2015 Local Projected Claims PMPM | Region and Product specific (84 - 88) |
| 92 | Local Claims PMPM at Average AV and Risk | Region specific (91) * Statewide (89) / Region Specific (89) * Statewide (90) / Region Specific (90) |

HealthNow New York Inc.
2015 New York State Public Exchange Rate Submission: Individual On Exchange
Exhibit 13 - Formulas
Rates Effective 1/1/2015

**Formulas (Continued):**
Medical + Rx Plans

| Number | Description | Calculation / Source |
|---|---|---|
| 93 | Local Geographic Factor | (92) / Sum(92) |
| 94 | National Experience Period Actuarial Value | (65) |
| 95 | National Normalized Risk Selection Factor | (66) |
| 96 | 2015 National Projected Claims PMPM | Region and Product specific (84 - 88) |
| 97 | National Claims PMPM at Average AV and Risk | Region specific (96) * Statewide (89) / Region Specific (94) * Statewide (90) / Region Specific (95) |
| 98 | National Geographic Factor | (97) / Sum(92) |
| 99 | Tiered Experience Period Actuarial Value | (65) |
| 100 | Tiered Normalized Risk Selection Factor | (66) |
| 101 | 2015 Tiered Projected Claims PMPM | Region and Product specific (84 - 88) |
| 102 | Tiered Claims PMPM at Average AV and Risk | Region specific (101) * Statewide (89) / Region Specific (99) * Statewide (90) / Region Specific (100) |
| 103 | Tiered Tier 1 Savings | Internal forecasting |
| 104 | Tiered % Medical Claims | Sum Inpatient, Outpatient and Medical (70) |
| 105 | Tiered Adjusted Claims PMPM | (1 - (1- (103))*(104) ) * (102) |
| 106 | Tiered Geographic Factor | (105) / Sum(92) |
| 107 | Wrap Local POS Geo Factor | (65) |
| 108 | Wrap Local POS Utilization | (66) |
| 109 | Wrap National PPO Geo Factor | Region and Product specific (84 - 88) |
| 110 | Wrap National PPO Utilization | (109) Normalized by (107) and (108) |
| 111 | Wrap Geographic Factor | (110) / Sum(92) |
| 112 | Base Period Medical Member Months | 2013 small group experience |
| 113 | Base Period Rx Member Months | 2013 small group experience |
| 114 | Index Rate | 2013 small group experience allowed claims PMPM |
| 115 | Experience Period AV | 2013 small group experience paid claims relative to allowed claims |
| 116 | Utilization / 1,000 (2013) | Claim Count * 12000 / (112) |
| 117 | Allowed Unit Cost (2013) | (120) * 12000 / (116) |
| 118 | Cost Share Per Service (2013) | (121) * 12000 / (116) |
| 119 | Copay Utilization (2013) | HealthNow Data |
| 120 | Allowed PMPM (2013) | HealthNow Data |
| 121 | Cost Share PMPM (2013) | HealthNow Data |
| 122 | Paid PMPM (2013) | (120) - (121) |
| 123 | 2014 Annual Unit Cost Trend | (9) |
| 124 | 2014 Annual Utilization Trend | (10) |
| 125 | 2014 Demo Deterioration | (15) |
| 126 | 2015 Annual Unit Cost Trend | (11) |
| 127 | 2015 Annual Utilization Trend | (12) |
| 128 | 2015 Demo Deterioration | Internal forecasting |
| 129 | Utilization / 1,000 (2015) | (116) * [1 + (124)] * [1 + (125)] * [1 + (127)] * [1 + (128)] |
| 130 | Allowed Unit Cost (2015) | (117) * [1 + (123)] * [1 + (126)] |
| 131 | Cost Share Per Service (2015) | [(133) - (134)] / (129) * 12,000 |
| 132 | Copay Utilization (2015) | (119) |
| 133 | Allowed PMPM (2015) | (120) * [1 + (123)] * [1 + (124)] * [1 + (125)] * [1 + (126)] * [1 + (127)] * [1 + (128)] |
| 134 | Paid PMPM (2015) | (122) * [1 + (123)] * [1 + (124)] * [1 + (125)] * [1 + (126)] * [1 + (127)] * [1 + (128)] |
| 135 | INN Medical Paid at Full Coverage | Sum (134) At 0% Coinsurance |
| 136 | Pharmacy Paid Full Coverage | Sum Rx Paid PMPM At 0% Coinsurance |
| 137 | INN Medical Paid (w/ copay / coin only) | Sum (134); At Plan Cost Share (See Rate Manual Benefit Summary) |
| 138 | Pharmacy Paid (w/ copay / coin only) | Sum Rx Paid PMPM; At Plan Cost Share (See Rate Manual Benefit Summary) |
| 139 | Initial AV | 1 - (137 + 138) / (135 + 136) |
| 140 | Total AV (w/ Deductible and OOP added) | 2013 small group experience claims distribution tables |
| 141 | Induced Demand Factor | HHS Derived Factors |
| 142 | Final INN Medical Paid | (135) * [1 - (140)] * (141) |
| 143 | Final INN Pharmacy Paid | (136) * [1 - (140)] * (141) |
| 144 | $250 Wellness Allowance | HealthNow file and approve & Internal forecasting |
| 145 | Non-System Medical Claims | (18) |
| 146 | MSP Receipts | HealthNow calculation provided to New York State DFS |
| 147 | Non-System Pharmacy Claims (Rebates) | (21) |
| 148 | PPACA Insurer Tax | Internal forecasting |
| 149 | CER Fee | 2 / 12 |
| 150 | Reinsurance Contribution | Federal Notice of Benefit and Payment Parameters |
| 151 | Risk Adjustment Operational Fee | 1 / 12 |
| 152 | Internal Admin | Medal Level Specific (33 - 36) |
| 153 | Reinsurance Stop-Loss Recovery | HealthNow data and internal forecasting |
| 154 | Risk Adjustment - Payment / (Receipt) | Deloitte - NYS DFS Simulation |
| 155 | Limited Pharmacy Formulary | Internal forecasting and Express Scripts forecasting |
| 156 | OON Claims | Projected 2015 (plan specific, see Exhibit 1) |
| 157 | Population Adjustment Factor | (41) or (46) |
| 158 | Geographic Adjustment | (93) , (98) , (106) or (111) |
| 159 | Align Network Weighting Factor | Internal forecasting and provider negotiations |
| 160 | Risk Margin | Internal revenue targets and sales strategy |
| 161 | Conversion Factor | (52) |
| 162 | 1/1/2015 Medical PMPM | (164) / (161) |
| 163 | 1/1/2015 Pharmacy PMPM | (165) / (161) |
| 164 | 1/1/2015 Medical Single Rate | [[(142) + (156) + (153) + (154)] * (157) * (158) * (159) * (161) + [(144) + (144) + (145) + (146) + (149) + (150) + (151) + (152) * [(135) / [(135) + (136)]]] * (159) * (161)] / [[1 - (148)] * [1 - (160)]] |
| 165 | 1/1/2015 Pharmacy Single Rate | [(143) * (157) * (158) * (159) * (161) + [(147) + (155) + (152) * [(136) / [(135) + (136)]]] * (159) * (161)] / [1 - (160)] |
| 166 | MLR | [[(142)+ (143) + (156) + (153) + (154)] * (157) * (158) * (159) * (161) + [(144) + (144) + (145) + (146) + (147) + (155)] * (159) * (161)] / [[(164) + (165) ] * [ 1 - (148)] - [(149) + (150) +(151)] * (159) * (161)] |
| 167 | Child Only Tier Factor - Age 26 | NYS DFS |
| 168 | Single Tier Factor - Age 26 | (56) |
| 169 | 2 Person Tier Factor - Age 26 | (56) |
| 170 | Sub + Child(ren) Tier Factor - Age 26 | (56) |
| 171 | Family Tier Factor - Age 26 | (56) |
| 172 | Child Only Medical Rate - Age 26 | (164) * (167) |
| 173 | Single Medical Rate - Age 26 | (164) * (168) |
| 174 | 2 Person Medical Rate - Age 26 | (164) * (169) |
| 175 | Sub + Child(ren) Medical Rate - Age 26 | (164) * (170) |
| 176 | Family Medical Rate - Age 26 | (164) * (171) |
| 177 | Child Only Pharmacy Rate - Age 26 | (165) * (167) |
| 178 | Single Pharmacy Rate - Age 26 | (165) * (168) |
| 179 | 2 Person Pharmacy Rate - Age 26 | (165) * (169) |
| 180 | Sub + Child(ren) Pharmacy Rate - Age 26 | (165) * (170) |
| 181 | Family Pharmacy Rate - Age 26 | (165) * (171) |
| 182 | Single Tier Factor - Age 30 | (61) |
| 183 | 2 Person Tier Factor - Age 30 | (61) |
| 184 | Sub + Child(ren) Tier Factor - Age 30 | (61) |
| 185 | Family Tier Factor - Age 30 | (61) |
| 186 | Single Medical Rate - Age 30 | (164) * (182) |
| 187 | 2 Person Medical Rate - Age 30 | (164) * (183) |
| 188 | Sub + Child(ren) Medical Rate - Age 30 | (164) * (184) |
| 189 | Family Medical Rate - Age 30 | (164) * (185) |
| 190 | Single Pharmacy Rate - Age 30 | (165) * (182) |
| 191 | 2 Person Pharmacy Rate - Age 30 | (165) * (183) |
| 192 | Sub + Child(ren) Pharmacy Rate - Age 30 | (165) * (184) |
| 193 | Family Pharmacy Rate - Age 30 | (165) * (185) |

BlueCross BlueShield
of Western New York

# Exhibit 4.1

# 2014 Broker Commission Schedule and Persistency Bonus Program

Pending NYSDFS Approval

## At BlueCross BlueShield of Western New York, it is our mission in life to enhance the lives of our members.

We are excited to present to you our **Broker Commission Schedule and Persistency Bonus Program for 2014**. We look forward to continued success and value our partnerships with our brokers. We are committed to providing excellence to you and your clients.

If you have any questions regarding BlueCross BlueShield's Broker Commission Schedule and Persistency Bonus Program, please contact our Broker Program Department.

We'd like to take this opportunity to thank you for your dedicated partnership.

Kindest Regards,

Michael G. Conroy
Vice President,
WNY Commercial Group Accounts
BlueCross BlueShield of Western New York

Margaret Anderson
Vice President,
Government Programs

# Commission Schedule

## Qualifications

- For brokers to be considered for compensation on new business they must have been actively involved in the sales process **prior** to a written agreement by the group to offer a BlueCross BlueShield of Western New York (BCBS) product.
- To continue receiving commissions beyond the first year, and for all subsequent years, the broker must complete the renewal process on behalf of BlueCross BlueShield of Western New York.
- Upon receipt of a Broker of Record letter, there will be a 5 day grace period before the BOR will be honored, to provide for comprehensive review and approval. For payment purposes, the broker will become effective on the first day of the month following receipt of notification. The broker will remain in force for a minimum of 30 days.
- A broker's commissions will be protected on new groups in which the broker enacted the initial sale of the group to BlueCross BlueShield for the first 12 months of the contract.
- Upon broker notification of non-payment of commissions, BCBS will only pay commissions retroactively for community rated business up to a maximum of 90 days. For all other funding arrangements, including but not limited to Experience Rated business, BlueCross BlueShield will only pay commissions related to the current and prior plan years.
- Broker commissions will only be paid upon BlueCross BlueShield's receipt of payment of premiums or administrative fees from the group. Broker commissions will cease upon termination of the group with BCBS.

**Please Note:**

- DBC groups, chamber groups, associations and societies are not eligible to receive commissions.
- Individual marketplace membership is not eligible to receive commissions.
- Vision and Dental membership are not eligible to receive commissions.

# Commission Schedule

## Commercial Plans

## New Medical Business

**COMMUNITY RATED Small Group** (under 50 eligible)

| Product | Commission |
|---|---|
| PPO<br>POS<br>HMO | ▸ 3.5% of monthly paid premium for full replacement. |

**COMMUNITY RATED Large Group** (51+ eligible)

| Product | Commission |
|---|---|
| HMO | ▸ Brokers that were receiving 3.5% commissions in 2013 will be converting to a $15 PEPM for 2014.<br>▸ Brokers that were receiving a PEPM payment in 2013 will maintain that PEPM payment level for 2014 and continue to follow the community rated PEPM schedule.<br>▸ New community rated large group business is not eligible for commissions. |

**Important Notes*:***
New Community rated groups with dual offering of competitor's program are not eligible for commissions.

Groups and brokers will be required to attest whether or not BCBS is the sole carrier.

Commission payments for HMO products cannot exceed a total of 4% of the collected premium for each individual group.

