Filing at a Glance

Company:	HealthNow New York Incorporated
Product Name:	CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614
State:	New York
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15G.003 Small Group Only
Filing Type:	Prior Approval Off Exchange Form & Rate Filing
Date Submitted:	06/12/2014
SERFF Tr Num:	HLTH-129576705
SERFF Status:	Assigned
State Tr Num:	2014060158
State Status:	
Co Tr Num:	CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_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: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614*
Project Name/Number: *CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614/CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614*

General Information

Project Name: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614
Project Number: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:
Market Type: Group
Previous Filing Number: CN1C3S0441
Group Market Type: Employer
Filing Status Changed: 06/13/2014
State Status Changed:
Created By: [redacted]
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null
Include Exchange Intentions: No

Filing Description:
Small Group Off 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: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614
Project Name/Number: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614/CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval Off Exchange Form & Rate Filing
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: Prior Approval Off Exchange Form & Rate Filing

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
HealthNow New York Incorporated	Decrease	-2.100%	-2.100%	$-4,271,633	27,000	$202,165,250	5.700%	-8.200%

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614
Project Name/Number: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614/CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_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	CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614	New		Rate Manual - Group Off.pdf,

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

Index:

Page #	Description
1	Overview
2	Region Definition
3 - 4	Benefit Summary Small Group Plans - Region 2
5	Benefit Summary Small Group Plans - Regions 1 &7
6 - 9	Small Group Rates Effective 2015

Overview:

The rates contained within this rate manual are for use on the New York State Public Health Insurance Exchange in the small group off exchange market. The group medical and pharmacy rates are effective 1/1/2015 through 12/31/2015 and roll on a quarterly basis. The rates are guaranteed for one year from the effective date of the group's policy. The rates are applicable based on the quarter in which the effective date for the plan year begins. The county the group 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-129576705 and policy form numbers: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614, CR1R3F0442A_0614, and CR1R3N0443A_0614. The projected loss ratio for the small group market is 88.1%.

Region Definition:

Off Exchange

Region	Counties	Factor
1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, Washington	1.311
2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	0.940
5	Monroe, Wayne	0.940
6	Chemung, Onondaga	1.311
7	Clinton, Essex, Oswego	1.434
1A	Albany, Rensselaer, Saratoga, and Schenectady.	1.195
2A	Erie and Niagara.	0.950

Notes:

1. Regions #1, #5, #6, and #7 include more counties than listed but HealthNow will only participate within the listed counties.

Benefit Summary - Group Plans Region #2:
Available in group market for Region #2 or subset of region (see region definition).

Benefit	Cost Share By Plan - In-Network							
Medal	**Platinum**	**Platinum**	**Platinum**	**Gold**	**Gold**	**Gold**	**Gold**	**Gold**
Plan	Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250**	Gold POS 250EX**	Gold Healthy NY
Standard/ NonStandard	Standard	Non-Standard	Non-Standard	Standard	Non-Standard	Non-Standard	Non-Standard	Non-Standard
Availability (On / Off)	Both	Off Exchange	Off Exchange	Both	Off Exchange	Both	Off Exchange	Off Exchange
AV	88%	89%	89%	79%	82%	78%	78%	79%
First Dollar	0%	0%	0%	0%	$500	0%	0%	0%
Deductible (single)	0%	0%	$500	$600	$1,000	$1,500	$1,500	$600
OOP Maximum (single)	$2,000	$4,000	$1,000	$4,000	$5,000	$4,000	$4,000	$4,000
Network	Local	Local	National	Local	Local	Local	Local	Local
Deductible Applies to Rx	No	No	Yes	No	No	No	No	No
Embedded Deductible	No	No	No	Yes	No	No	No	Yes
Inpatient Hospital								
ASA Rehab	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
Detox	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
Maternity	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
Med/Surg	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
Mental Health	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
Newborn	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
SNF	$500	$500	20%	$1,000	20%*	20%	20%	$1,000
Outpatient Facility								
Preventive*	0%	0%	0%*	0%*	0%*	0%*	0%*	0%*
Abortion - Elective	$100	$150	20%	$100	20%	20%	20%	$100
Abortion - Non Elective	$100	$150	20%	$100	20%	20%	20%	$100
Cardiology	$15	$20	20%	$25	20%	$25*	$25*	$25
Chemotherapy	$15	$30	20%	$25	20%	20%	20%	$25
Diagnostic	$35	$30	20%	$40	20%	20%	20%	$40
Dialysis	$15	$30	20%	$25	20%	20%	20%	$25
Emergency Room	$100	$100	20%	$150	20%	20%	20%	$150
Home Health	$15	$30	20%	$25	20%	$40*	$40*	$25
Hospice	$15	$30	20%	$25	20%	20%	20%	$25
Infusion Therapy	$15	$30	20%	$25	20%	20%	20%	$25
Laboratory Tests	$35	0%	20%	$40	20%	20%	20%	$40
Mental Health / Substance Abuse	$15	$30	20%	$25	20%	0%	0%	$25
Outpatient Surgery	$100	$150	20%	$100	20%	20%	20%	$100
Pre-Admission Testing	0%	0%	0%	0%	0%	0%	0%	0%
PT / OT / ST	$25	$20	20%	$30	20%	20%	20%	$25
Radiation Therapy	$15	$30	20%	$25	20%	20%	20%	$25
Radiology	$35	$30	20%	$40	20%	20%	20%	$40
Radiology - Advanced	$35	$30	20%	$40	20%	20%	20%	$40
Urgent Care	$55	$40	20%	$60	20%	20%	20%	$60
Other	$35	$30	20%	$40	20%	20%	20%	$40
Professional								
Preventive*	0%	0%	0%*	0%*	0%*	0%*	0%*	0%*
Office/Home Visit - PCP	$15	$20	20%	$25	20%	$25*	$25*	$25
Office/Home Visit - SCP	$35	$30	20%	$40	20%	$40*	$40*	$40
Abortion - Elective	$35	$25	20%	$40	20%	$40*	$40*	$40
Abortion - Non Elective	$35	$25	20%	$40	20%	$40*	$40*	$40
Advanced Radiology	$35	$25	20%	$40	20%	20%	20%	$40
Allergy Shots	$25	$25	20%	$33	20%	$32.5*	$32.5*	$33
Allergy Tests	$25	$25	20%	$33	20%	$32.5*	$32.5*	$33
Ambulance	$100	$100	20%	$150	20%	20%	20%	$150
Anesthesia	0%	0%	20%	0%	20%	20%	20%	0%
Cardiovascular	$15	$20	20%	$25	20%	$25*	$25*	$25
Chemotherapy	$15	$30	20%	$25	20%	20%	20%	$25
Chiropractic	$35	$20	20%	$40	20%	$25*	$25*	$25
Consults	$25	$25	20%	$33	20%	$32.5*	$32.5*	$33
Diabetic Drugs/Supplies	$15	$20	20%	$25	20%*	$25*	$25*	$25
Diabetic Education	$15	$20	20%	$25	20%*	$25*	$25*	$25
Dialysis	$15	$30	20%	$25	20%	20%	20%	$25
DME and Supplies	10%	50%	20%	20%	20%	20%	20%	20%
Facility Visits	$25	$25	20%	$33	20%	$32.5*	$32.5*	$33
Hearing Aid	10%	50%	20%	20%	20%	20%	20%	20%
Hearing Exam	$35	$30	20%	$40	20%	$32.5*	$32.5*	$40
Home Care	$15	$30	20%	$33	20%	$32.5*	$32.5*	$33
Maternity	$15	0%	0%	$25	0%	0%	0%	$25
Mental Health	$15	$30	20%	$25	20%	0%	0%	$25
Office-Administered Drugs	$35	$30	20%	$40	20%	20%	20%	$40
Pathology / Laboratory	$35	0%	20%	$40	20%	20%	20%	$40
PT/OT/ST	$25	$20	20%	$30	20%	20%	20%	$25
Radiation Therapy	$15	$30	20%	$25	20%	20%	20%	$25
Radiology	$35	$30	20%	$40	20%	20%	20%	$40
Substance Abuse	$15	$30	20%	$25	20%	0%	0%	$25
Surgery - Facility (IP)	0%	0%	20%	0%	20%	20%	20%	0%
Surgery - Facility (OP)	0%	$30	20%	0%	20%	20%	20%	0%
Surgery - Office	$25	$25	20%	$33	20%	$32.5*	$32.5*	$33
Vision - Exam	$15	$30	20%	$25	20%	$40*	$40*	$25
Vision - Lenses & Frames	10%	$30	20%	20%	20%	20%	20%	20%
Other	$35	$30	20%	$40	20%	$40*	$40*	$40
Drug								
Generic	$10	$5	$10	$10*	$15*	$5*	$5*	$10*
Brand	$30	$30	$30	$35*	$50*	$30*	$30*	$35*
Non Formulary	$60	50%	50%	$70*	50%*	50%*	50%*	$70*
Supplies	10%	50%	20%	20%	20%	20%	20%	20%
Out of Network								
First Dollar	0%	0%	0%	N/A	$500	0%	0%	N/A
Deductible (single)	$5,000	$1,500	$500	N/A	$1,000	$3,000	$3,000	N/A
Coinsurance (Member)	50%	40%	40%	N/A	50%	50%	50%	N/A
OOP Maximum (single)	$10,000	$4,000	$5,000	N/A	$10,000	$10,000	$10,000	N/A