**EXPERIENCE RATED**

| Products | Commission |
|---|---|
| All products for each separate account | ▸ 4% on first $250,000 annualized premium.<br>▸ 3.5% on next $500,000 annualized premium.<br>▸ 2% on next $250,000 annualized premium.<br>▸ 1% on next $1.5 million annualized premium.<br>▸ 0.5% on balance.<br>Any deviation from the standard scale must be acknowledged on the group's rate sheet and signed by an officer of the group prior to the group's implementation. |

# Commission Schedule

## Commercial Plans

## New Medical Business (cont.)

BlueCross BlueShield of Western New York

### ALTERNATE FUNDED

| | |
|---|---|
| All products | **Minimum Premium**<br>Commissions on Minimum Premium Funding Arrangements will be calculated based on the standard scale for Experience Rated business (see page 4). Any deviation from the standard scale must be acknowledged on the final, executed rate sheet for the group.<br><br>The commission percentage will be applied to a fully insured premium equivalent (prospective rate), at the time of inception or renewal, to establish a projected commission amount. The amount will then be converted to a per contract per month amount to be paid monthly. Timing of payment will coincide with receipt of payment of the monthly administrative fee.<br><br>**Administrative Services Contract (ASC)**<br>Will be paid on a per contract per month basis with BCBS approval. |

### ADMINISTRATIVE SERVICES ONLY

| | |
|---|---|
| All products | Will be paid on a per contract per month basis with BCBS approval. |

# Commission Schedule
# Broker-of-Record (BOR) Appointment
## Commercial Plans
## Existing Medical Business

BlueCross BlueShield of Western New York

**COMMUNITY RATED (was direct with BCBS or under a chamber, association and/or society prior to BOR.)**

| Group Status | Commission |
|---|---|
| ***With*** previous paid broker | Commission is effective on the first of month following BOR appointment if broker is being paid 3.0% or3.5%. |
| ***Without*** previous paid broker or current paid PEPM | Commissions will be paid according to the following schedule if new small group contract requirements are met:<br><br>Cumulative New Contracts / PEPM* Rate on All Direct Business<br>0 – 24 / $0<br>25 – 149 / $3.75<br>150+ / $7.50<br><br>▸ A new small group is defined as a group consisting of 2-50 eligibles with a community rated product. The new group must not have been insured by BCBS in the previous 12 months.<br>▸ BOR transfers are not eligible to receive commissions on direct business or current paid PEPM until the new contract requirement, noted above, has been met.<br>▸ New contracts in 2011-2013 will carry forward to 2014.<br>▸ Payment will occur on a quarterly basis.<br>▸ New business procured through an Association, Chamber or Society qualifies toward the cumulative new contract total. |

** Per Employee Per Month*

**Important Note:**
Existing community rated groups with dual offering of a competitor's program, currently receiving commissions will be ineligible for further commissions upon renewal unless all competitor offerings are eliminated and BCBS is the sole carrier.

If upon renewal BCBS is the sole-carrier, existing commission percentage will remain in effect.

**EXPERIENCE RATED**

| Group Status | Commission |
|---|---|
| ***With*** previous paid broker | Commission is effective first of month following BOR appointment; pay at previous broker commission level. |
| ***Without*** previous paid broker | Commission is effective at group's renewal, if BOR is received at least 90 days prior to renewal. |

# Commission Schedule

## Commercial Plans

**Important Information Regarding Experience Rated Commissions**

*Calculation:* The first month's bill will be annualized to determine annual premium. This will be applied to the aforementioned scale to calculate the annualized commission. The annualized commission is divided by the annualized premium to determine an average commission percent. The average commission percent is applied to the monthly paid premium.

*Medical:* For groups with 250+ enrolled contracts, the broker has the option to request an adjustment to the BCBS standard commission schedule. Request must be submitted in writing at time of new business and/or renewal quote, and will be honored at BCBS discretion.

# 2014 New Business Bonus Program

## Commercial Plans

**Community Rated Business (under 50 eligible)**

- BCBS will pay an additional $10 per contract per month.
- The additional per contract per month payment will be paid for a period of 12 months from the effective date of the new group.
- The bonus amount will be calculated and paid quarterly.
- Commission payments for HMO products cannot exceed a total of 4% of the collected premium for each individual group.

**Experience Rated Business (over 50 eligible)**

**New Bonus Program for Brokers with > $100 Million in Annual Premium**

| Total Number of New Contracts | Annual Payout |
|---|---|
| 51-100 | $7,500 |
| 101-200 | $20,000 |
| 201-250 | $25,000 |
| 251-499 | $30,000 |
| 500-749 | $50,000 |
| 750-999 | $75,000 |
| 1000-2499 | $100,000 |
| 2500-4999 | $150,000 |
| 5000+ | $250,000 |

# 2014 New Business Bonus Program

## Commercial Plans (Cont.)

BlueCross BlueShield of Western New York

**Qualifications**

- Bonus program only applies to new business effective between January 1, 2014 and December 31, 2014.
- A change in BOR will not be counted toward the bonus program. Groups transitioned from existing business will not be counted toward the bonus program.
- If a broker loses the BOR on a group within the first twelve months of the initial sale of the group, the broker will not be penalized for the loss of the BOR as it relates to the New Business Bonus Program. The group will count towards the total number of new contracts for that broker.
- Payment will be made on a quarterly basis based upon the contract threshold level achieved year-to-date. Brokers will be subject to repayment of bonus to BCBS if contract counts fall below a threshold achieved in prior quarters. The bonus program only applies to eligible groups insured or administered by BlueCross BlueShield of Western New York.
- Any existing group previously under a Chamber, Association or Society that is insured through BlueCross BlueShield will not be considered new business under any circumstance.
- The bonus program does not include business insured or administered by BlueCross BlueShield of Western New York's affiliates or by HealthNow New York, even if it is insured or administered by BlueCross BlueShield of Western New York.

# 2014 Persistency Bonus Program

In 2014, BlueCross BlueShield is offering a persistency bonus program to brokers who successfully help us retain and grow our valued membership.

| Retention Rate for Greater than $100 Million in Premium | PEPM* Payout |
|---|---|
| Less than 92.00% | $0 |
| 92.01% - 93.24% | $.75 |
| 93.25% - 95.99% | $3.25 |
| 96.00% - 97.99% | $4.00 |
| 98.00% - 99.99% | $5.50 |
| 100.00% - 103.99% | $6.50 |
| 104.00% + | $8.00 |

** Per Employee Per Month*

## Requirements for greater than $100 million in premium

- Minimum Book of Business of $100 million of **Insured** Annual Collected Premium from 1/1/14 to 12/31/14. For purposes of meeting this requirement, premiums will include the existing book of business premium, new group premium and premium for new broker of record appointments.
- Minimum of 100 in-force **Insured** groups.
- Must bring in 350 new contracts not currently insured by BCBS.
- Bonus payments are reduced by 50% if new business requirements are not met.

## Retention Calculation

- The retention rate will be calculated based on the beginning membership as of 12/31/13 compared to ending membership on 12/31/14.
- BCBS will include 100% of total new contracts towards membership calculation for the year in calculating the retention rate.
- If a broker loses a group due to a BOR transfer, the group will be removed from both beginning and ending membership.
- A broker will not be penalized upon the transfer of members from a Commercially Insured product to a BlueCross BlueShield Federal group product. The membership will be removed from both the beginning and ending membership.
- If a broker takes over a new BOR on an existing BCBS group and moves the business to a competitor, the membership will be added to the beginning membership of 12/31/13.

# 2014 Persistency Bonus Program (cont.)

BlueCross BlueShield of Western New York

**Payments**

- Payments will be limited to a maximum of $100,000 per group.
- The combination of commission and persistency bonus payments cannot exceed a total of 5% of the collected premium for each individual group. Commission and bonus payment for HMO products cannot exceed 4% of collected premium for each individual group.
- Bonuses will be paid in March of the following year and are subject to regulatory approval.

**Please Note:**

- Any membership in a Chamber group, Association or Society, as well as ASO, alternate funding and Medicare groups, will be excluded from the persistency bonus program.

# Commission Schedule

## Medicare Advantage Plans

The schedule below applies to all Senior Blue HMO and Forever Blue Medicare PPO Group Plans:

| | |
|---|---|
| 1st Year | $10.00 per contract per month |
| 2nd Year | $12.00 per contract per month |
| 3rd Year and thereafter | $15.00 per contract per month |

### Commission Guidelines

- Members must be enrolled in the Medicare Advantage plan ***through an employer group***.
- This schedule of commission is not applicable to direct pay Medicare Advantage members.
- An employer group must consist of a minimum of two applications.
- Enrollees must remain in a Senior Blue HMO or Forever Blue Medicare PPO plan for a minimum of three months.
- Brokers are not eligible for payment on the same member who cancels coverage and re-enrolls in the plan within a three-year period. For example, if a member enrolls, cancels coverage in the second year, and then re-enrolls in the third year, the broker will only be paid for the first year of membership.
- Payments will be made for active contracts, on a quarterly basis, beginning with the quarter after the effective date of the application.

**Please Note:**

- Government-commissioned plans are not included in the Persistency Bonus Program.
- A Broker who takes over a *current* non-brokered Medicare Advantage Group plan that has 400 or more members (contracts) would get paid on any new member growth effective the 1st of the month following receipt of the BOR and would also be eligible for a one time payment of $10,000.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueCross BlueShield of Western New York and the Independent Broker. This schedule is subject to regulatory approval. BlueCross BlueShield of Western New York reserves the right to amend or clarify this schedule at any time.*

BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

# Commission Schedule

## Medicare Plans

The following commission schedule applies to Direct Pay Products:

| | |
|---|---|
| Year 1 | $300 per direct pay new (initial) medical application |
| Year 2-6 | $150 per renewal |

A one-time $75 referral fee is available to brokers appointed with BCBS that result in a new direct pay member. *(Signature form and workflow will be distributed separately.)*

### Commission Guidelines

Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period. For example, if a member enrolls, cancels coverage in the second year and then re-enrolls in the third year, the broker will only be paid only for the first year of membership.

Payments will be made quarterly after the effective date of the application so long as the member is enrolled in one of our Medicare Plans.

Referral fees will be paid quarterly for leads that result in a CMS confirmed enrollment. The member must be enrolled for a minimum of three consecutive months in order for the broker to earn the referral fee.

**Please Note:**
Three month consecutive enrollment does not apply to Medigap.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueCross BlueShield of Western New York and the Independent Broker. This schedule is subject to regulatory approval. BlueCross BlueShield of Western New York reserves the right to amend or clarify this schedule at any time.*

BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association

BlueCross BlueShield
of Western New York

# Exhibit 4.1

# 2014 Broker Commission Schedule and Persistency Bonus Program

Pending NYSDFS Approval

## At BlueCross BlueShield of Western New York, it is our mission in life to enhance the lives of our members.

We are excited to present to you our **Broker Commission Schedule and Persistency Bonus Program for 2014**. We look forward to continued success and value our partnerships with our brokers. We are committed to providing excellence to you and your clients.

If you have any questions regarding BlueCross BlueShield's Broker Commission Schedule and Persistency Bonus Program, please contact our Broker Program Department.

We'd like to take this opportunity to thank you for your dedicated partnership.

Kindest Regards,

Michael G. Conroy
Vice President,
WNY Commercial Group Accounts
BlueCross BlueShield of Western New York

Margaret Anderson
Vice President,
Government Programs

# Commission Schedule

## Qualifications

- For brokers to be considered for compensation on new business they must have been actively involved in the sales process **prior** to a written agreement by the group to offer a BlueCross BlueShield of Western New York (BCBS) product.
- To continue receiving commissions beyond the first year, and for all subsequent years, the broker must complete the renewal process on behalf of BlueCross BlueShield of Western New York.
- Upon receipt of a Broker of Record letter, there will be a 5 day grace period before the BOR will be honored, to provide for comprehensive review and approval. For payment purposes, the broker will become effective on the first day of the month following receipt of notification. The broker will remain in force for a minimum of 30 days.
- A broker's commissions will be protected on new groups in which the broker enacted the initial sale of the group to BlueCross BlueShield for the first 12 months of the contract.
- Upon broker notification of non-payment of commissions, BCBS will only pay commissions retroactively for community rated business up to a maximum of 90 days. For all other funding arrangements, including but not limited to Experience Rated business, BlueCross BlueShield will only pay commissions related to the current and prior plan years.
- Broker commissions will only be paid upon BlueCross BlueShield's receipt of payment of premiums or administrative fees from the group. Broker commissions will cease upon termination of the group with BCBS.

**Please Note:**

- DBC groups, chamber groups, associations and societies are not eligible to receive commissions.
- Individual marketplace membership is not eligible to receive commissions.
- Vision and Dental membership are not eligible to receive commissions.

# Commission Schedule

## Commercial Plans

## New Medical Business

**COMMUNITY RATED Small Group** (under 50 eligible)

| Product | Commission |
|---|---|
| PPO<br>POS<br>HMO | ▸ 3.5% of monthly paid premium for full replacement. |

**COMMUNITY RATED Large Group** (51+ eligible)

| Product | Commission |
|---|---|
| HMO | ▸ Brokers that were receiving 3.5% commissions in 2013 will be converting to a $15 PEPM for 2014.<br>▸ Brokers that were receiving a PEPM payment in 2013 will maintain that PEPM payment level for 2014 and continue to follow the community rated PEPM schedule.<br>▸ New community rated large group business is not eligible for commissions. |

**Important Notes*:***
New Community rated groups with dual offering of competitor's program are not eligible for commissions.

Groups and brokers will be required to attest whether or not BCBS is the sole carrier.

Commission payments for HMO products cannot exceed a total of 4% of the collected premium for each individual group.