*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.

Benefit Summary - Group Plans Region #2:
Available in group market for Region #2 or su

Benefit	Cost Share By Plan - In-Network									
Medal	**Silver**	**Silver**		**Silver**	**Silver**	**Silver**	**Bronze**	**Bronze**	**Bronze**	
Plan	Silver Standard	Silver Align		Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align	
		Tier 1	Tier 2						Tier 1	Tier 2
Standard/ NonStandard	Standard	Non-Standard	Non-Standard	Non-Standard	Non-Standard	Non-Standard	Standard	Non-Standard	Non-Standard	Non-Standard
Availability (On / Off)	Both	Off Exchange	Off Exchange	Off Exchange	Both	Off Exchange	Both	Both	Off Exchange	Off Exchange
AV	71%	71%	71%	69%	70%	70%	62%	61%	58%	58%
First Dollar	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Deductible (single)	$2,000	$1,000	$3,500	$1,500	$2,000	$2,000	$3,000	$4,000	$5,000	$6,000
OOP Maximum (single)	$5,500	$6,600	$6,600	$5,000	$5,000	$5,000	$6,350	$6,450	$6,450	$6,450
Network	Local	Local	Local	Local	Local	Local	Local	Local	Local	Local
Deductible Applies to Rx	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Embedded Deductible	Yes	No	No	No	No	No	Yes	No	No	No
Inpatient Hospital										
ASA Rehab	$1,500	25%	50%	$750	$750	$750	50%	20%	40%	50%
Detox	$1,500	25%	50%	$750	$750	$750	50%	20%	40%	50%
Maternity	$1,500	25%	50%	$750	$750	$750	50%	20%	40%	50%
Med/Surg	$1,500	25%	50%	$750	$750	$750	50%	20%	40%	50%
Mental Health	$1,500	25%	50%	$750	$750	$750	50%	20%	40%	50%
Newborn	$1,500	25%	50%	$750	$750	$750	50%	20%	40%	50%
SNF	$1,500	25%	50%	$750	20%	20%	50%	20%	40%	50%
Outpatient Facility										
Preventive*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*
Abortion - Elective	$100	25%	50%	$150	20%	20%	50%	25%	40%	50%
Abortion - Non Elective	$100	25%	50%	$150	20%	20%	50%	25%	40%	50%
Cardiology	$30	$30	50%	$25	20%	20%	50%	20%	40%	50%
Chemotherapy	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Diagnostic	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Dialysis	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Emergency Room	$150	25%	25%	$150	20%	20%	50%	20%	40%	40%
Home Health	$30	$50	50%	$40	20%	20%	50%	20%	40%	50%
Hospice	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Infusion Therapy	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Laboratory Tests	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Mental Health / Substance Abuse	$30	0%	50%	$40	20%	20%	50%	20%	40%	50%
Outpatient Surgery	$100	25%	50%	$150	20%	20%	50%	20%	40%	50%
Pre-Admission Testing	0%	0%	50%	0%	0%	0%	50%	0%	0%	50%
PT / OT / ST	$30	$30	50%	$25	20%	20%	50%	20%	40%	50%
Radiation Therapy	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Radiology	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Radiology - Advanced	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Urgent Care	$70	25%	50%	$75	20%	20%	50%	20%	40%	50%
Other	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Professional										
Preventive*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*
Office/Home Visit - PCP	$30	$30	50%	$25	20%	20%	50%	20%	40%	50%
Office/Home Visit - SCP	$50	$50	50%	$40	20%	20%	50%	20%	40%	50%
Abortion - Elective	$50	$50	50%	$40	20%	20%	50%	25%	40%	50%
Abortion - Non Elective	$50	$50	50%	$40	20%	20%	50%	25%	40%	50%
Advanced Radiology	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Allergy Shots	$40	$40	50%	$33	20%	20%	50%	20%	40%	50%
Allergy Tests	$40	$40	50%	$33	20%	20%	50%	20%	40%	50%
Ambulance	$150	25%	25%	$150	20%	20%	50%	20%	40%	40%
Anesthesia	0%*	25%	50%	$40	20%	20%	50%	20%	40%	50%
Cardiovascular	$30	$30	50%	$25	20%	20%	50%	20%	40%	50%
Chemotherapy	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Chiropractic	$50	$30	50%	$25	20%	20%	50%	20%	40%	50%
Consults	$40	$40	50%	$33	20%	20%	50%	25%	40%	50%
Diabetic Drugs/Supplies	$30	$30*	50%*	$25	20%*	20%*	50%	20%	20%*	50%*
Diabetic Education	$30	$30*	50%*	$25	20%	20%	50%	20%	40%	50%
Dialysis	$30	25%	50%	0%	20%	20%	50%	20%	40%	50%
DME and Supplies	30%	25%	50%	50%	20%	20%	50%	20%	40%	50%
Facility Visits	$40	$40	50%	$33	20%	20%	50%	20%	40%	50%
Hearing Aid	30%	25%	50%	50%	20%	20%	50%	20%	40%	50%
Hearing Exam	$50	$40	50%	$40	20%	20%	50%	20%	40%	50%
Home Care	$40	$40	50%	$33	20%	20%	50%	20%	40%	50%
Maternity	$30	0%	0%	0%	0%*	0%*	50%	0%	0%	0%
Mental Health	$30	0%	0%	$40	20%	20%	50%	20%	40%	50%
Office-Administered Drugs	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Pathology / Laboratory	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
PT/OT/ST	$30	$30	50%	$25	20%	20%	50%	20%	40%	50%
Radiation Therapy	$30	25%	50%	$40	20%	20%	50%	20%	40%	50%
Radiology	$50	25%	50%	$40	20%	20%	50%	20%	40%	50%
Substance Abuse	$30	0%	0%	$40	20%	20%	50%	20%	40%	50%
Surgery - Facility (IP)	0%	25%	50%	0%	20%	20%	50%	25%	40%	50%
Surgery - Facility (OP)	0%	25%	50%	$40	20%	20%	50%	20%	40%	50%
Surgery - Office	$40	$40	50%	$33	20%	20%	50%	20%	40%	50%
Vision - Exam	$30	$50	50%	$40	0%*	0%*	50%	20%	40%	50%
Vision - Lenses & Frames	30%	25%	50%	$40	30%	30%	50%	20%	40%	50%
Other	$50	$50	50%	$40	20%	20%	50%	20%	40%	50%
Drug										
Generic	$10*	$5	$5*	$5	$5	$5	$10	$5	$15	$15
Brand	$35*	$30	$30*	$30	$30	$30	$35	$30	50%	50%
Non Formulary	$70*	50%	50%*	50%	50%	50%	$70	50%	50%	50%
Supplies	30%	25%	50%	50%	20%	20%	50%	20%	40%	50%
Out of Network										
First Dollar	0%	0%	0%	0%	0%	0%	N/A	0%	0%	0%
Deductible (single)	$5,000	$3,500	$3,500	$1,500	$2,000	$2,000	N/A	$4,000	$6,000	$6,000
Coinsurance (Member)	50%	50%	50%	40%	40%	40%	N/A	40%	50%	50%
OOP Maximum (single)	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000	N/A	$10,000	$10,000	$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.
Region #2 plans have the varying cost sharing based on whether a member uses the tier 1 or tier 2 medical provider.
There are no pediatric dental benefits on the above plans.
Non-single deductible and OOP Maximum are at 2X single amounts.