**EXPERIENCE RATED**

| Products | Commission |
|---|---|
| All products for each separate account | ▸ 4% on first $250,000 annualized premium.<br>▸ 3.5% on next $500,000 annualized premium.<br>▸ 2% on next $250,000 annualized premium.<br>▸ 1% on next $1.5 million annualized premium.<br>▸ 0.5% on balance.<br>Any deviation from the standard scale must be acknowledged on the group's rate sheet and signed by an officer of the group prior to the group's implementation. |

# Commission Schedule

## Commercial Plans

## New Medical Business (cont.)

BlueCross BlueShield of Western New York

### ALTERNATE FUNDED

| | |
|---|---|
| All products | **Minimum Premium**<br>Commissions on Minimum Premium Funding Arrangements will be calculated based on the standard scale for Experience Rated business (see page 4). Any deviation from the standard scale must be acknowledged on the final, executed rate sheet for the group.<br><br>The commission percentage will be applied to a fully insured premium equivalent (prospective rate), at the time of inception or renewal, to establish a projected commission amount. The amount will then be converted to a per contract per month amount to be paid monthly. Timing of payment will coincide with receipt of payment of the monthly administrative fee.<br><br>**Administrative Services Contract (ASC)**<br>Will be paid on a per contract per month basis with BCBS approval. |

### ADMINISTRATIVE SERVICES ONLY

| | |
|---|---|
| All products | Will be paid on a per contract per month basis with BCBS approval. |

# Commission Schedule
# Broker-of-Record (BOR) Appointment
## Commercial Plans
## Existing Medical Business

BlueCross BlueShield of Western New York

**COMMUNITY RATED (was direct with BCBS or under a chamber, association and/or society prior to BOR.)**

| Group Status | Commission |
|---|---|
| ***With*** previous paid broker | Commission is effective on the first of month following BOR appointment if broker is being paid 3.0% or3.5%. |
| ***Without*** previous paid broker or current paid PEPM | Commissions will be paid according to the following schedule if new small group contract requirements are met:<br><br>Cumulative New Contracts / PEPM* Rate on All Direct Business<br>0 – 24 / $0<br>25 – 149 / $3.75<br>150+ / $7.50<br><br>▸ A new small group is defined as a group consisting of 2-50 eligibles with a community rated product. The new group must not have been insured by BCBS in the previous 12 months.<br>▸ BOR transfers are not eligible to receive commissions on direct business or current paid PEPM until the new contract requirement, noted above, has been met.<br>▸ New contracts in 2011-2013 will carry forward to 2014.<br>▸ Payment will occur on a quarterly basis.<br>▸ New business procured through an Association, Chamber or Society qualifies toward the cumulative new contract total. |

** Per Employee Per Month*

**Important Note:**
Existing community rated groups with dual offering of a competitor's program, currently receiving commissions will be ineligible for further commissions upon renewal unless all competitor offerings are eliminated and BCBS is the sole carrier.

If upon renewal BCBS is the sole-carrier, existing commission percentage will remain in effect.

**EXPERIENCE RATED**

| Group Status | Commission |
|---|---|
| ***With*** previous paid broker | Commission is effective first of month following BOR appointment; pay at previous broker commission level. |
| ***Without*** previous paid broker | Commission is effective at group's renewal, if BOR is received at least 90 days prior to renewal. |

# Commission Schedule

## Commercial Plans

**Important Information Regarding Experience Rated Commissions**

*Calculation:* The first month's bill will be annualized to determine annual premium. This will be applied to the aforementioned scale to calculate the annualized commission. The annualized commission is divided by the annualized premium to determine an average commission percent. The average commission percent is applied to the monthly paid premium.

*Medical:* For groups with 250+ enrolled contracts, the broker has the option to request an adjustment to the BCBS standard commission schedule. Request must be submitted in writing at time of new business and/or renewal quote, and will be honored at BCBS discretion.

# 2014 New Business Bonus Program

## Commercial Plans

**Community Rated Business (under 50 eligible)**

- BCBS will pay an additional $10 per contract per month.
- The additional per contract per month payment will be paid for a period of 12 months from the effective date of the new group.
- The bonus amount will be calculated and paid quarterly.
- Commission payments for HMO products cannot exceed a total of 4% of the collected premium for each individual group.

**Experience Rated Business (over 50 eligible)**

**New Bonus Program for Brokers with < $100 Million in Annual Premium**

| Total Number of New Contracts | Annual Payout |
|---|---|
| 51-100 | $7,500 |
| 101-200 | $15,000 |
| 201-250 | $20,000 |
| 251-499 | $25,000 |
| 500-749 | $50,000 |
| 750-999 | $75,000 |
| 1000-2499 | $100,000 |
| 2500-4999 | $150,000 |
| 5000+ | $250,000 |

# 2014 New Business Bonus Program

## Commercial Plans (Cont.)

BlueCross BlueShield of Western New York

**Qualifications**

- Bonus program only applies to new business effective between January 1, 2014 and December 31, 2014.
- A change in BOR will not be counted toward the bonus program. Groups transitioned from existing business will not be counted toward the bonus program.
- If a broker loses the BOR on a group within the first twelve months of the initial sale of the group, the broker will not be penalized for the loss of the BOR as it relates to the New Business Bonus Program. The group will count towards the total number of new contracts for that broker.
- Payment will be made on a quarterly basis based upon the contract threshold level achieved year-to-date. Brokers will be subject to repayment of bonus to BCBS if contract counts fall below a threshold achieved in prior quarters. The bonus program only applies to eligible groups insured or administered by BlueCross BlueShield of Western New York.
- Any existing group previously under a Chamber, Association or Society that is insured through BlueCross BlueShield will not be considered new business under any circumstance.
- The bonus program does not include business insured or administered by BlueCross BlueShield of Western New York's affiliates or by HealthNow New York, even if it is insured or administered by BlueCross BlueShield of Western New York.

# 2014 Persistency Bonus Program

In 2014, BlueCross BlueShield is offering a persistency bonus program to brokers who successfully help us retain and grow our valued membership.

| Retention Rate for Less than $100 Million in Premium | PEPM* Payout |
|---|---|
| Less than 94.99% | $0 |
| 95.00% - 96.99% | $1.75 |
| 97.00% - 98.49% | $2.50 |
| 98.50% - 100.49% | $4.25 |
| 100.50% - 102.49% | $5.25 |
| 102.50% + | $6.25 |
| | |

* *Per Employee Per Month*

## Requirements for less than $100 million in premium

- Minimum Book of Business of $7.5 million of **Insured** annual collected premium from 1/1/14 to 12/31/14. For purposes of meeting this requirement, premiums will include the existing book of business premium, new group premium and premium for new broker of record appointments.
- Minimum of 25 in-force **Insured** groups.
- Write 5 new, insured groups with a total of 100 contracts. New business requirement will be waived if a total of 250 new contracts are sold.
- Bonus payments are reduced by 50% if new business requirements are not met.

# 2014 Persistency Bonus Program (cont.)

BlueCross BlueShield of Western New York

## Retention Calculation

- The retention rate will be calculated based on the beginning membership as of 12/31/13 compared to ending membership on 12/31/14.
- BCBS will include 100% of total new contracts towards membership calculation for the year in calculating the retention rate.
- If a broker loses a group due to a BOR transfer, the group will be removed from both beginning and ending membership.
- A broker will not be penalized upon the transfer of members from a Commercially Insured product to a BlueCross BlueShield Federal group product. The membership will be removed from both the beginning and ending membership.
- If a broker takes over a new BOR on an existing BCBS group and moves the business to a competitor, the membership will be added to the beginning membership of 12/31/13.

## Payments

- Payments will be limited to a maximum of $100,000 per group.
- The combination of commission and persistency bonus payments cannot exceed a total of 5% of the collected premium for each individual group. Commission and bonus payment for HMO products cannot exceed 4% of collected premium for each individual group.
- Bonuses will be paid in March of the following year and are subject to regulatory approval.

**Please Note:**

- An additional $1.00 will be added to the ending PEPM if a broker retains at least 98% retention on December 31, 2014, for brokers with less than $100 million in premium.
- Any membership in a Chamber group, Association or Society, as well as ASO, alternate funding and Medicare groups, will be excluded from the persistency bonus program.

# Commission Schedule

## Medicare Advantage Plans

The schedule below applies to all Senior Blue HMO and Forever Blue Medicare PPO Group Plans:

| | |
|---|---|
| 1st Year | $10.00 per contract per month |
| 2nd Year | $12.00 per contract per month |
| 3rd Year and thereafter | $15.00 per contract per month |

### Commission Guidelines

- Members must be enrolled in the Medicare Advantage plan ***through an employer group***.
- This schedule of commission is not applicable to direct pay Medicare Advantage members.
- An employer group must consist of a minimum of two applications.
- Enrollees must remain in a Senior Blue HMO or Forever Blue Medicare PPO plan for a minimum of three months.
- Brokers are not eligible for payment on the same member who cancels coverage and re-enrolls in the plan within a three-year period. For example, if a member enrolls, cancels coverage in the second year, and then re-enrolls in the third year, the broker will only be paid for the first year of membership.
- Payments will be made for active contracts, on a quarterly basis, beginning with the quarter after the effective date of the application.

**Please Note:**

- Government-commissioned plans are not included in the Persistency Bonus Program.
- A Broker who takes over a *current* non-brokered Medicare Advantage Group plan that has 400 or more members (contracts) would get paid on any new member growth effective the 1st of the month following receipt of the BOR and would also be eligible for a one time payment of $10,000.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueCross BlueShield of Western New York and the Independent Broker. This schedule is subject to regulatory approval. BlueCross BlueShield of Western New York reserves the right to amend or clarify this schedule at any time.*

BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

# Commission Schedule

## Medicare Plans

The following commission schedule applies to Direct Pay Products:

| | |
|---|---|
| Year 1 | $300 per direct pay new (initial) medical application |
| Year 2-6 | $150 per renewal |

A one-time $75 referral fee is available to brokers appointed with BCBS that result in a new direct pay member. *(Signature form and workflow will be distributed separately.)*

### Commission Guidelines

Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period. For example, if a member enrolls, cancels coverage in the second year and then re-enrolls in the third year, the broker will only be paid only for the first year of membership.

Payments will be made quarterly after the effective date of the application so long as the member is enrolled in one of our Medicare Plans.

Referral fees will be paid quarterly for leads that result in a CMS confirmed enrollment. The member must be enrolled for a minimum of three consecutive months in order for the broker to earn the referral fee.

**Please Note:**
Three month consecutive enrollment does not apply to Medigap.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueCross BlueShield of Western New York and the Independent Broker. This schedule is subject to regulatory approval. BlueCross BlueShield of Western New York reserves the right to amend or clarify this schedule at any time.*

BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association

healthy changes everything®

BlueShield
of Northeastern New York

# 2014 Enhanced Broker Commission Schedule and Bonus Program

5531-A1_NENY_Enhanced_02/14/14.pub

BlueShield
of Northeastern New York

## At BlueShield of Northeastern New York, our mission in life is to enhance the lives of our members.

We are excited to present to you our **Broker Commission Schedule and Bonus Program for 2014**. We value our partnership with you, and are committed to providing excellence to you and your clients.

If you have any questions regarding the Broker Commission Schedule and Bonus Program, please contact our Broker Program Department.

Thank you for your dedicated partnership.

Kindest Regards,

Brian O'Grady
Vice President,
NENY Commercial Group Accounts
BlueShield of Northeastern New York

Margaret Anderson
Vice President,
Government Programs

# Commission Schedule

## Qualifications

- For brokers to be considered for compensation on new business they must have been actively involved in the sales process **prior** to a written agreement by the group to offer a BlueShield of Northeastern New York product.
- Commercial group commission rates apply to business on and off exchange (NYS SHOP).
- To continue receiving commissions beyond the first year, and for all subsequent years, the broker must complete the renewal process on behalf of BlueShield.
- The commission schedule utilized for each group is based on the geographic location of the group's headquarters.
- Upon broker notification of non-payment of commissions, BlueShield will only pay commissions retroactively for community rated business up to a maximum of 90 days. For all other funding arrangements, including but not limited to experience rated business, BlueShield will only pay commissions related to the current and prior plan years.
- Broker commissions will only be paid upon BlueShield's receipt of payment of monthly premiums or administrative fees from the group. Broker commissions will cease upon termination of the group with BlueShield.

**Please Note:**

Direct Bill COBRA groups are not eligible to receive commissions.

# Commission Schedule

BlueShield of Northeastern New York

## Commercial Plans
## New Business

### COMMUNITY RATED

| Rating | Commission |
|---|---|
| Community Rated | ▸ 4% POS, EPO, PPO, HDHP of monthly paid premium.<br>▸ 2% HMO of monthly paid premium. |
| Experience Rated | ▸ 4% of first $250,000 annualized premium.<br>▸ 4.5% on next $500,000 annualized premium.<br>▸ 2.5% on balance. |
| Minimum Premium | **Commissions on Minimum Premium Funding** Arrangements will be calculated based on the standard scale for experience rated business, as noted above. Any deviation from the standard scale must be acknowledged on the final executed rate sheet for the group.<br><br>The commission percentage will be applied to a fully insured premium equivalent (prospective rate), at the time of inception or renewal, to establish a projected commission amount. The amount will then be converted to a per contract per month amount to be paid monthly. Timing of payment will coincide with receipt of payment of the monthly administrative fee. |
| ASO/ASC | Will be paid on a per contract per month basis with BlueShield approval. |

### DENTAL

| Rating | Commission |
|---|---|
| Experience Rated | ▸ 5% on first $10,000 annualized premium.<br>▸ 3.5% on next $15,000 annualized premium.<br>▸ 2% on next $25,000+ annualized premium.<br>▸ 1% on balance. |
| ASO/ASC | Will be paid on a per contract per month basis with BlueShield approval. |

**Important Notes*:***
Direct Bill COBRA groups are not eligible to receive commissions.

Commission payments for HMO products cannot exceed a total of 4% of the collected premium for each individual group.