Benefit Summary - Group Plans Region #1 and #7:
Available in group market for Region #1 and #7 or subset of these regions (see region definition).

Benefit	Cost Share By Plan - In-Network													
Medal	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
Plan	Platinum Standard	Platinum 266**	Platinum 267**	Gold Standard	Gold HMO**	Gold Aqua	Gold Healthy NY	Silver Standard	Silver HDHP-HSA 269	Silver Transitional**	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Standard/ NonStandard	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	Off Exchange	Off Exchange	Both	Off Exchange	Off Exchange	Off Exchange	Both	Off Exchange	Off Exchange	Off Exchange	Both	Off Exchange	Off Exchange
AV	88%	88%	91%	79%	81%	79%	79%	71%	68%	69%	71%	62%	59%	59%
First Dollar	0%	0%	0%	0%	0%	$500	0%	0%	0%	0%	$500	0%	0%	0%
Deductible (single)	0%	0%	0%	$600	0%	$2,000	$600	$2,000	$2,000	$3,000	$3,300	$3,000	$4,500	$5,000
OOP Maximum (single)	$2,000	$6,600	$6,600	$4,000	$6,600	$5,000	$4,000	$5,500	$6,450	$6,600	$6,600	$6,350	$6,450	$6,450
Network	Local	National	Local	Local	Local	Local	Local	Local	Local	Local	Local	Local	Local	Local
Deductible Applies to Rx	No	No	No	No	No	No	No	No	Yes	No	No	Yes	Yes	Yes
Embedded Deductible	No	No	No	Yes	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No
Inpatient Hospital														
ASA Rehab	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
Detox	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
Maternity	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
Med/Surg	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
Mental Health	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
Newborn	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
SNF	$500	$150	$150	$1,000	$1,000	20%*	$1,000	$1,500	20%	20%	20%*	50%	$500	20%
Outpatient Facility														
Preventive*	0%	0%	0%	0%*	0%	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*
Abortion - Elective	$100	$150	$150	$100	$250	20%	$100	$100	20%	20%	20%	50%	$200	20%
Abortion - Non Elective	$100	$150	$150	$100	$250	20%	$100	$100	20%	20%	20%	50%	$200	20%
Cardiology	$15	$25	$25	$25	$30	20%	$25	$30	20%	$40*	20%	50%	$25	20%
Chemotherapy	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Diagnostic	$35	$25	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
Dialysis	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Emergency Room	$100	$100	$100	$150	$250	20%	$150	$150	20%	20%	20%	50%	$150	20%
Home Health	$15	$25	$25	$25	$50	20%	$25	$30	20%	$60*	20%	50%	$40	20%
Hospice	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Infusion Therapy	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Laboratory Tests	$35	0%	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
Mental Health / Substance Abuse	$15	$25	$25	$25	$50	20%	$25	$30	20%	0%	20%	50%	$40	20%
Outpatient Surgery	$100	$150	$150	$100	$250	20%	$100	$100	20%	20%	20%	50%	$200	20%
Pre-Admission Testing	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	0%
PT / OT / ST	$25	$25	$25	$30	$30	20%	$25	$30	20%	$40*	20%	50%	$25	20%
Radiation Therapy	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Radiology	$35	$25	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
Radiology - Advanced	$35	$25	$25	$40	$50	20%	$40	$50	20%	$60	20%	50%	$40	20%
Urgent Care	$55	$75	$75	$60	$75	20%	$60	$70	20%	20%	20%	50%	$75	20%
Other	$35	$25	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
Professional														
Preventive*	0%	0%	0%	0%*	0%	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*	0%*
Office/Home Visit - PCP	$15	$25	$25	$25	$30	20%	$25	$30	20%	$40*	20%	50%	$25	20%
Office/Home Visit - SCP	$35	$25	$25	$40	$50	20%	$40	$50	20%	$60*	20%	50%	$40	20%
Abortion - Elective	$35	$25	$25	$40	$50	20%	$40	$50	20%	$60*	20%	50%	$40	20%
Abortion - Non Elective	$35	$25	$25	$40	$50	20%	$40	$50	20%	$60*	20%	50%	$40	20%
Advanced Radiology	$35	$25	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
Allergy Shots	$25	$25	$25	$33	$40	20%	$33	$40	20%	$50*	20%	50%	$33	20%
Allergy Tests	$25	$25	$25	$33	$40	20%	$33	$40	20%	$50*	20%	50%	$33	20%
Ambulance	$100	$100	$100	$150	$250	20%	$150	$150	20%	20%	20%	50%	$150	20%
Anesthesia	0%	$25	$25	0%	$50	20%	0%	0%*	20%	20%	20%	50%	$40	20%
Cardiovascular	$15	$25	$25	$25	$30	20%	$25	$30	20%	$40*	20%	50%	$25	20%
Chemotherapy	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Chiropractic	$35	$25	$25	$40	$20	20%	$25	$50	20%	$40*	20%	50%	$25	20%
Consults	$25	$25	$25	$33	$40	20%	$33	$40	20%	$50*	20%	50%	$33	20%
Diabetic Drugs/Supplies	$15	$25	$25	$25	$30	20%*	$25	$30	20%	$40*	20%*	50%	$25	20%
Diabetic Education	$15	$25	$25	$25	$30	20%*	$25	$30	20%	$40*	20%*	50%	$25	20%
Dialysis	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	0%	20%
DME and Supplies	10%	50%	50%	20%	50%	20%	20%	30%	20%	20%	20%	50%	50%	20%
Facility Visits	$25	$25	$25	$33	$40	20%	$33	$40	20%	$50*	20%	50%	$33	20%
Hearing Aid	10%	50%	50%	20%	50%	20%	20%	30%	20%	20%	20%	50%	50%	20%
Hearing Exam	$35	$25	$25	$40	$50	20%	$40	$50	20%	$50*	20%	50%	$40	20%
Home Care	$15	$25	$25	$33	$30	20%	$33	$40	20%	$50*	20%	50%	$33	20%
Maternity	$15	$25	$25	$25	$30	20%	$25	$30	20%	0%	20%	50%	$35	20%
Mental Health	$15	$25	$25	$25	$50	20%	$25	$30	20%	0%	20%	50%	$40	20%
Office-Administered Drugs	$35	$25	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
Pathology / Laboratory	$35	0%	$25	$40	$50	20%	$40	$50	20%	20%	20%	50%	$40	20%
PT/OT/ST	$25	$25	$25	$30	$30	20%	$25	$30	20%	$40*	20%	50%	$25	20%
Radiation Therapy	$15	$25	$25	$25	$50	20%	$25	$30	20%	20%	20%	50%	$40	20%
Radiology	$35	$25	$25	$40	$40	20%	$40	$50	20%	20%	20%	50%	$40	20%
Substance Abuse	$15	$25	$25	$25	$50	20%	$25	$30	20%	0%	20%	50%	$40	20%
Surgery - Facility (IP)	0%	0%	0%	0%	0%	20%	0%	0%	20%	20%	20%	50%	0%	20%
Surgery - Facility (OP)	0%	$25	$25	0%	$50	20%	0%	0%	20%	20%	20%	50%	$20	20%
Surgery - Office	$25	$25	$25	$33	$40	20%	$33	$40	20%	$50*	20%	50%	$33	20%
Vision - Exam	$15	$25	$25	$25	$30	20%	$25	$30	20%	$60*	20%	50%	$40	20%
Vision - Lenses & Frames	10%	$25	$25	20%	$40	20%	20%	30%	20%*	20%	20%	50%	$40	20%*
Other	$35	$25	$25	$40	$50	20%	$40	$50	20%	$60*	20%	50%	$40	20%
Drug														
Generic	$10	$10	$4	$10*	$10	$10*	$10*	$10*	$4	$10*	$4*	$10	$4	$4
Brand	$30	$20	$30	$35*	$50	$35*	$35*	$35*	$35	$50*	50%*	$35	$50	$50
Non Formulary	$60	$40	$50	$70*	$80	$70*	$70*	$70*	$70	$100*	50%*	$70	$80	$80
Supplies	10%	50%	50%	20%	50%	20%	20%	30%	20%	20%	20%	50%	50%	20%
Out of Network														
First Dollar	0%	0%	0%	N/A	0%	0%	N/A	0%	0%	0%	0%	N/A	0%	0%
Deductible (single)	$5,000	$5,000	$5,000	N/A	$5,000	$5,000	N/A	$5,000	$5,000	$5,000	$5,000	N/A	$5,000	$5,000
Coinsurance (Member)	50%	50%	50%	N/A	50%	50%	N/A	50%	50%	50%	50%	N/A	50%	50%
OOP Maximum (single)	$10,000	$10,000	$10,000	N/A	$10,000	$10,000	N/A	$10,000	$10,000	$10,000	$10,000	N/A	$10,000	$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.