# Commission Schedule
# Broker of Record (BOR) Appointment

BlueShield of Northeastern New York

## Commercial Plans
## Existing Business

### MEDICAL

| Rating | Commission |
|---|---|
| Community Rated | ▸ 3% POS, EPO, PPO, HDHP.<br>▸ 2% HMO.<br>▸ Effective first of month following BOR appointment. |
| Experience Rated | ***If group had a previous paid broker:*** Commission is effective first of month following BOR appointment; pay at previous broker commission level.<br><br>***If group did not have a previous paid broker:*** Commission is effective at group's renewal, if BOR is received at least 90 days prior to renewal. |

### DENTAL

| Rating | Commission |
|---|---|
| Experience Rated | ***If group had a previous paid broker:*** Commission is effective first of month following BOR appointment; pay at previous broker commission level.<br><br>***If group did not have a previous paid broker:*** Commission is effective at group's renewal, if BOR is received at least 90 days prior to renewal. |

# Commission Schedule

## Commercial Plans

BlueShield of Northeastern New York

**Important information regarding experience rated commissions**

*Calculation:* The first month's bill will be annualized to determine annual premium. This will be applied to the scale shown to calculate the annualized commission. The annualized commission is divided by the annualized premium to determine an average commission percent. The average commission percent is applied to the monthly paid premium.

*Medical:* Brokers have the option to request an adjustment to the BlueShield standard commission schedule. Request must be submitted in writing at the time of new business and/or renewal quote, and will be honored at BlueShield's discretion.

*Dental:* Broker has the option to request an adjustment to BlueShield's standard commission schedule. Request must be submitted in writing at time of new business and/or renewal quote, and will be honored at BlueShield's discretion.

# New Business Bonus Program

## Commercial Plans

**Enhanced New Sales Bonus Program**

| Production | Annual Bonus |
|---|---|
| Less than 100 eligible contracts | $0 |
| 100 contracts | $2,500 |
| 250 contracts | $25,000 |
| 500 contracts | $50,000 |
| 750 contracts | $75,000 |
| 1,000 contracts | $100,000 |
| 1,250 contracts | $125,000 |
| 1,500 contracts | $150,000 |

## Qualifications

- This bonus program only applies to new business, not to renewal business. A minimum threshold of 100 contracts will apply. Eligible business must be effective starting January 1, 2014, but no later than December 15, 2014.
- Minimum Book of Business of $18,000,000 of **insured annual collected premium** from January 1, 2014 to December 31, 2014. For purposes of meeting this requirement, premiums will include the existing book of business premium, new group premium, and premium for new BOR appointments.
- Only group business with 20 or more enrolled contracts are eligible to be included in the bonus program.
- Groups transitioned from existing business will not be counted toward the bonus program.
- A change in BOR will not be counted toward the bonus program.
- To be counted toward the bonus program, the group must be in-force at the time of calculation of payment.
- The bonus program only applies to eligible local groups insured or administered by BlueShield of Northeastern New York.
- New ASO business will be included at a reduced ratio whereby four ASO contracts will be counted as one contract.
- Any existing group previously under a chamber, association, or society that is insured through BlueShield will not be considered a new group under any circumstance.

- The bonus program does not include business insured or administered by BlueShield's affiliates or by HealthNow New York, even if it is insured or administered by BlueShield.
- Payment will be made on a quarterly basis based upon the contract's threshold level achieved year-to-date. Brokers will be subject to repayment of bonuses to BlueShield if contract counts fall below a threshold achieved prior quarters.
- New High Deductible Health Plan (HDHP) business will be included at an enhanced ratio whereby one HDHP contract will be counted as 1.25 contracts. HDHP contracts are defined as any contract from a HSA qualified HDHP with 20 or more enrolled contracts.

**Please Note:**

New business bonus commissions are not payable on chamber groups, associations, or society business.

# Persistency Bonus Program

## Commercial Plans

BlueShield of Northeastern New York

In 2014, BlueShield is offering a persistency bonus program to brokers who successfully help us retain and grow our valued membership.

**Enhanced Persistency Bonus Program**

| Retention Rate | PEPM* Payout |
|---|---|
| Less than 95% | $0 |
| 95% - 96.24% | $1.00 |
| 96.25% - 97.49% | $2.00 |
| 97.5% - 98.74% | $3.00 |
| 98.75% - 99.99% | $4.00 |
| 100% - 101.24% | $5.00 |
| 101.5% - 102.74% | $5.25 |
| 102.75% or more | $5.50 |

** Per Employee Per Month*

### Requirements

- Minimum Book of Business of $18,000,000 of **insured annual collected premium** from January 1, 2014 to December 31, 2014. For purposes of meeting this requirement, premiums will include the existing book of business premium, new group premium, and premium for new BOR appointments.
- Minimum of 50 in-force **insured** groups.
- Write five new, insured groups with a total of 250 contracts.
- Bonus payments are reduced by 50% if new business requirements are not met.

### Retention Calculation

- The retention rate will be calculated based on the beginning membership as of December 31, 2013 compared to ending membership on December 31, 2014.
- BlueShield will include 100% of total new contracts for the year in calculating the retention rate.
- If a broker loses a group due to a BOR transfer, the group will be removed from both beginning and ending membership.
- A broker will not be penalized upon the transfer of members from a commercially insured product to a BlueShield federal group product. The membership will be removed from both the beginning and ending membership.

- Membership for any small community rated group who no longer offers medical insurance to their employees ("dumps coverage") will be removed from both the beginning and ending membership totals. BlueShield will require a letter from the group, on group letterhead verifying this decision.
- If a broker takes over a new BOR on an existing BlueShield group and moves the business to a competitor, the membership will be added to the beginning membership of December 31, 2013.

## Payments

- Maximum payments per group cannot exceed $100,000.
- Consortiums and Trusts will be treated as a single group and payment will be capped at $100,000.
- The combination of commission and persistency bonus payments cannot exceed a total of 5% of the collected premium for each individual group. Commission and bonus payment for HMO products cannot exceed 4% of collected premium for each individual group.
- Bonuses will be paid in March of the following year and are subject to regulatory approval.

**Please Note:**
Any membership under a chamber group, association or society, as well as ASO and Medicare groups, will be excluded from the persistency bonus program.

# 2014 Commission Schedule

## Medicare Advantage Plans

BlueShield of Northeastern New York

The schedule below applies to all Senior Blue HMO and Forever Blue Medicare PPO Group Plans:

| | |
|---|---|
| Year 1 | $10.00 per contract per month |
| Year 2 | $12.00 per contract per month |
| Year 3 | and thereafter $15.00 per contract per month |

### Commission Guidelines

- Members must be enrolled in the Medicare Advantage plan ***through an employer group***.
- This schedule of commission is not applicable to direct pay Medicare Advantage members.
- An employer group must consist of a minimum of two applications.
- Enrollees must remain in a Senior Blue HMO or Forever Blue Medicare PPO plan for a minimum of three months.
- Brokers are not eligible for payment on the same member who cancels coverage and *re-enters the plan during a three-year period. For example, if a member enrolls, cancels* coverage in the second year and then re-enrolls in the third year, the broker will only be paid for the first year of membership.
- Payments will be made for active contracts, on a quarterly basis, beginning with the quarter after the effective date of the application.

**Please Note:**
Government-commissioned plans are not included in the Persistency Bonus Program.

A broker who takes over a *current* non-brokered Medicare Advantage Group plan that has 150 or more members (contracts) would get paid on any new member growth effective the 1st of the month following receipt of the BOR and would also be eligible for a one-time payment of $10,000 while maintaining one year exclusivity for the book of business.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueShield of Northeastern New York and the Independent Broker. This schedule is subject to regulatory approval. BlueShield of Northeastern New York reserves the right to amend or clarify this schedule at any time.*

BlueShield of Northeastern New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

# 2014 Commission Schedule

## Medicare Plans

The following commission schedule applies to Direct Pay Products:

| | |
|---|---|
| Year 1 | $300 per direct pay new (initial) medical application |
| Year 2-6 | $150 per renewal |

A one-time $75 referral fee is available to brokers appointed with BlueShield that result in a new direct pay member. *(Signature form and workflow will be distributed separately.)*

Override $75 per contract (new and renewal for special broker agreement).

### Commission Guidelines

Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period. For example, if a member enrolls, cancels coverage in the second year and then re-enrolls in the third year, the broker will only be paid only for the first year of membership.

Payments will be made quarterly after the effective date of the application so long as the member is enrolled in one of our Medicare plans.

Referral fees will be paid quarterly for leads that result in a Center for Medicare and Medicaid Services (CMS) confirmed enrollment. The member must be enrolled for a minimum of three consecutive months in order for the broker to earn the referral fee.

**Please Note:**
Three month consecutive enrollment does not apply to Medigap.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueShield of Northeastern New York and the Independent Broker. This schedule is subject to regulatory approval. BlueShield of Northeastern New York reserves the right to amend or clarify this schedule at any time.*

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BlueShield of Northeastern New York

# 2014 Standard Broker Commission Schedule and Bonus Program

5531-A_NENY_Standard_02/14/14.pub

BlueShield
of Northeastern New York

## At BlueShield of Northeastern New York, our mission in life is to enhance the lives of our members.

We are excited to present to you our **Broker Commission Schedule and Bonus Program for 2014**. We value our partnership with you, and are committed to providing excellence to you and your clients.

If you have any questions regarding the Broker Commission Schedule and Bonus Program, please contact our Broker Program Department.

Thank you for your dedicated partnership.

Kindest Regards,

Brian O'Grady
Vice President,
NENY Commercial Group Accounts
BlueShield of Northeastern New York

Margaret Anderson
Vice President,
Government Programs

# Commission Schedule

## Qualifications

- For brokers to be considered for compensation on new business they must have been actively involved in the sales process **prior** to a written agreement by the group to offer a BlueShield of Northeastern New York product.
- Commercial group commission rates apply to business on and off exchange (NYS SHOP).
- To continue receiving commissions beyond the first year, and for all subsequent years, the broker must complete the renewal process on behalf of BlueShield.
- The commission schedule utilized for each group is based on the geographic location of the group's headquarters.
- Upon broker notification of non-payment of commissions, BlueShield will only pay commissions retroactively for community rated business up to a maximum of 90 days. For all other funding arrangements, including but not limited to experience rated business, BlueShield will only pay commissions related to the current and prior plan years.
- Broker commissions will only be paid upon BlueShield's receipt of payment of monthly premiums or administrative fees from the group. Broker commissions will cease upon termination of the group with BlueShield.

**Please Note:**

Direct Bill COBRA groups are not eligible to receive commissions.

# Commission Schedule

BlueShield of Northeastern New York

## Commercial Plans
## New Business

### COMMUNITY RATED

| Rating | Commission |
|---|---|
| Community Rated | ▸ 4% POS, EPO, PPO, HDHP of monthly paid premium.<br>▸ 2% HMO of monthly paid premium. |
| Experience Rated | ▸ 4% of first $250,000 annualized premium.<br>▸ 4.5% on next $500,000 annualized premium.<br>▸ 2.5% on balance. |
| Minimum Premium | **Commissions on Minimum Premium Funding** Arrangements will be calculated based on the standard scale for experience rated business, as noted above. Any deviation from the standard scale must be acknowledged on the final executed rate sheet for the group.<br><br>The commission percentage will be applied to a fully insured premium equivalent (prospective rate), at the time of inception or renewal, to establish a projected commission amount. The amount will then be converted to a per contract per month amount to be paid monthly. Timing of payment will coincide with receipt of payment of the monthly administrative fee. |
| ASO/ASC | Will be paid on a per contract per month basis with BlueShield approval. |

### DENTAL

| Rating | Commission |
|---|---|
| Experience Rated | ▸ 5% on first $10,000 annualized premium.<br>▸ 3.5% on next $15,000 annualized premium.<br>▸ 2% on next $25,000+ annualized premium.<br>▸ 1% on balance. |
| ASO/ASC | Will be paid on a per contract per month basis with BlueShield approval. |

**Important Notes*:***
Direct Bill COBRA groups are not eligible to receive commissions.

Commission payments for HMO products cannot exceed a total of 4% of the collected premium for each individual group.

# Commission Schedule
# Broker of Record (BOR) Appointment

BlueShield of Northeastern New York

## Commercial Plans
## Existing Business

### MEDICAL

| Rating | Commission |
|---|---|
| Community Rated | ▸ 3% POS, EPO, PPO, HDHP.<br>▸ 2% HMO.<br>▸ Effective first of month following BOR appointment. |
| Experience Rated | ***If group had a previous paid broker:*** Commission is effective first of month following BOR appointment; pay at previous broker commission level.<br><br>***If group did not have a previous paid broker:*** Commission is effective at group's renewal, if BOR is received at least 90 days prior to renewal. |

### DENTAL

| Rating | Commission |
|---|---|
| Experience Rated | ***If group had a previous paid broker:*** Commission is effective first of month following BOR appointment; pay at previous broker commission level.<br><br>***If group did not have a previous paid broker:*** Commission is effective at group's renewal, if BOR is received at least 90 days prior to renewal. |

# Commission Schedule

## Commercial Plans

BlueShield of Northeastern New York

**Important information regarding experience rated commissions**

*Calculation:* The first month's bill will be annualized to determine annual premium. This will be applied to the scale shown to calculate the annualized commission. The annualized commission is divided by the annualized premium to determine an average commission percent. The average commission percent is applied to the monthly paid premium.

*Medical:* Brokers have the option to request an adjustment to the BlueShield standard commission schedule. Request must be submitted in writing at the time of new business and/or renewal quote, and will be honored at BlueShield's discretion.

*Dental:* Broker has the option to request an adjustment to BlueShield's standard commission schedule. Request must be submitted in writing at time of new business and/or renewal quote, and will be honored at BlueShield's discretion.

# New Business Bonus Program

## Commercial Plans

**Standard New Sales Bonus Program**

| Production | Annual Bonus |
|---|---|
| Less than 100 eligible contracts | $0 |
| 100 contracts | $2,500 |
| 250 contracts | $25,000 |
| 500 contracts | $50,000 |
| 750 contracts | $75,000 |
| 1,000 contracts | $100,000 |

## Qualifications

- This bonus program only applies to new business, not to renewal business. A minimum threshold of 100 contracts will apply. Eligible business must be effective starting January 1, 2014, but no later than December 15, 2014.
- Only group business with 20 or more enrolled contracts are eligible to be included in the bonus program.
- Groups transitioned from existing business will not be counted toward the bonus program.
- A change in BOR will not be counted toward the bonus program.
- To be counted toward the bonus program, the group must be in-force at the time of calculation of payment.
- The bonus program only applies to eligible local groups insured or administered by BlueShield of Northeastern New York.
- New ASO business will be included at a reduced ratio whereby four ASO contracts will be counted as one contract.
- Any existing group previously under a chamber, association, or society that is insured through BlueShield will not be considered a new group under any circumstance.
- The bonus program does not include business insured or administered by BlueShield's affiliates or by HealthNow New York, even if it is insured or administered by BlueShield.
- Payment will be made on a quarterly basis based upon the contract's threshold level achieved year-to-date. Brokers will be subject to repayment of bonuses to BlueShield if contract counts fall below a threshold achieved prior quarters.

- New High Deductible Health Plan (HDHP) business will be included at an enhanced ratio whereby one HDHP contract will be counted as 1.25 contracts. HDHP contracts are defined as any contract from a HSA qualified HDHP with 20 or more enrolled contracts.

**Please Note:**

New business bonus commissions are not payable on chamber groups, associations, or society business.

# Persistency Bonus Program

## Commercial Plans

BlueShield of Northeastern New York

In 2014, BlueShield is offering a persistency bonus program to brokers who successfully help us retain and grow our valued membership.

**Standard Persistency Bonus Program**

| Retention Rate | PEPM* Payout |
|---|---|
| Less than 95% | $0 |
| 95% - 96.49% | $1.00 |
| 96.5% - 97.99% | $2.00 |
| 98% - 99.49% | $3.00 |
| 99.5% - 100.99% | $4.00 |
| 101% or more | $5.00 |

** Per Employee Per Month*

### Requirements

- Minimum Book of Business of $6,000,000 of **insured annual collected premium** from January 1, 2014 to December 31, 2014. For purposes of meeting this requirement, premiums will include the existing book of business premium, new group premium, and premium for new BOR appointments.
- Minimum of 20 in-force **insured** groups.
- Write five new, insured groups with a total of 100 contracts. New business requirement will be waived if a total of 250 new contracts are sold.
- Bonus payments are reduced by 50% if new business requirements are not met.

### Retention Calculation

- The retention rate will be calculated based on the beginning membership as of December 31, 2013 compared to ending membership on December 31, 2014.
- BlueShield will include 75% of total new contracts for the year in calculating the retention rate.
- If a broker loses a group due to a BOR transfer, the group will be removed from both beginning and ending membership.
- A broker will not be penalized upon the transfer of members from a commercially insured product to a BlueShield federal group product. The membership will be removed from both the beginning and ending membership.

- Membership for any small community rated group who no longer offers medical insurance to their employees ("dumps coverage") will be removed from both the beginning and ending membership totals. BlueShield will require a letter from the group, on group letterhead verifying this decision.
- If a broker takes over a new BOR on an existing BlueShield group and moves the business to a competitor, the membership will be added to the beginning membership of December 31, 2013.

## Payments

- Maximum payments per group cannot exceed $100,000.
- Consortiums and Trusts will be treated as a single group and payment will be capped at $100,000.
- The combination of commission and persistency bonus payments cannot exceed a total of 5% of the collected premium for each individual group. Commission and bonus payment for HMO products cannot exceed 4% of collected premium for each individual group.
- Bonuses will be paid in March of the following year and are subject to regulatory approval.

**Please Note:**
Any membership under a chamber group, association or society, as well as ASO and Medicare groups, will be excluded from the persistency bonus program.

# 2014 Commission Schedule

## Medicare Advantage Plans

BlueShield of Northeastern New York

The schedule below applies to all Senior Blue HMO and Forever Blue Medicare PPO Group Plans:

| | |
|---|---|
| Year 1 | $10.00 per contract per month |
| Year 2 | $12.00 per contract per month |
| Year 3 | and thereafter $15.00 per contract per month |

### Commission Guidelines

- Members must be enrolled in the Medicare Advantage plan ***through an employer group***.
- This schedule of commission is not applicable to direct pay Medicare Advantage members.
- An employer group must consist of a minimum of two applications.
- Enrollees must remain in a Senior Blue HMO or Forever Blue Medicare PPO plan for a minimum of three months.
- Brokers are not eligible for payment on the same member who cancels coverage and *re-enters the plan during a three-year period. For example, if a member enrolls, cancels* coverage in the second year and then re-enrolls in the third year, the broker will only be paid for the first year of membership.
- Payments will be made for active contracts, on a quarterly basis, beginning with the quarter after the effective date of the application.

**Please Note:**
Government-commissioned plans are not included in the Persistency Bonus Program.

A broker who takes over a *current* non-brokered Medicare Advantage Group plan that has 150 or more members (contracts) would get paid on any new member growth effective the 1st of the month following receipt of the BOR and would also be eligible for a one-time payment of $10,000 while maintaining one year exclusivity for the book of business.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueShield of Northeastern New York and the Independent Broker. This schedule is subject to regulatory approval. BlueShield of Northeastern New York reserves the right to amend or clarify this schedule at any time.*

BlueShield of Northeastern New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

# 2014 Commission Schedule

## Medicare Plans

BlueShield of Northeastern New York

The following commission schedule applies to Direct Pay Products:

| | |
|---|---|
| Year 1 | $300 per direct pay new (initial) medical application |
| Year 2-6 | $150 per renewal |

A one-time $75 referral fee is available to brokers appointed with BlueShield that result in a new direct pay member. *(Signature form and workflow will be distributed separately.)*

Override $75 per contract (new and renewal for special broker agreement).

### Commission Guidelines

Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period. For example, if a member enrolls, cancels coverage in the second year and then re-enrolls in the third year, the broker will only be paid only for the first year of membership.

Payments will be made quarterly after the effective date of the application so long as the member is enrolled in one of our Medicare plans.

Referral fees will be paid quarterly for leads that result in a Center for Medicare and Medicaid Services (CMS) confirmed enrollment. The member must be enrolled for a minimum of three consecutive months in order for the broker to earn the referral fee.

**Please Note:**
Three month consecutive enrollment does not apply to Medigap.

***Important Note:*** *Payment of commissions shall be exclusively governed by the terms of the applicable contract between BlueShield of Northeastern New York and the Independent Broker. This schedule is subject to regulatory approval. BlueShield of Northeastern New York reserves the right to amend or clarify this schedule at any time.*

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HealthNow
HealthNow New York Inc.

# Medicare Advantage Group Plans

The schedule below applies to all Medicare Advantage Group Plans:

| | |
|---|---|
| Year 1 | $10.00 per contract per month |
| Year 2 | $12.00 per contract per month |
| Year 3 | and thereafter $15.00 per contract per month |

## Commission Guidelines

- Members must be enrolled in the Medicare Advantage plan ***through an employer group***.
- This schedule of commission is not applicable to direct pay Medicare Advantage members.
- An employer group must consist of a minimum of two applications.
- Enrollees must remain in a Medicare Advantage plan for a minimum of three months.
- Brokers are not eligible for payment on the same member who cancels coverage and *re-enters the plan during a three-year period. For example, if a member enrolls, cancels* coverage in the second year and then re-enrolls in the third year, the broker will only be paid for the first year of membership.
- Payments will be made for active contracts, on a quarterly basis, beginning with the quarter after the effective date of the application.

**Please Note:**
Government-commissioned plans are not included in the Persistency Bonus Program.

**Important Note:** Payment of commissions shall be exclusively governed by the terms of the applicable contract between HealthNow New York Inc. and the independent broker. This schedule is subject to regulatory approval. HealthNow New York Inc. reserves the right to amend or clarify this schedule at any time.

HealthNow
HealthNow New York Inc.

# 2014 Medicare Plan Commission Schedule for Indivdiual Agents

**Direct Pay Medicare Advantage**

| | Initial Year 1 | Renewal Years 2-6 |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $425 | $213 |
| Prescription Drug Plan (PDP) | $40 | $20 |

**Medicare Supplement Products**

| | Years 1-6 |
|---|---|
| Plans B,C,E,F | $300 |
| Plans A,F+,H | $150 |

**Commission Guidelines**

- The agent must remain in good standing with HealthNow New York to receive initial and renewal commissions. The agent must:
  - maintain an active sales license,
  - be appointed by HealthNow, and
  - complete the annual Medicare certification and product training for HealthNow Medicare Advantage and Part D plans with a passing score of at least 90% or greater.

- This commission schedule applies to Medicare Advantage (MA), Medicare Advantage - Prescription Drug (MAPD), Medicare Part D (PDP), and Medicare Supplement enrollment.

- Agents who enroll a beneficiary in a HealthNow MA, MA-PD, PDP, or Medicare Supplement plan with an effective date between Jan. 1, 2014 through Dec. 31, 2014, will be paid a lump sum equal to the annual commission rate following the enrollment.
  - The lump sum will be based on whether the business qualifies as initial or renewal business.

- Renewal compensation rates are based on member's original effective date.
  - Existing business that renews will continue to be compensated based on the renewal schedule that was in place at the time of initial enrollment.

- Renewal compensation for direct pay Medicare Advantage is also paid when a beneficiary enrolls in a "like plan type" (a different plan within the same organization) following the initial year of enrollment.

- Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period.
  - Example: If a member enrolls and cancels coverage in the second year, and then re-enrolls in the third year, you will only be paid for the first year's membership.

- HealthNow is required to recover all commission payments when a beneficiary disenrolls from our plans within the first three months, or 90 days of enrollment.

- The agent is responsible to understand and comply with all CMS requirements for sales and marketing, including all sales materials, and to remain informed on all rules and regulations provided to them by HealthNow in regards to Medicare Advantage and/or Part D products.

*The Override Commission only applies to certain agents/brokers.

**Important Note:** Payment of commissions shall be exclusively governed by the terms of the applicable contract between HealthNow New York Inc. and the independent broker. This schedule is subject to regulatory approval. HealthNow New York Inc. reserves the right to amend or clarify this schedule at any time.

HealthNow
HealthNow New York Inc.

# 2014 Medicare Plan Commission Schedule for Tier 1 Brokers

**Direct Pay Medicare Advantage**

| | **Initial Year 1** | **Renewal Years 2-6** |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $425 | $213 |
| Prescription Drug Plan (PDP) | $40 | $20 |

**Medicare Supplement Products**

| | **Years 1-6** |
|---|---|
| Plans B,C,E,F | $300 |
| Plans A,F+,H | $150 |

**Override Commission** (special broker agreement)

| | **Initial Year 1** | **Renewal Years 2-6** |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $150 | $75 |
| Medicare Supplement | $75 | $75 |
| Prescription Drug Plan (PDP) | $10 | $5 |

**Commission Guidelines**

- The  must remain in good standing with HealthNow New York to receive initial and renewal commissions. The agent must:
  - maintain an active sales license,
  - be appointed by HealthNow, and
  - complete the annual Medicare certification and product training for HealthNow Medicare Advantage and Part D plans with a passing score of at least 90% or greater.

- This commission schedule (including with respect to Override Commission*) applies to Medicare Advantage (MA), Medicare Advantage -Prescription Drug (MAPD), Medicare Part D (PDP), and Medicare Supplement enrollment.

- Agents who enroll a beneficiary in a HealthNow MA, MA-PD, PDP, or Medicare Supplement plan with an effective date between Jan. 1, 2014 through Dec. 31, 2014, will be paid a lump sum equal to the annual commission rate following the enrollment.
  - The lump sum will be based on whether the business qualifies as initial or renewal business.

- Renewal compensation rates are based on member's original effective date.
  - Existing business that renews will continue to be compensated based on the renewal schedule that was in place at the time of initial enrollment.

- Renewal compensation for direct pay Medicare Advantage is also paid when a beneficiary enrolls in a "like plan type" (a different plan within the same organization) following the initial year of enrollment.

- Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period.
  - Example: If a member enrolls and cancels coverage in the second year, and then re-enrolls in the third year, you will only be paid for the first year's membership.