Small Group Rates Effective Quarter 1 2015:

Rates will roll quarterly from the Q1 rates.

Quarterly rolling rate factor: 1.50%

Tier Rates Region #2 Effective Q1:

Gold Healthy New York is also available in Region #5 at the same rate as Region #2.

	Age	Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY	Silver Standard	Silver Align	Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align
Single	26	496.28	498.30	557.41	463.60	438.25	420.99	448.99	384.02	376.49	354.40	375.52	362.21	385.97	332.43	326.67	278.55
	30	498.96	500.99	560.42	466.11	440.62	423.26	451.41	386.10	378.52	356.31	377.54	364.17	388.06	334.22	328.44	280.05
2 Person	26	992.56	996.60	1,114.82	927.20	876.50	841.98	897.98	768.04	752.98	708.80	751.04	724.42	771.94	664.86	653.34	557.10
	30	1.003.36	1.007.44	1.126.94	937.30	886.04	851.13	907.74	776.41	761.17	716.50	759.20	732.31	780.35	672.08	660.46	563.15
Sub + Child(ren)	26	843.67	847.11	947.59	788.12	745.02	715.68	763.28	652.84	640.04	602.48	638.38	615.76	656.15	565.13	555.34	473.53
	30	852.82	856.30	957.87	796.68	753.11	723.44	771.55	659.92	646.96	609.00	645.29	622.44	663.27	571.25	561.37	478.66
Family	26	1,414.40	1,420.15	1,588.62	1,321.26	1,249.01	1,199.82	1,279.62	1,094.45	1,072.99	1,010.04	1,070.24	1,032.30	1,100.01	947.42	931.01	793.87
	30	1,429.77	1,435.59	1,605.89	1,335.64	1,262.59	1,212.86	1,293.51	1,106.37	1,084.65	1,021.01	1,081.84	1,043.52	1,111.98	957.71	941.14	802.48

Tier Rates Region #1 Effective Q1:

Gold Healthy New York is also available in Region #6 at the same rate as Region #1.

	Age	Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY	Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Single	26	634.21	721.92	577.33	569.91	602.36	476.04	470.39	477.18	408.48	448.64	438.22	406.28	356.99	339.53
	30	637.63	725.82	580.45	572.99	605.61	478.61	472.93	479.75	410.68	451.06	440.59	408.47	358.92	341.36
2 Person	26	1,268.42	1,443.84	1,154.66	1,139.82	1,204.72	952.08	940.78	954.36	816.96	897.28	876.44	812.56	713.98	679.06
	30	1,282.21	1,459.55	1,167.23	1,152.23	1,217.82	962.44	951.01	964.73	825.84	907.03	885.98	821.39	721.75	686.44
Sub + Child(ren)	26	1,078.16	1,227.27	981.46	968.85	1,024.01	809.26	799.66	811.20	694.42	762.69	744.97	690.68	606.89	577.20
	30	1,089.83	1,240.57	992.10	979.35	1,035.11	818.04	808.33	819.98	701.93	770.95	753.06	698.16	613.47	583.45
Family	26	1,807.50	2,057.47	1,645.39	1,624.25	1,716.73	1,356.71	1,340.61	1,359.97	1,164.17	1,278.62	1,248.93	1,157.89	1,017.42	967.67
	30	1,827.13	2,079.83	1,663.28	1,641.90	1,735.37	1,371.46	1,355.18	1,374.72	1,176.81	1,292.51	1,262.51	1,170.47	1,028.49	978.16

Tier Rates Region #7 Effective Q1:

	Age	Platinum Standard	Platinum 266		Gold Standard	Gold HMO		Gold Healthy NY	Silver Standard				Bronze Standard		
Single	26	687.80	783.73		617.65	653.15		508.81	516.63				439.40		
	30	691.51	787.96		620.98	656.68		511.55	519.42				441.77		
2 Person	26	1,375.60	1,567.46		1,235.30	1,306.30		1,017.62	1,033.26				878.80		
	30	1,390.56	1,584.51		1,248.73	1,320.52		1,028.68	1,044.50				888.36		
Sub + Child(ren)	26	1,169.26	1,332.34		1,050.01	1,110.35		864.98	878.28				746.98		
	30	1,181.93	1,346.78		1,061.38	1,122.40		874.34	887.79				755.07		
Family	26	1,960.23	2,233.63		1,760.30	1,861.48		1,450.11	1,472.40				1,252.30		
	30	1,981.52	2,257.90		1,779.42	1,881.72		1,465.84	1,488.39				1,265.90		

Small Group Rates Effective Quarter 2 2015:

Rates will roll quarterly from the Q1 rates.

Quarterly rolling rate factor: 1.50%

Tier Rates Region #2 Effective Q2:

Gold Healthy New York is also available in Region #5 at the same rate as Region #2.

	Age	Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY	Silver Standard	Silver Align	Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align
Single	26	503.73	505.78	565.77	470.56	444.82	427.30	455.73	384.02	382.14	359.71	381.15	367.64	391.76	337.42	331.57	282.73
	30	506.45	508.50	568.83	473.10	447.23	429.61	458.18	386.10	384.19	361.66	383.20	369.64	393.88	339.23	333.37	284.26
2 Person	26	1,007.46	1,011.56	1,131.54	941.12	889.64	854.60	911.46	768.04	764.28	719.42	762.30	735.28	783.52	674.84	663.14	565.46
	30	1,018.42	1,022.55	1,143.86	951.36	899.33	863.90	921.35	776.41	772.57	727.26	770.58	743.31	792.05	682.16	670.38	571.62
Sub + Child(ren)	26	856.34	859.82	961.81	799.96	756.20	726.41	774.74	652.84	649.64	611.50	647.95	624.99	666.00	573.61	563.67	480.65
	30	865.62	869.12	972.24	808.62	764.40	734.29	783.12	659.92	656.65	618.15	654.96	631.79	673.22	579.81	569.80	485.85
Family	26	1,435.63	1,441.47	1,612.45	1,341.09	1,267.74	1,217.81	1,298.83	1,094.45	1,089.10	1,025.18	1,086.28	1,047.77	1,116.51	961.65	944.97	805.78
	30	1,451.23	1,457.11	1,629.99	1,355.67	1,281.54	1,231.05	1,312.91	1,106.37	1,100.90	1,036.34	1,098.06	1,059.20	1,128.66	972.06	955.27	814.54

Tier Rates Region #1 Effective Q2:

Gold Healthy New York is also available in Region #6 at the same rate as Region #1.

	Age	Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY	Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Single	26	643.73	732.75	585.99	578.46	611.40	483.18	470.39	484.34	414.61	455.37	444.79	412.37	362.35	344.62
	30	647.19	736.71	589.16	581.58	614.70	485.79	472.93	486.95	416.85	457.83	447.19	414.60	364.30	346.48
2 Person	26	1,287.46	1,465.50	1,171.98	1,156.92	1,222.80	966.36	940.78	968.68	829.22	910.74	889.58	824.74	724.70	689.24
	30	1,301.44	1,481.45	1,184.74	1,169.50	1,236.10	976.87	951.01	979.21	838.25	920.65	899.25	833.72	732.57	696.74
Sub + Child(ren)	26	1,094.34	1,245.68	996.19	983.38	1,039.38	821.40	799.66	823.38	704.84	774.13	756.15	701.03	615.99	585.86
	30	1,106.18	1,259.18	1,006.99	994.04	1,050.64	830.32	808.33	832.29	712.48	782.52	764.34	708.63	622.66	592.20
Family	26	1,834.63	2,088.34	1,670.07	1,648.62	1,742.49	1,377.06	1,340.61	1,380.37	1,181.64	1,297.81	1,267.65	1,175.25	1,032.70	982.16
	30	1,854.53	2,111.04	1,688.24	1,666.52	1,761.42	1,392.03	1,355.18	1,395.36	1,194.48	1,311.91	1,281.43	1,188.04	1,043.90	992.83

Tier Rates Region #7 Effective Q2:

	Age	Platinum Standard	Platinum 266		Gold Standard	Gold HMO		Gold Healthy NY	Silver Standard				Bronze Standard		
Single	26	698.12	795.48		626.91	662.95		508.81	524.38				445.99		
	30	701.89	799.77		630.29	666.53		511.55	527.21				448.39		
2 Person	26	1.396.24	1.590.96		1.253.82	1.325.90		1.017.62	1.048.76				891.98		
	30	1,411.43	1,608.25		1,267.45	1,340.32		1,028.68	1,060.16				901.67		
Sub + Child(ren)	26	1,186.80	1,352.32		1,065.75	1,127.02		864.98	891.45				758.19		
	30	1,199.67	1,366.97		1,077.29	1,139.23		874.34	901.10				766.39		
Family	26	1,989.65	2,267.12		1,786.70	1,889.41		1,450.11	1,494.48				1,271.07		
	30	2,011.26	2,291.74		1,806.10	1,909.95		1,465.84	1,510.72				1,284.86		

Small Group Rates Effective Quarter 3 2015:

Rates will roll quarterly from the Q1 rates.

Quarterly rolling rate factor: 1.50%

Tier Rates Region #2 Effective Q3:

Gold Healthy New York is also available in Region #5 at the same rate as Region #2.

	Age	Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY	Silver Standard	Silver Align	Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align
Single	26	511.29	513.37	574.25	477.61	451.50	433.71	462.57	384.02	387.87	365.11	386.87	373.15	397.64	342.48	336.54	286.97
	30	514.05	516.12	577.36	480.20	453.94	436.05	465.05	386.10	389.95	367.09	388.95	375.19	399.78	344.31	338.37	288.52
2 Person	26	1,022.58	1,026.74	1,148.50	955.22	903.00	867.42	925.14	768.04	775.74	730.22	773.74	746.30	795.28	684.96	673.08	573.94
	30	1,033.71	1,037.86	1,161.02	965.63	912.83	876.86	935.17	776.41	784.15	738.18	782.14	754.47	803.92	692.38	680.43	580.18
Sub + Child(ren)	26	869.20	872.73	976.23	811.94	767.55	737.31	786.37	652.84	659.38	620.69	657.68	634.36	675.99	582.21	572.12	487.85
	30	878.61	882.16	986.82	820.75	775.88	745.30	794.87	659.92	666.51	627.43	664.79	641.27	683.31	588.49	578.34	493.14
Family	26	1,457.17	1,463.11	1,636.61	1,361.19	1,286.77	1,236.07	1,318.32	1,094.45	1,105.43	1,040.56	1,102.58	1,063.48	1,133.28	976.07	959.14	817.87
	30	1,473.01	1,478.94	1,654.42	1,376.01	1,300.76	1,249.50	1,332.60	1,106.37	1,117.40	1,051.90	1,114.54	1,075.11	1,145.57	986.62	969.60	826.76

Tier Rates Region #1 Effective Q3:

Gold Healthy New York is also available in Region #6 at the same rate as Region #1.

	Age	Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY	Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Single	26	653.38	743.75	594.78	587.14	620.57	490.42	470.39	491.60	420.82	462.20	451.47	418.56	367.78	349.79
	30	656.90	747.76	597.99	590.31	623.92	493.08	472.93	494.26	423.10	464.70	453.90	420.82	369.77	351.68
2 Person	26	1,306.76	1,487.50	1,189.56	1,174.28	1,241.14	980.84	940.78	983.20	841.64	924.40	902.94	837.12	735.56	699.58
	30	1,320.96	1,503.67	1,202.50	1,187.05	1,254.64	991.54	951.01	993.91	850.81	934.47	912.75	846.22	743.57	707.19
Sub + Child(ren)	26	1,110.74	1,264.37	1,011.13	998.14	1,054.97	833.72	799.66	835.72	715.39	785.74	767.50	711.55	625.23	594.65
	30	1,122.77	1,278.08	1,022.09	1,008.96	1,066.40	842.77	808.33	844.78	723.16	794.27	775.81	719.27	632.01	601.09
Family	26	1,862.14	2,119.69	1,695.12	1,673.35	1,768.63	1,397.70	1,340.61	1,401.06	1,199.34	1,317.27	1,286.69	1,192.89	1,048.17	996.90
	30	1,882.35	2,142.71	1,713.54	1,691.53	1,787.84	1,412.92	1,355.18	1,416.30	1,212.39	1,331.60	1,300.65	1,205.86	1,059.58	1,007.74

Tier Rates Region #7 Effective Q3:

	Age	Platinum Standard	Platinum 266		Gold Standard	Gold HMO		Gold Healthy NY	Silver Standard				Bronze Standard		
Single	26	708.60	807.42		636.32	672.90		508.81	532.25				452.68		
	30	712.42	811.77		639.75	676.53		511.55	535.11				455.11		
2 Person	26	1,417.20	1,614.84		1,272.64	1,345.80		1,017.62	1,064.50				905.36		
	30	1,432.61	1,632.39		1,286.47	1,360.43		1,028.68	1,076.05				915.18		
Sub + Child(ren)	26	1,204.62	1,372.62		1,081.75	1,143.93		864.98	904.82				769.56		
	30	1,217.67	1,387.47		1,093.46	1,156.32		874.34	914.61				777.87		
Family	26	2,019.51	2,301.14		1,813.51	1,917.76		1,450.11	1,516.92				1,290.14		
	30	2.041.44	2.326.13		1.833.20	1.938.60		1.465.84	1.533.35				1.304.12		

Small Group Rates Effective Quarter 4 2015:

Rates will roll quarterly from the Q1 rates.

Quarterly rolling rate factor: 1.50%

Tier Rates Region #2 Effective Q4:

Gold Healthy New York is also available in Region #5 at the same rate as Region #2.