- HealthNow is required to recover all commission payments when a beneficiary disenrolls from our plans within the first three months, or 90 days of enrollment.

- The agent is responsible to understand and comply with all CMS requirements for sales and marketing, including all sales materials, and to remain informed on all rules and regulations provided to them by HealthNow in regards to Medicare Advantage and/or Part D products.

*The Override Commission only applies to certain agents/brokers.

**Important Note:** Payment of commissions shall be exclusively governed by the terms of the applicable contract between HealthNow New York Inc. and the independent broker. This schedule is subject to regulatory approval. HealthNow New York Inc. reserves the right to amend or clarify this schedule at any time.

HealthNow
HealthNow New York Inc.

# 2014 Medicare Plan Commission Schedule for Tier 2 Brokers

**Direct Pay Medicare Advantage**

| | **Initial Year 1** | **Renewal Years 2-6** |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $425 | $213 |
| Prescription Drug Plan (PDP) | $40 | $20 |

**Medicare Supplement Products**

| | **Years 1-6** |
|---|---|
| Plans B,C,E,F | $300 |
| Plans A,F+,H | $150 |

**Override Commission** (special broker agreement)

| | **Initial Year 1** | **Renewal Years 2-6** |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $100 | $75 |
| Medicare Supplement | $75 | $75 |
| Prescription Drug Plan (PDP) | $10 | $5 |

**Commission Guidelines**

- The general agent must remain in good standing with HealthNow New York to receive initial and renewal commissions. The agent must:
  - maintain an active sales license,
  - be appointed by HealthNow, and
  - complete the annual Medicare certification and product training for HealthNow Medicare Advantage and Part D plans with a passing score of at least 90% or greater.

- This commission schedule (including with respect to Override Commission*) applies to Medicare Advantage (MA), Medicare Advantage -Prescription Drug (MAPD), Medicare Part D (PDP), and Medicare Supplement enrollment.

- General agents who enroll a beneficiary in a HealthNow MA, MA-PD, PDP, or Medicare Supplement plan with an effective date between Jan. 1, 2014 through Dec. 31, 2014, will be paid a lump sum equal to the annual commission rate following the enrollment.
  - The lump sum will be based on whether the business qualifies as initial or renewal business.

- Renewal compensation rates are based on member's original effective date.
  - Existing business that renews will continue to be compensated based on the renewal schedule that was in place at the time of initial enrollment.

- Renewal compensation for direct pay Medicare Advantage is also paid when a beneficiary enrolls in a "like plan type" (a different plan within the same organization) following the initial year of enrollment.

- Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period.
  - Example: If a member enrolls and cancels coverage in the second year, and then re-enrolls in the third year, you will only be paid for the first year's membership.

- HealthNow is required to recover all commission payments when a beneficiary disenrolls from our plans within the first three months, or 90 days of enrollment.

- The general agent is responsible to understand and comply with all CMS requirements for sales and marketing, including all sales materials, and to remain informed on all rules and regulations provided to them by HealthNow in regards to Medicare Advantage and/or Part D products.

*The Override Commission only applies to certain agents/brokers.

**Important Note:** Payment of commissions shall be exclusively governed by the terms of the applicable contract between HealthNow New York Inc. and the independent broker. This schedule is subject to regulatory approval. HealthNow New York Inc. reserves the right to amend or clarify this schedule at any time.

HealthNow
HealthNow New York Inc.

# 2014 Medicare Plan Commission Schedule for Tier 3 Brokers

**Direct Pay Medicare Advantage**

| | **Initial Year 1** | **Renewal Years 2-6** |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $425 | $213 |
| Prescription Drug Plan (PDP) | $40 | $20 |

**Medicare Supplement Products**

| | **Years 1-6** |
|---|---|
| Plans B,C,E,F | $300 |
| Plans A,F+,H | $150 |

**Override Commission** (special broker agreement)

| | **Initial Year 1** | **Renewal Years 2-6** |
|---|---|---|
| Medicare Advantage (MSA,HMO-POS) | $75 | $75 |
| Medicare Supplement | $75 | $75 |
| Prescription Drug Plan (PDP) | $10 | $5 |

**Commission Guidelines**

- The  must remain in good standing with HealthNow New York to receive initial and renewal commissions. The agent must:
  - maintain an active sales license,
  - be appointed by HealthNow, and
  - complete the annual Medicare certification and product training for HealthNow Medicare Advantage and Part D plans with a passing score of at least 90% or greater.

- This commission schedule (including with respect to Override Commission*) applies to Medicare Advantage (MA), Medicare Advantage -Prescription Drug (MAPD), Medicare Part D (PDP), and Medicare Supplement enrollment.

- Agents who enroll a beneficiary in a HealthNow MA, MA-PD, PDP, or Medicare Supplement plan with an effective date between Jan. 1, 2014 through Dec. 31, 2014, will be paid a lump sum equal to the annual commission rate following the enrollment.
  - The lump sum will be based on whether the business qualifies as initial or renewal business.

- Renewal compensation rates are based on member's original effective date.
  - Existing business that renews will continue to be compensated based on the renewal schedule that was in place at the time of initial enrollment.

- Renewal compensation for direct pay Medicare Advantage is also paid when a beneficiary enrolls in a "like plan type" (a different plan within the same organization) following the initial year of enrollment.

- Brokers are not eligible for payment for members who cancel coverage and re-enter the plan over a three-year period.
  - Example: If a member enrolls and cancels coverage in the second year, and then re-enrolls in the third year, you will only be paid for the first year's membership.

- HealthNow is required to recover all commission payments when a beneficiary disenrolls from our plans within the first three months, or 90 days of enrollment.

- The agent is responsible to understand and comply with all CMS requirements for sales and marketing, including all sales materials, and to remain informed on all rules and regulations provided to them by HealthNow in regards to Medicare Advantage and/or Part D products.

*The Override Commission only applies to certain agents/brokers.

**Important Note:** Payment of commissions shall be exclusively governed by the terms of the applicable contract between HealthNow New York Inc. and the independent broker. This schedule is subject to regulatory approval. HealthNow New York Inc. reserves the right to amend or clarify this schedule at any time.

# BlueCross BlueShield of Western New York
# Group Underwriting Guidelines

**Effective January 1, 2014**

Table of Contents


| | | |
|---|---|---|
| **1.0** | **Group Documentation** | **4** |
| **2.0** | **Employee Documentation for Group Coverage** | **4** |
| **3.0** | **Individual Market and Individual Documentation** | **5** |
| **4.0** | **Chambers of Commerce/Association Groups (Small Group Only)** | **5** |
| **5.0** | **Group Participation, Location, and Contribution Requirements** | **5** |
| **6.0** | **Open Enrollment Policies** | **7** |
| **7.0** | **Product Offerings** | **8** |
| **8.0** | **Transition from Community Rating to Experience Rating (Large Group Only)** | **8** |
| **9.0** | **Transition from Experience Rating to Community Rating (Large Group Only)** | **8** |
| **10.0** | **General Group Renewal** | **8** |

## Terms and Abbreviations

Article 43 – Trad, PPO, EPO, POS

Article 44 – HMO[a]

BlueCross BlueShield – Blue Cross Blue Shield of Western New York

EPO – Exclusive Provider Organization

HDHP – High Deductible Health Plan

HMO – Health Maintenance Organization

MC – Managed Care

POS – Point of Service

PPO – Preferred Provider Organization

Trad – Traditional Indemnity Product

a – Also includes HMO-based products with out of network benefits

## 1.0 Group Documentation

**NOTE: All documentation must be received and verified before any coverage is issued**

1.1 The group must produce documentation at time of enrollment that proves existence and active involvement in doing business. Groups must have a physical location in our service area. We require a physical address (not a P.O. Box) for a group address.

### Table 1: Forms of Documentation

| Required Documentation[a] | Alternate Forms of Documentation[b] | |
|---|---|---|
| **NYS-45** | • **Schedule C**<br>• **Schedule E**<br>• **Schedule F**<br>• **Schedule K-1**<br>• **Schedule 1065** | • **Schedule 1120 C**<br>• **Schedule 1120 E**<br>• **Schedule 1120 S**<br>• **Form IT-204** |
| Documentation for new businesses may include a copy of a business bank statement, a cancelled business check, assignment of an EIN number, or other appropriate tax documents that demonstrate eligibility.[c] | | |

[a] Additional documentation may be required to prove eligibility of new subscribers. People not listed on the most recent ATT-45 form will not be accepted for group coverage from BCBSWNY unless alternate documentation is submitted. For new employees, alternate documentation may include the last 2 weeks of pay stubs or a copy of the group's payroll including payroll for those new employees. For COBRA and retirees, the last applicable NYS-45, payroll, or pension records will be accepted to establish eligibility.

[b] If a NYS-45 is not available, these alternate forms or any combination thereof may be accepted in lieu of the required documentation. In such instances, a NYS-45 will be required within 90 days.

[c] Two months of premium must be submitted on a company check with the enrollment paperwork and subscriber applications to Underwriting for approval prior to enrollment.

1.2 All new groups may be subject to an on-site inspection by a BlueCross BlueShield Representative prior to the initial enrollment in order to qualify the group's ability to meet BlueCross BlueShield Group Eligibility Requirements.

1.3 The employees of a multiple location group within the BlueCross BlueShield service area may be combined to determine the size of the group. Employees in locations outside of the BlueCross BlueShield service area will be counted in determining group size if they are eligible for BlueCross BlueShield coverage. If requested, a multiple location group purchasing coverage can enroll only the employees who reside within the BlueCross BlueShield service area and only in products that adhere to the guidelines set forth in Table 2. These groups must have a facility or office in the service area. The facility or office may be classified as a separate and distinct entity.

1.4 Certain definable segments in a group may be considered for enrollment as a group when all other Employer-Employee Eligibility requirements are met and the request is from the group. A segment of a group is defined as a classification of employees from a group who are clearly distinguished from all other employees for reasons other than obtaining BlueCross BlueShield health insurance coverage. For example: all salaried employees, all hourly employees, all employees in a specific location, employees of distinct entities acquired by merger or any combination of these segments.

## 2.0 Employee Documentation for Group Coverage

**NOTE: Employee documentation may be requested at any time and is subject to verification**

2.1 Upon request, the group will be required to provide verification that all persons electing group coverage are actually employed by the group.

2.2 Full time employees or part time employees working a minimum of 20 hours per week or more for six or more months per year are eligible for coverage. Groups may choose to impose a higher requirement for hours for part time employees.

2.3 Partners, shareholders, officers, owners, directors, and proprietors will be eligible only when devoting their services on a full-time basis to the business by working a minimum of 20 hours per week. These individuals must supply evidence that they work 20 hours per week, such as pay stubs, draws on a company account in lieu of payroll, and/or personal income tax records.

2.4 Retiree coverage:

- Retirees are persons previously employed by the group immediately prior to the time they cease to be an active employee.
- If a group desires to offer coverage to its retirees as well as the currently active employees, we will insure the retirees as well as the active employees.
- [Commercial Products Only] If a group has coverage for both active employees and retirees and opts to terminate coverage for the active employees, the retiree coverage will also be terminated.
- In situations where dual carriers exist, both are required by law to offer plans to retirees in accordance with the requirements set forth in Table 2.
- The employer must make some contribution to the cost of retiree coverage except if the employer makes no contribution to the cost of active employee coverage.
- Groups may be required, upon request, to provide proof that the retirees were in fact previously active employees of the group immediately before retirement.
- New groups which consist solely of retirees will not be offered coverage.

## 3.0 Individual Market and Individual Documentation

3.1 The individual market consists of persons who are not enrolled through groups. Sole proprietors will be considered part of the individual market.

## 4.0 Chambers of Commerce/Association Groups (Small Group Only)

4.1 BlueCross BlueShield will not accept any new Chambers or Associations, but those Chambers or Associations that BlueCross BlueShield currently insures may continue. For those Chambers and Associations that continue, groups may be added or terminated within the Chamber or Association, and subscribers within those constituent groups may be added or terminated as well – subject to the rules below.

4.2 BlueCross BlueShield must verify that each of the groups joining the Chamber or Association are actively engaged in their business. The same documentation needed for a group enrolling directly with us will be required for groups joining a Chamber or Association. All underwriting rules will be applied at the individual group level; that is, for a Chamber, each group joining through the Chamber is subject to the same underwriting criteria as if the group had purchased directly from BlueCross BlueShield.

4.3 Chambers and Associations may offer up to two products.

## 5.0 Group Participation, Location, and Contribution Requirements

**NOTE: All groups are subject to review at any time by BlueCross BlueShield to ensure that they meet group eligibility requirements**

5.1 The group requirements contained in this section establish the basic criteria used by BlueCross BlueShield to determine which groups will be accepted for enrollment and which groups will be allowed to continue subsequent to initial enrollment.

5.2 BlueCross BlueShield reserves the right to deny initial or continued enrollment to a group which does not meet the group eligibility requirements. BlueCross BlueShield also reserves the right to terminate a group, upon appropriate notice as specified by the insurance contract, if group eligibility requirements are not met and maintained.

5.3 For new large group experience rated business, groups will be required to indicate employer contribution levels, either as a dollar amount or as a percentage of premium. This will be required at both initial enrollment and renewal.

5.4 Participation calculations are applied at two different levels and are determined by counting active employees and retirees on a combined basis as if they were all one group or category.