	Age	Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY	Silver Standard	Silver Align	Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align
Single	26	518.96	521.07	582.87	484.77	458.27	440.21	469.51	384.02	393.69	370.59	392.67	378.75	403.60	347.61	341.58	291.28
	30	521.77	523.86	586.02	487.40	460.75	442.59	472.03	386.10	395.80	372.59	394.79	380.82	405.78	349.48	343.45	292.85
2 Person	26	1,037.92	1,042.14	1,165.74	969.54	916.54	880.42	939.02	768.04	787.38	741.18	785.34	757.50	807.20	695.22	683.16	582.56
	30	1,049.23	1,053.43	1,178.42	980.11	926.53	890.01	949.20	776.41	795.92	749.24	793.89	765.80	815.98	702.76	690.64	588.89
Sub + Child(ren)	26	882.23	885.82	990.88	824.11	779.06	748.36	798.17	652.84	669.27	630.00	667.54	643.87	686.12	590.93	580.69	495.18
	30	891.81	895.38	1,001.62	833.07	787.51	756.48	806.80	659.92	676.51	636.83	674.78	650.90	693.55	597.33	587.02	500.54
Family	26	1,479.03	1,485.05	1,661.18	1,381.59	1,306.07	1,254.60	1,338.10	1,094.45	1,122.01	1,056.19	1,119.11	1,079.44	1,150.26	990.69	973.51	830.15
	30	1,495.13	1,501.12	1,679.24	1,396.64	1,320.28	1,268.24	1,352.60	1,106.37	1,134.17	1,067.65	1,131.27	1,091.24	1,162.76	1,001.44	984.16	839.16

Tier Rates Region #1 Effective Q4:

Gold Healthy New York is also available in Region #6 at the same rate as Region #1.

	Age	Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY	Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Single	26	663.18	754.91	603.70	595.94	629.88	497.78	470.39	498.98	427.13	469.14	458.24	424.84	373.29	355.03
	30	666.76	758.98	606.96	599.16	633.28	500.48	472.93	501.68	429.45	471.67	460.71	427.13	375.32	356.96
2 Person	26	1,326.36	1,509.82	1,207.40	1,191.88	1,259.76	995.56	940.78	997.96	854.26	938.28	916.48	849.68	746.58	710.06
	30	1,340.79	1,526.23	1,220.54	1,204.85	1,273.47	1,006.41	951.01	1,008.83	863.58	948.48	926.44	858.92	754.73	717.81
Sub + Child(ren)	26	1,127.41	1,283.34	1,026.29	1,013.10	1,070.79	846.23	799.66	848.26	726.12	797.54	779.00	722.22	634.59	603.55
	30	1,139.63	1,297.25	1,037.42	1,024.09	1,082.40	855.42	808.33	857.47	734.01	806.18	787.45	730.05	641.50	610.11
Family	26	1,890.06	2,151.49	1,720.55	1,698.43	1,795.16	1,418.67	1,340.61	1,422.10	1,217.32	1,337.05	1,305.99	1,210.80	1,063.87	1,011.83
	30	1,910.60	2,174.86	1,739.24	1,716.89	1,814.66	1,434.12	1,355.18	1,437.56	1,230.59	1,351.57	1,320.17	1,223.94	1,075.48	1,022.87

Tier Rates Region #7 Effective Q4:

	Age	Platinum Standard	Platinum 266		Gold Standard	Gold HMO		Gold Healthy NY	Silver Standard				Bronze Standard		
Single	26	719.22	819.53		645.86	682.99		508.81	540.24				459.47		
	30	723.10	823.94		649.34	686.67		511.55	543.13				461.94		
2 Person	26	1,438.44	1,639.06		1,291.72	1,365.98		1,017.62	1,080.48				918.94		
	30	1,454.08	1,656.86		1,305.76	1,380.82		1,028.68	1,092.18				928.92		
Sub + Child(ren)	26	1,222.68	1,393.21		1,097.96	1,161.09		864.98	918.41				781.10		
	30	1,235.92	1,408.28		1,109.86	1,173.66		874.34	928.32				789.55		
Family	26	2,049.77	2,335.66		1,840.71	1,946.52		1,450.11	1,539.68				1,309.49		
	30	2,072.04	2,361.00		1,860.69	1,967.65		1,465.84	1,556.34				1,323.69		

Supporting Document Schedules

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	Aqua Gold - NENY.pdf Aqua Silver.pdf HMO Gold.pdf POS 267.pdf POS 268.pdf POS 269.pdf POS 270.pdf POS Transitional.pdf PPO 266.pdf Bronze Standard.pdf Gold Standard.pdf Platinum Standard.pdf Silver Standard.pdf align Bronze.pdf align Silver.pdf Aqua Gold - WNY.pdf HMO 110 Plus.pdf POS 250.pdf POS 7100.pdf POS 8100 Bronze.pdf POS 8100 Silver.pdf PPO 843.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Commercial Narrative - Small Group.pdf Exhibit 13 - Group Off.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	
Attachment(s):	Exhibit 14 Individual Off.pdf Exhibit 14 Individual Off.xlsx Exhibit 14 Individual On.pdf Exhibit 14 Individual On.xlsx

Item Status:	
Status Date:	

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

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

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

Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	Exhibit 16 - Group Off.pdf Exhibit 16 - Group Off.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	

Attachment(s):	Exhibit 17 - Group Off.pdf Exhibit 17 - Group Off.xlsx Development Of Standardized Premium.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	Exhibit 18 - Group Off.xlsx Exhibit 18 - Group Off.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	Exhibit 19 - Group Off.pdf Exhibit 19 - Group Off.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	Exhibit 20 - Group Off.pdf Exhibit 20 - Group Off.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21A-Hospital Inpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21A - Group Off.pdf Exhibit 21A - Group Off.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21B-Hospital Outpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21B - Group Off.pdf Exhibit 21B - Group Off.xls
Item Status:	

Status Date:	

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

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

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	Template - Rate adjustment notice - initial (Group Certificate Holder final) v2.pdf Template - Rate adjustment notice - initial (Group Policyholder final) v2.pdf Proposed Premium Increase - Sample Attachment.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting
Comments:	
Attachment(s):	Exhibit 11 - Group Off - Redacted.pdf Exhibit 11 - Group Off - Redacted.xls Exhibit 21A - Group Off - Redacted.pdf Exhibit 21A - Group Off - Redacted.xls Exhibit 21B - Group Off - Redacted.pdf Exhibit 21B - Group Off - Redacted.xls Actuarial Memorandum Rate Filing - Group Off - Redacted.pdf URRT Actuarial Memorandum - HN - SG - Redacted.pdf URRT Actuarial Memorandum - NENY - SG - Redacted.pdf URRT Actuarial Memorandum - WNY - SG - Redacted.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	

State: New York **Filing Company:** HealthNow New York Incorporated
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614
Project Name/Number: CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614/CN1C3S0441_0614, CH1C4F0452_0614, CG1C4S0469_0614

Attachment(s):	Unified Rate Review Template - HN - SG.pdf Unified Rate Review Template - NENY - SG.pdf Unified Rate Review Template - WNY - SG.pdf Unified_Rate_Review_Template_HN_SG.xlsm Unified_Rate_Review_Template_NENY_SG.xlsm Unified_Rate_Review_Template_WNY_SG.xlsm
Item Status:	
Status Date:	

Satisfied - Item:	Rate Development
Comments:	Attached.
Attachment(s):	Rate Development - Group Off.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Commission Schedules
Comments:	
Attachment(s):	BCBSWNY 2014 Broker Commission Schedule - Large Group.pdf BCBSWNY 2014 Broker Commission Schedule - Small Group.pdf BSNENY 2014 Broker Commission Schedule - Enhanced.pdf BSNENY 2014 Broker Commission Schedule - Standard.pdf HealthNow 2014 Broker Commission Schedule - Group.pdf HealthNow 2014 Broker Commission Schedule - Individual.pdf HealthNow 2014 Broker Commission Schedule - Tier 1.pdf HealthNow 2014 Broker Commission Schedule - Tier 2.pdf 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 BlueShield of NENY Underwriting Guidelines.pdf HealthNow Underwriting Guidelines.pdf
Item Status:	
Status Date:	

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

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Attachment Exhibit 21B - Group Off - Redacted.xls is not a PDF document and cannot be reproduced here.

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

Attachment Unified_Rate_Review_Template_WNY_SG.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	Silver

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 ($)	$3,300.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
OOP Maximum ($)	$6,600.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
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%		☑	☑		
Non-Preferred Brand Drugs	☐	☑	50%		☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☑	50%		☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	71.2%
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	Gold

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

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☐	☐		$250.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$30.00	☑	☑		
Specialist Visit	☐	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$50.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$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	☐	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	78%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☐	☑	89%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$80.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$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):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.3%
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 ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

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)	☐	☐		$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	Bronze

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$4,500.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

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	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$40.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$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	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	83%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	96%		☑	☑		
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:	58.6%
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	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 ($)			$5,000.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,450.00			
OOP Maximum if Separate ($)						

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	☑	☐		$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

User Inputs for Plan Parameters

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

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

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$3,000.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%				
OOP Maximum ($)	$6,600.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☑ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$40.00	☑	☑		
Specialist Visit	☐	☐		$60.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$60.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑		$60.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$40.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$40.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑			☑	☑		
X-rays and Diagnostic Imaging	☑	☑			☑	☑		
Skilled Nursing Facility	☑	☑			☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑			☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑			☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$50.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$100.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$57.50	☑	☑		

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	69.4%
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	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 ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			100.00%			
OOP Maximum ($)			$6,600.00			
OOP Maximum if Separate ($)						

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)	☐	☐		$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	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$20.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$40.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$23.00	☑	☑		

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:	88.2%
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	Bronze

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

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

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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? 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

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: 2nd Tier Utilization:	

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

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Type of Benefit	Tier 1				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? 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

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: 2nd Tier Utilization:	

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

Click Here for Important Instructions

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

Options for Additional Benefit Design Limits:

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

Output

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: 2nd Tier Utilization:	

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☑ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$30.00	☑	☑		
Specialist Visit	☑	☐		$50.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$30.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$50.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$50.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$50.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,500.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95.57%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	92.34%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.69%
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:	90%
2nd Tier Utilization:	10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$5,000.00			$6,000.00
Coinsurance (%, Insurer's Cost Share)			60.00%			50.00%
OOP Maximum ($)			$6,450.00			$6,450.00
OOP Maximum if Separate ($)						

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	☑	☑			☑	☑	60%	
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	☑	☐		$15.00	☑	☐		$15.00
Preferred Brand Drugs	☑	☑	50%		☑	☑	50%	
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%	
Specialty Drugs (i.e. high-cost)	☑	☑	50%		☑	☑	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:	58.2%
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	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 ($)			$1,000.00			$3,500.00
Coinsurance (%, Insurer's Cost Share)			75.00%			50.00%
OOP Maximum ($)			$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	☑	☑			☑	☑	75%	
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
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	☑	☑			☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑			☑	☑		
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	☑	☑			☑	☑		
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	☑	☐		$30.00	☑	☐		$30.00
Non-Preferred Brand Drugs	☑	☑	50%		☑	☑	50%	
Specialty Drugs (i.e. high-cost)	☑	☐		$244.05	☑	☐		$244.05

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	70.6%
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	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 ($)	$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? 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:	81.5%
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	Platinu

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☐	☐		$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? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.2%
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	Gold

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑			☑	☑		
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	☑	☑			☑	☑		
	☑	☑			☑	☑		
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?	☐
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:	78.10%
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	Silver

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

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

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	☑	☐		$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? 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:	68.6%
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: 2nd Tier Utilization:	

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

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	☑	☑		$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? 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:	60.92%
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	Silver

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

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

Click Here for Important Instructions

Type of Benefit	Tier 1				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	☑	☑			☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$750.00	☑	☑		
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? 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:	69.53%
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	Platinu

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

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$500.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	80.00%	99.99%				
OOP Maximum ($)	$1,000.00					
OOP Maximum if Separate ($)						

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	☑	☑			☑	☑		
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	☑	☐		$10.00	☑	☑		
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? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.9%
Metal Tier:	Platinum

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

NAIC #: 55204
SERFF Tracking #s: HLTH-129576705, HLTH-129576737

TO BE EFFECTIVE UPON 2015 RENEWAL DATE

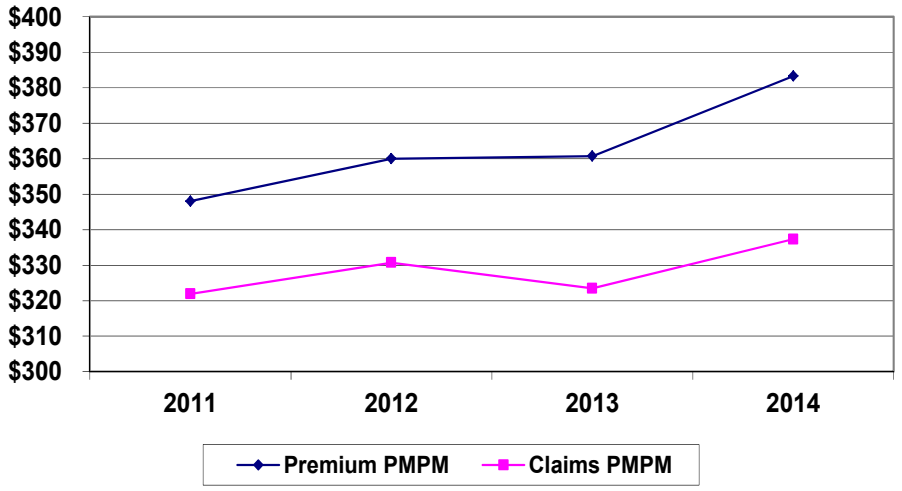
THIS APPLICATION IS FOR SMALL GROUP COMMUNITY-RATED PRODUCTS

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 small, community-rated group products (2-50 employees). "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 upon renewal dates in 2015. The rates vary by the calendar quarter in which the group renews and are guaranteed for the 12-month period starting on the renewal date.

Based on current membership numbers, we estimate that 53,000 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 small group 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

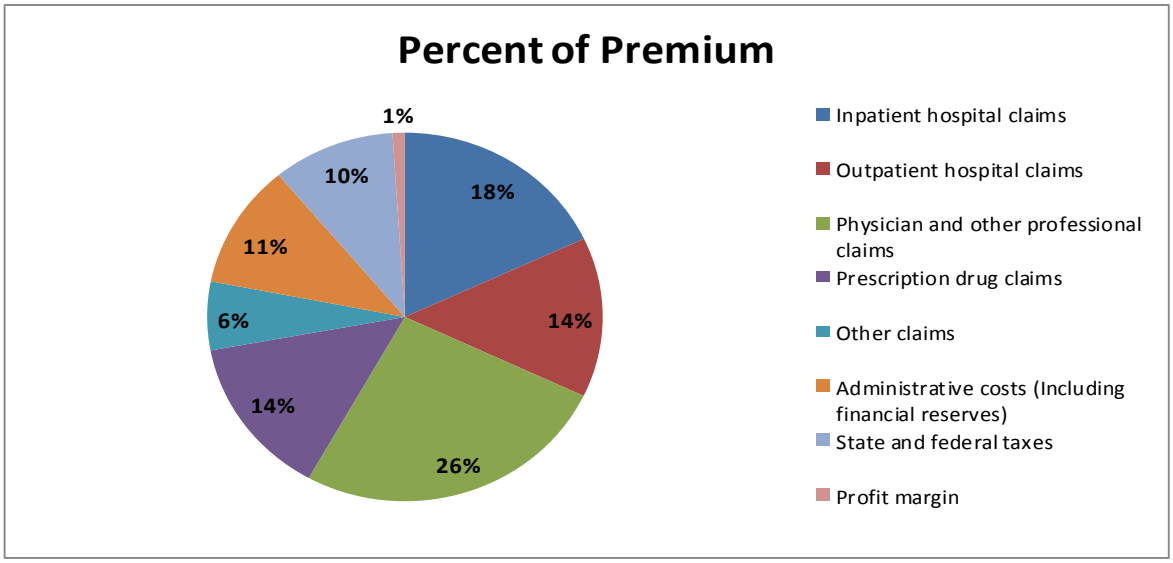
Region 6 (Syracuse Area): Chemung, Onondaga