The first level is to determine participation in BlueCross BlueShield products. To calculate, BlueCross BlueShield divides the number of employees seeking commercial health insurance through BlueCross BlueShield by the total number of eligible employees excluding those who have coverage through a spouse.

The second level is to determine overall participation. To calculate, BlueCross BlueShield divides the number of employees seeking commercial health insurance through BlueCross BlueShield by the total number of eligible employees. The total number of eligible employees in this calculation includes employees who have coverage through a spouse.

**Group Participation Example**

| | | |
|---|---|---|
| (A) | Total Employees | 100 |
| (B) | Eligible Employees | 86 |
| (C) | Spousal Waivers | 7 |
| (D) | Employees Enrolling with BlueCross BlueShield | 65 |
| (E) | Employees Enrolling with another carrier | 10 |
| (F) | Employees Declining Coverage | 4 |

(F) = (B) - (C) - (D) - (E)

Line (E) applicaple to Community Rated slice offerings ONLY

**Test 1: Participation in BlueCross BlueShield Products**

$$\text{Participation \%} = \frac{(D)}{[(B) - (C) - (E)]} \geq 50\% \text{ (CR)}, 75\% \text{ (ER)}$$

$$\text{Participation \%} = \frac{65}{[\,86 - 7 - 10\,]} = 94.2\% \quad ✓$$

**Test 2: Overall Participation**

$$\text{Participation \%} = \frac{(D)}{(B)} \geq 75\% \text{ (CR)}, 50\% \text{ (ER)}$$

$$\text{Participation \%} = \frac{65}{86} = 75.6\% \quad ✓$$

5.6 All eligible employees must reside in our service area to be able to offer an Article 44 product.

5.7 Groups must be located within BlueCross BlueShield's service area to be eligible for coverage. For groups with multiple locations, the group's headquarters must reside in BlueCross BlueShield's service area to be eligible for coverage.

5.8 Participation requirements for retirees are outlined in Table 2. These requirements must be satisfied only when the active employees and retirees are in distinct products. For example, if a group enrolls in one product for the active employees, and chooses a separate product for their retiree class, then the requirements must be satisfied.

**Table 2: Group Participation, Location, and Contribution Requirements**

| | Small Group Community Rated<br>50 or Fewer Eligible Employees | Large Group Community Rated<br>51+ Eligible Employees | Large Group Experience Rated<br>51+ Eligible Employees |
|---|---|---|---|
| ***Subscribers must be actively at work (employee absent or on leave is not eligible until returns to normal duties of employment for a specified period of time):*** | | | |
| Article 44 | No | Yes | Not Applicable |
| Article 43 | No | Yes | Yes |
| ***Maximum Percentage of Group Classified as Retirees*** | | | |
| Article 44 | No Maximum | 50% | Not Applicable |
| Article 43 | No Maximum | 50% | 50% |
| ***Minimum Retiree Participation*** | | | |
| Article 44 | No Minimum | 50% | Not Applicable |
| Article 43 | No Minimum | 50% | 50% |

a Experience Rated does not exist with another carrier

## 6.0 Open Enrollment Policies

6.1 The employer must not inhibit free movement of eligible employees at either the initial enrollment period or at any subsequent open enrollment period. The employer must not take any action which could be interpreted as encouraging adverse selection against BlueCross BlueShield.

6.2 At time of the initial enrollment, if there is a current carrier and a dependent or subscriber is confined to a hospital, the prior carrier shall pay the claims associated with the hospital confinement as required by applicable benefits-after-termination laws.

6.3 Groups are required to have one specified annual open enrollment period. The open enrollment will apply to all BlueCross BlueShield products. A second open enrollment period (special open enrollment) may be permitted with the prior approval of BlueCross BlueShield.

6.4 If a special open enrollment is offered for any carrier because of a change in rates, benefits, and/or delivery system, then BlueCross BlueShield must also be offered the opportunity to make similar changes in benefits, rates, and/or delivery system, and to participate in the open enrollment.

6.5 Enrollment of a group is contingent upon receiving complete, appropriate paperwork (including a signed group agreement) a minimum of 15 business days (for Community Rated) or 30 business days (for Experience Rated) prior to the effective date of the group. Failure to provide this advance notice may result in the movement of the group's effective date to the first of the following month.

6.6 Any change in the BlueCross BlueShield benefit package inclusive of all products, including but not limited to rating tier structure, which is not coincident with the group's anniversary date must have the prior approval of BlueCross BlueShield.

6.7 Benefit enhancements are not permitted off of a group's anniversary date except due to matching circumstances. However, Dental coverage may be added at any time to any group. The group's anniversary date for medical coverage will then be the anniversary date for all of the group's coverage. If a group adds a new segment (class: an additional set of distinct employees) off anniversary, the rates and effective date will not change for the existing segment(s). The new segment(s) will receive the rates applicable on their enrollment date.

6.8 Eligible employees/retirees may only enter the plan during the open enrollment period of each year or within 30 days of first becoming eligible. Entry will not be permitted at any other time during the year except in accordance with 11 NYCRR Section 360.3 (a)(9)(i-iii) or Section 4305(K)(5)(B)(ii).

**7.0 Product Offerings**

7.1 There are no product offering guidelines for products offered via New York State of Health, the Official Health Plan Marketplace of New York State.

7.2 There are no product offering guidelines which would limit the products available in a slice offering, when compared with a sole offering, with the exception of 7.3.

7.3 (Large Group Only) BlueCross Blue Shield will not offer healthcare coverage alongside a competitor's HMO coverage.

## Table 3: Product Offerings

| | Group Size (Eligible Employees) | |
|---|---|---|
| | **Small Group (1 - 50)** | **Large Group (51+)** |
| **Products Available**<br>*(Some product types not available in all markets)* | HMO<br>POS<br>EPO<br>PPO | HMO[a]<br>POS<br>EPO<br>PPO<br>Traditional<br>Comprehensive |
| **Rating Type** | Community Rated | Community or Experience Rated |

[a] - HMO products are not available Experience Rated

**8.0 Transition from Community Rating to Experience Rating (Large Group Only)**

8.1 Requests by current Community Rated customers to see the claims experience of their own members will be refused.

**9.0 Transition from Experience Rating to Community Rating (Large Group Only)**

9.1 If a group has Experience Rated insurance coverage, the employer is not permitted to purchase or offer any Community Rated insurance products. The employer is permitted to purchase new or additional products, which may coincide with Community Rated products, on an Experience Rated basis.

**10.0 General Group Renewal**

**NOTE: All groups are subject to review at any time by BlueCross BlueShield to ensure that they meet group eligibility requirements**

10.1 Refusal to renew is permitted in the following circumstances:

- Group no longer exists as a business
- Group has perpetuated fraud
- Group has failed to pay premiums

# BlueShield of Northeastern New York
# Group Underwriting Guidelines

**Effective January 1, 2014**

Table of Contents


| | | |
|---|---|---|
| **1.0** | **Group Documentation** | **4** |
| **2.0** | **Employee Documentation for Group Coverage** | **4** |
| **3.0** | **Individual Market and Individual Documentation** | **5** |
| **4.0** | **Chambers of Commerce/Association Groups (Small Group Only)** | **5** |
| **5.0** | **Group Participation, Location, and Contribution Requirements** | **5** |
| **6.0** | **Open Enrollment Policies** | **7** |
| **7.0** | **Product Offerings** | **8** |
| **8.0** | **Transition from Community Rating to Experience Rating (Large Group Only)** | **8** |
| **9.0** | **Transition from Experience Rating to Community Rating (Large Group Only)** | **8** |
| **10.0** | **General Group Renewal** | **8** |

## Terms and Abbreviations

Article 43 – Trad, PPO, EPO, POS

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BlueShield –Blue Shield of Northeastern New York

EPO – Exclusive Provider Organization

HDHP – High Deductible Health Plan

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1.1 The group must produce documentation at time of enrollment that proves existence and active involvement in doing business. Groups must have a physical location in our service area. We require a physical address (not a P.O. Box) for a group address.

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| Documentation for new businesses may include a copy of a business bank statement, a cancelled business check, assignment of an EIN number, or other appropriate tax documents that demonstrate eligibility.[c] | | |

[a] Additional documentation may be required to prove eligibility of new subscribers. People not listed on the most recent ATT-45 form will not be accepted for group coverage from BSNENY unless alternate documentation is submitted. For new employees, alternate documentation may include the last 2 weeks of pay stubs or a copy of the group's payroll including payroll for those new employees. For COBRA and retirees, the last applicable NYS-45, payroll, or pension records will be accepted to establish eligibility.

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2.1 Upon request, the group will be required to provide verification that all persons electing group coverage are actually employed by the group.

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2.4 Retiree coverage:

- Retirees are persons previously employed by the group immediately prior to the time they cease to be an active employee.
- If a group desires to offer coverage to its retirees as well as the currently active employees, we will insure the retirees as well as the active employees.
- [Commercial Products Only] If a group has coverage for both active employees and retirees and opts to terminate coverage for the active employees, the retiree coverage will also be terminated.
- In situations where dual carriers exist, both are required by law to offer plans to retirees in accordance with the requirements set forth in Table 2.
- The employer must make some contribution to the cost of retiree coverage except if the employer makes no contribution to the cost of active employee coverage.
- Groups may be required, upon request, to provide proof that the retirees were in fact previously active employees of the group immediately before retirement.
- New groups which consist solely of retirees will not be offered coverage.

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3.1 The individual market consists of persons who are not enrolled through groups. Sole proprietors will be considered part of the individual market.

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4.1 BlueShield will not accept any new Chambers or Associations, but those Chambers or Associations that BlueShield currently insures may continue. For those Chambers and Associations that continue, groups may be added or terminated within the Chamber or Association, and subscribers within those constituent groups may be added or terminated as well – subject to the rules below.

4.2 BlueShield must verify that each of the groups joining the Chamber or Association are actively engaged in their business. The same documentation needed for a group enrolling directly with us will be required for groups joining a Chamber or Association. All underwriting rules will be applied at the individual group level; that is, for a Chamber, each group joining through the Chamber is subject to the same underwriting criteria as if the group had purchased directly from BlueShield .

4.3 Chambers and Associations may offer up to two products.

## 5.0 Group Participation, Location, and Contribution Requirements

**NOTE: All groups are subject to review at any time by BlueShield to ensure that they meet group eligibility requirements**

5.1 The group requirements contained in this section establish the basic criteria used by BlueShield to determine which groups will be accepted for enrollment and which groups will be allowed to continue subsequent to initial enrollment.

5.2 BlueShield reserves the right to deny initial or continued enrollment to a group which does not meet the group eligibility requirements. BlueShield also reserves the right to terminate a group, upon appropriate notice as specified by the insurance contract, if group eligibility requirements are not met and maintained.

5.3 For new large group experience rated business, groups will be required to indicate employer contribution levels, either as a dollar amount or as a percentage of premium. This will be required at both initial enrollment and renewal.

5.4 Participation calculations are applied at two different levels and are determined by counting active employees and retirees on a combined basis as if they were all one group or category.

The first level is to determine participation in BlueShield products. To calculate, BlueShield divides the number of employees seeking commercial health insurance through BlueShield by the total number of eligible employees excluding those who have coverage through a spouse.

The second level is to determine overall participation. To calculate, BlueShield divides the number of employees seeking commercial health insurance through BlueShield by the total number of eligible employees. The total number of eligible employees in this calculation includes employees who have coverage through a spouse.

**Group Participation Example**

| | | |
|---|---|---|
| (A) | Total Employees | 100 |
| (B) | Eligible Employees | 86 |
| (C) | Spousal Waivers | 7 |
| (D) | Employees Enrolling with BlueCross BlueShield | 65 |
| (E) | Employees Enrolling with another carrier | 10 |
| (F) | Employees Declining Coverage | 4 |

(F) = (B) - (C) - (D) - (E)

Line (E) applicaple to Community Rated slice offerings ONLY

**Test 1: Participation in BlueCross BlueShield Products**

$$\text{Participation \%} = \frac{(D)}{[(B) - (C) - (E)]} \geq 50\% \text{ (CR)}, 75\% \text{ (ER)}$$

$$\text{Participation \%} = \frac{65}{[\,86 - 7 - 10\,]} = 94.2\% \quad ✓$$

**Test 2: Overall Participation**

$$\text{Participation \%} = \frac{(D)}{(B)} \geq 75\% \text{ (CR)}, 50\% \text{ (ER)}$$

$$\text{Participation \%} = \frac{65}{86} = 75.6\% \quad ✓$$

5.6 All eligible employees must reside in our service area to be able to offer an Article 44 product.

5.7 Groups must be located within BlueShield 's service area to be eligible for coverage. For groups with multiple locations, the group's headquarters must reside in BlueShield 's service area to be eligible for coverage.

5.8 Participation requirements for retirees are outlined in Table 2. These requirements must be satisfied only when the active employees and retirees are in distinct products. For example, if a group enrolls in one product for the active employees, and chooses a separate product for their retiree class, then the requirements must be satisfied.

**Table 2: Group Participation, Location, and Contribution Requirements**

| | Small Group Community Rated<br>50 or Fewer Eligible Employees | Large Group Community Rated<br>51+ Eligible Employees | Large Group Experience Rated<br>51+ Eligible Employees |
|---|---|---|---|
| ***Subscribers must be actively at work (employee absent or on leave is not eligible until returns to normal duties of employment for a specified period of time):*** | | | |
| Article 44 | No | Yes | Not Applicable |
| Article 43 | No | Yes | Yes |
| ***Maximum Percentage of Group Classified as Retirees*** | | | |
| Article 44 | No Maximum | 50% | Not Applicable |
| Article 43 | No Maximum | 50% | 50% |
| ***Minimum Retiree Participation*** | | | |
| Article 44 | No Minimum | 50% | Not Applicable |
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a Experience Rated does not exist with another carrier

## 6.0 Open Enrollment Policies

6.1 The employer must not inhibit free movement of eligible employees at either the initial enrollment period or at any subsequent open enrollment period. The employer must not take any action which could be interpreted as encouraging adverse selection against BlueShield .

6.2 At time of the initial enrollment, if there is a current carrier and a dependent or subscriber is confined to a hospital, the prior carrier shall pay the claims associated with the hospital confinement as required by applicable benefits-after-termination laws.

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## Table 3: Product Offerings

| | Group Size (Eligible Employees) | |
|---|---|---|
| | **Small Group (1 - 50)** | **Large Group (51+)** |
| **Products Available**<br>*(Some product types not available in all markets)* | HMO<br>POS<br>EPO<br>PPO | HMO[a]<br>POS<br>EPO<br>PPO<br>Traditional<br>Comprehensive |
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# HEALTHNOW NEW YORK, INC.
# GROUP UNDERWRITING GUIDELINES

**Effective January 1, 2014**

Table of Contents


| | | |
|---|---|---|
| **1.0** | **Group Documentation** | **4** |
| **2.0** | **Employee Documentation for Group Coverage** | **4** |
| **3.0** | **Individual Market and Individual Documentation** | **5** |
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| **6.0** | **Open Enrollment Policies** | **7** |
| **7.0** | **Product Offerings** | **8** |
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| Documentation for new businesses may include a copy of a business bank statement, a cancelled business check, assignment of an EIN number, or other appropriate tax documents that demonstrate eligibility.[c] | | |

[a] Additional documentation may be required to prove eligibility of new subscribers. People not listed on the most recent ATT-45 form will not be accepted for group coverage from HealthNow unless alternate documentation is submitted. For new employees, alternate documentation may include the last 2 weeks of pay stubs or a copy of the group's payroll including payroll for those new employees. For COBRA and retirees, the last applicable NYS-45, payroll, or pension records will be accepted to establish eligibility.

[b] If a NYS-45 is not available, these alternate forms or any combination thereof may be accepted in lieu of the required documentation. In such instances, a NYS-45 will be required within 90 days.

[c] Two months of premium must be submitted on a company check with the enrollment paperwork and subscriber applications to Underwriting for approval prior to enrollment.

1.2 All new groups may be subject to an on-site inspection by a HealthNow Representative prior to the initial enrollment in order to qualify the group's ability to meet HealthNow Group Eligibility Requirements.

1.3 The employees of a multiple location group within the HealthNow service area may be combined to determine the size of the group. Employees in locations outside of the HealthNow service area will be counted in determining group size if they are eligible for HealthNow coverage. If requested, a multiple location group purchasing coverage can enroll only the employees who reside within the HealthNow service area and only in products that adhere to the guidelines set forth in Table 2. These groups must have a facility or office in the service area. The facility or office may be classified as a separate and distinct entity.

1.4 Certain definable segments in a group may be considered for enrollment as a group when all other Employer-Employee Eligibility requirements are met and the request is from the group. A segment of a group is defined as a classification of employees from a group who are clearly distinguished from all other employees for reasons other than obtaining HealthNow health insurance coverage. For example: all salaried employees, all hourly employees, all employees in a specific location, employees of distinct entities acquired by merger or any combination of these segments.

## 2.0 Employee Documentation for Group Coverage

**NOTE: Employee documentation may be requested at any time and is subject to verification**

2.1 Upon request, the group will be required to provide verification that all persons electing group coverage are actually employed by the group.

2.2 Full time employees or part time employees working a minimum of 20 hours per week or more for six or more months per year are eligible for coverage. Groups may choose to impose a higher requirement for hours for part time employees.

2.3 Partners, shareholders, officers, owners, directors, and proprietors will be eligible only when devoting their services on a full-time basis to the business by working a minimum of 20 hours per week. These individuals must supply evidence that they work 20 hours per week, such as pay stubs, draws on a company account in lieu of payroll, and/or personal income tax records.

2.4 Retiree coverage:

- Retirees are persons previously employed by the group immediately prior to the time they cease to be an active employee.
- If a group desires to offer coverage to its retirees as well as the currently active employees, we will insure the retirees as well as the active employees.
- [Commercial Products Only] If a group has coverage for both active employees and retirees and opts to terminate coverage for the active employees, the retiree coverage will also be terminated.
- In situations where dual carriers exist, both are required by law to offer plans to retirees in accordance with the requirements set forth in Table 2.
- The employer must make some contribution to the cost of retiree coverage except if the employer makes no contribution to the cost of active employee coverage.
- Groups may be required, upon request, to provide proof that the retirees were in fact previously active employees of the group immediately before retirement.
- New groups which consist solely of retirees will not be offered coverage.

## 3.0 Individual Market and Individual Documentation

3.1 The individual market consists of persons who are not enrolled through groups. Sole proprietors will be considered part of the individual market.

## 4.0 Chambers of Commerce/Association Groups (Small Group Only)

4.1 HealthNow will not accept any new Chambers or Associations, but those Chambers or Associations that HealthNow currently insures may continue. For those Chambers and Associations that continue, groups may be added or terminated within the Chamber or Association, and subscribers within those constituent groups may be added or terminated as well – subject to the rules below.

4.2 HealthNow must verify that each of the groups joining the Chamber or Association are actively engaged in their business. The same documentation needed for a group enrolling directly with us will be required for groups joining a Chamber or Association. All underwriting rules will be applied at the individual group level; that is, for a Chamber, each group joining through the Chamber is subject to the same underwriting criteria as if the group had purchased directly from HealthNow.

4.3 Chambers and Associations may offer up to two products.

## 5.0 Group Participation, Location, and Contribution Requirements

**NOTE: All groups are subject to review at any time by HealthNow to ensure that they meet group eligibility requirements**

5.1 The group requirements contained in this section establish the basic criteria used by HealthNow to determine which groups will be accepted for enrollment and which groups will be allowed to continue subsequent to initial enrollment.

5.2 HealthNow reserves the right to deny initial or continued enrollment to a group which does not meet the group eligibility requirements. HealthNow also reserves the right to terminate a group, upon appropriate notice as specified by the insurance contract, if group eligibility requirements are not met and maintained.

5.3 For new large group experience rated business, groups will be required to indicate employer contribution levels, either as a dollar amount or as a percentage of premium. This will be required at both initial enrollment and renewal.

5.4 Participation calculations are applied at two different levels and are determined by counting active employees and retirees on a combined basis as if they were all one group or category.

The first level is to determine participation in HealthNow products. To calculate, HealthNow divides the number of employees seeking commercial health insurance through HealthNow by the total number of eligible employees excluding those who have coverage through a spouse.

The second level is to determine overall participation. To calculate, HealthNow divides the number of employees seeking commercial health insurance through HealthNow by the total number of eligible employees. The total number of eligible employees in this calculation includes employees who have coverage through a spouse.

**Group Participation Example**

| | | |
|---|---|---|
| (A) | Total Employees | 100 |
| (B) | Eligible Employees | 86 |
| (C) | Spousal Waivers | 7 |
| (D) | Employees Enrolling with BlueCross BlueShield | 65 |
| (E) | Employees Enrolling with another carrier | 10 |
| (F) | Employees Declining Coverage | 4 |

(F) = (B) - (C) - (D) - (E)

Line (E) applicaple to Community Rated slice offerings ONLY

**Test 1: Participation in BlueCross BlueShield Products**

$$\text{Participation \%} = \frac{(D)}{[(B) - (C) - (E)]} \geq 50\% \text{ (CR)}, 75\% \text{ (ER)}$$

$$\text{Participation \%} = \frac{65}{[\,86 - 7 - 10\,]} = 94.2\% \quad ✓$$

**Test 2: Overall Participation**

$$\text{Participation \%} = \frac{(D)}{(B)} \geq 75\% \text{ (CR)}, 50\% \text{ (ER)}$$

$$\text{Participation \%} = \frac{65}{86} = 75.6\% \quad ✓$$

5.6 All eligible employees must reside in our service area to be able to offer an Article 44 product.

5.7 Groups must be located within HealthNow's service area to be eligible for coverage. For groups with multiple locations, the group's headquarters must reside in HealthNow's service area to be eligible for coverage.

5.8 Participation requirements for retirees are outlined in Table 2. These requirements must be satisfied only when the active employees and retirees are in distinct products. For example, if a group enrolls in one product for the active employees, and chooses a separate product for their retiree class, then the requirements must be satisfied.

**Table 2: Group Participation, Location, and Contribution Requirements**

| | Small Group Community Rated<br>50 or Fewer Eligible Employees | Large Group Community Rated<br>51+ Eligible Employees | Large Group Experience Rated<br>51+ Eligible Employees |
|---|---|---|---|
| ***Subscribers must be actively at work (employee absent or on leave is not eligible until returns to normal duties of employment for a specified period of time):*** | | | |
| Article 44 | No | Yes | Not Applicable |
| Article 43 | No | Yes | Yes |
| ***Maximum Percentage of Group Classified as Retirees*** | | | |
| Article 44 | No Maximum | 50% | Not Applicable |
| Article 43 | No Maximum | 50% | 50% |
| ***Minimum Retiree Participation*** | | | |
| Article 44 | No Minimum | 50% | Not Applicable |
| Article 43 | No Minimum | 50% | 50% |

a Experience Rated does not exist with another carrier

## 6.0 Open Enrollment Policies

6.1 The employer must not inhibit free movement of eligible employees at either the initial enrollment period or at any subsequent open enrollment period. The employer must not take any action which could be interpreted as encouraging adverse selection against HealthNow.

6.2 At time of the initial enrollment, if there is a current carrier and a dependent or subscriber is confined to a hospital, the prior carrier shall pay the claims associated with the hospital confinement as required by applicable benefits-after-termination laws.

6.3 Groups are required to have one specified annual open enrollment period. The open enrollment will apply to all HealthNow products. A second open enrollment period (special open enrollment) may be permitted with the prior approval of HealthNow.

6.4 If a special open enrollment is offered for any carrier because of a change in rates, benefits, and/or delivery system, then HealthNow must also be offered the opportunity to make similar changes in benefits, rates, and/or delivery system, and to participate in the open enrollment.

6.5 Enrollment of a group is contingent upon receiving complete, appropriate paperwork (including a signed group agreement) a minimum of 15 business days (for Community Rated) or 30 business days (for Experience Rated) prior to the effective date of the group. Failure to provide this advance notice may result in the movement of the group's effective date to the first of the following month.

6.6 Any change in the HealthNow benefit package inclusive of all products, including but not limited to rating tier structure, which is not coincident with the group's anniversary date must have the prior approval of HealthNow.

6.7 Benefit enhancements are not permitted off of a group's anniversary date except due to matching circumstances. However, Dental coverage may be added at any time to any group. The group's anniversary date for medical coverage will then be the anniversary date for all of the group's coverage. If a group adds a new segment (class: an additional set of distinct employees) off anniversary, the rates and effective date will not change for the existing segment(s). The new segment(s) will receive the rates applicable on their enrollment date.

6.8 Eligible employees/retirees may only enter the plan during the open enrollment period of each year or within 30 days of first becoming eligible. Entry will not be permitted at any other time during the year except in accordance with 11 NYCRR Section 360.3 (a)(9)(i-iii) or Section 4305(K)(5)(B)(ii).

## 7.0 Product Offerings

7.1 There are no product offering guidelines for products offered via New York State of Health, the Official Health Plan Marketplace of New York State.

7.2 There are no product offering guidelines which would limit the products available in a slice offering, when compared with a sole offering, with the exception of 7.3.

7.3 (Large Group Only) HealthNow will not offer healthcare coverage alongside a competitor's HMO coverage.

## Table 3: Product Offerings

| | Group Size (Eligible Employees) | |
|---|---|---|
| | **Small Group (1 - 50)** | **Large Group (51+)** |
| **Products Available**<br>*(Some product types not available in all markets)* | HMO<br>POS<br>EPO<br>PPO | HMO[a]<br>POS<br>EPO<br>PPO<br>Traditional<br>Comprehensive |
| **Rating Type** | Community Rated | Community or Experience Rated |

[a] - HMO products are not available Experience Rated

**8.0 Transition from Community Rating to Experience Rating (Large Group Only)**

8.1 Requests by current Community Rated customers to see the claims experience of their own members will be refused.

**9.0 Transition from Experience Rating to Community Rating (Large Group Only)**

9.1 If a group has Experience Rated insurance coverage, the employer is not permitted to purchase or offer any Community Rated insurance products. The employer is permitted to purchase new or additional products, which may coincide with Community Rated products, on an Experience Rated basis.

**10.0 General Group Renewal**

**NOTE: All groups are subject to review at any time by HealthNow to ensure that they meet group eligibility requirements**

10.1 Refusal to renew is permitted in the following circumstances:

- Group no longer exists as a business
- Group has perpetuated fraud
- Group has failed to pay premiums