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 small group community-rated products as follows:

Leveraging	2014	2015
Small Group	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 small group community-rated products as follows:

Medical Demographic Shift	2014	2015
Small Group	0.7%	0.0%

Prescription Drug Demographic Shift	2014	2015
Small Group	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 small group community-rated products) are as follows:

Administrative Costs	2013	2014	2015
Small Group	$42.37	$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 small group community-rated market. The cost of those additional benefits (compared to the benefits we covered in 2013) is approximately 2% of our small group 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 small group 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 group 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 small group community-rated business subject to this annual rate application is as follows:

Loss ratios	2013	2014	2015
Small Group	86%	84%	88%

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	2013	2014	2015
Small Group	-3.7%	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 Trac HLTH-129576705
Market Segment: Small Groups Off Exchange

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

A. Average 2014 and 2015 Premium Rates:

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

	Platinum	Gold	Silver	Bronze	Catastrophic
2014 Premium Rates	606.88	575.14	479.03	402.10	N/A
2015 Premium Rates	622.99	507.26	412.42	346.67	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	-2.1%

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	12.3%	6.7%	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	90%	87%	86%

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	7.0%	6.0%	4.5%
Expense Ratios	12.4%	14.7%	14.0%
Pre Tax Profit Ratios	1.7%	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%

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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Market Segment Total:				0.0%	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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	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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	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-129576705

Market Segment: Small Groups Off Exchange

Instructions:

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

****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

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-129576705
Market Segment: Il Groups Off Exchange

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

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

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

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

HMO	SG-All Others	SG-Sole P	SG-HNY			Individuals On Exchange	Individual Off Exchange	Small Groups Or Small Groups Off Exchange	
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
L53G3N0195	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**
LS3G3N0232	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
L33G3N0195	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**
LS1G4N0004	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	2,341	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	1,598,779	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	287	XX	01/01/13	12/31/13	8,288	8,304,335	8,796,714	7,931,186	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	113	956
Total Buffalo Traditional									**300**	**489**	**XX**	**01/01/13**	**12/31/13**	**10,468**	**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**
LS3G3N0232	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	3,643	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
L33G3N0195	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	2,305,021
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**	**2,305,021**
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
LS1G4N0004	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 (mm/dd/yy)	15.2 Ending Date of the experience period (mm/dd/yy)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	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	313,129	313,129		0	3,490	30,095
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	01/01/12	12/31/12	251	256,601	279,682	170,940	170,942		0	1,467	12,653
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	01/01/12	12/31/12	133,128	53,501,864	58,666,289	50,360,979	50,361,409		0	778,193	6,711,020
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	01/01/12	12/31/12	0	0	0	0 0 0 0 0 0					
XX	**01/01/12**	**12/31/12**	**171,656**	**65,896,808**	**73,543,123**	**61,659,060**	**61,659,583**		**0**	**1,003,406**	**8,653,227**
XX	01/01/12	12/31/12	3,785	688,593	815,757	460,724	460,729		0	22,125	190,803
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	**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	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	01/01/12	12/31/12	1,586	478,935	562,270	306,310	306,313		0	9,271	79,951
XX	01/01/12	12/31/12	35,256	10,156,919	12,430,644	8,269,769	8,269,838	8,269,838	0	206,087	1,777,265
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	**01/01/12**	**12/31/12**	**97,749**	**30,357,117**	**36,667,890**	**24,077,164**	**24,077,379**		**0**	**571,387**	**4,927,555**
XX	01/01/12	12/31/12	22,276	7,792,794	9,942,108	6,756,193	6,756,136		0	(97,700)	931,564
XX	**01/01/12**	**12/31/12**	**22,276**	**7,792,794**	**9,942,108**	**6,756,193**	**6,756,136**		**0**	**(97,700)**	**931,564**
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	01/01/12	12/31/12	48	56,694	64,895	17,555	17,554		0	(211)	2,007
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	01/01/12	12/31/12	11,750	2,964,761	3,484,523	3,511,134	3,511,113		(868,622)	0	289,718
XX	**01/01/12**	**12/31/12**	**11,750**	**2,964,761**	**3,484,523**	**3,511,134**	**3,511,113**		**(868,622)**	**0**	**289,718**
XX	01/01/12	12/31/12	228	310,850	340,518	146,134	146,135		0	1,445	8,609
XX	01/01/12	12/31/12	2,517	3,661,655	3,930,340	1,796,880	1,796,694		0	15,949	95,044
XX	01/01/12	12/31/12	38	80,634	87,554	13,916	13,916		0	241	1,435
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	01/01/12	12/31/12	0	0	0 0 0 0 0 0 0						
XX	01/01/12	12/31/12	0	0	0 0 0 0 0 0 0						
XX	**01/01/12**	**12/31/12**	**13,537**	**14,506,720**	**15,668,818**	**10,886,215**	**10,886,305**		**0**	**85,776**	**511,168**
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	**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	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	01/01/12	12/31/12	111,709	23,456,141	27,510,593	20,256,376	20,256,525		0	707,837	4,218,225
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	01/01/12	12/31/12	168,068	49,057,981	58,979,066	45,684,903	45,685,222		0	1,064,952	6,346,389
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	01/01/12	12/31/12	79,901	34,716,823	41,805,989	32,041,728	32,041,893		0	2,109,844	2,980,216
XX	**01/01/12**	**12/31/12**	**79,901**	**34,716,823**	**41,805,989**	**32,041,728**	**32,041,893**		**0**	**2,109,844**	**2,980,216**
XX	01/01/12	12/31/12	97	100,296	115,732	46,139	46,139		0	2,561	3,618
XX	01/01/12	12/31/12	19,715	11,130,698	12,788,055	9,564,039	9,564,039		0	520,589	735,347
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	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	**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**

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

	16.1 Beginning date of the experience period (mm/dd/yy)	16.2 Ending Date of the experience period (mm/dd/yy)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from state or federal reinsurance or stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool or federal risk sharing pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from state or federal reinsurance or stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the federal risk sharing pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	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	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	01/01/11	12/31/11	276	303,097	295,809	381,210	381,210	0	2,868	13,720
XX	**01/01/11**	**12/31/11**	**2,646.00**	**2,937,66**	**0**	**2,886,774**	**1,937,030**	**1,937,031**	**0**	**27,487**	**131,481**
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	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	01/01/11	12/31/11	0	0	0	0	0	0	0	0
XX	**01/01/11**	**12/31/11**	**223,375.00**	**78,628,92**	**6**	**111,288,487**	**77,629,018**	**77,629,066**	**0**	**2,321,325**	**11,103,828**
XX	01/01/11	12/31/11	7,912	1,305,77	9	1,789,475	862,631	862,632	0	82,222	393,300
XX	01/01/11	12/31/11	2,704	1,105,83	3	1,492,690	1,072,071	1,072,072	0	28,100	134,414
XX	**01/01/11**	**12/31/11**	**10,616.00**	**2,411,61**	**3**	**3,282,164**	**1,934,703**	**1,934,704**	**0**	**110,322**	**527,715**
XX	01/01/11	12/31/11	25,496	7,477,88	4	10,067,416	4,761,770	4,761,773	0	264,956	1,267,390
XX	01/01/11	12/31/11	0	0		0	0	0	0	0	0
XX	01/01/11	12/31/11	41,003	10,665,30	0	14,588,275	8,808,216	8,808,222	0	426,105	2,038,233
XX	01/01/11	12/31/11	51,205	14,902,45	4	20,070,943	13,832,991	13,832,999	0	532,125	2,545,368
XX	**01/01/11**	**12/31/11**	**117,704.00**	**33,045,63**	**8**	**44,726,634**	**27,402,977**	**27,402,995**	**0**	**1,223,186**	**5,850,990**
XX	01/01/11	12/31/11	33,857	11,350,96	7	16,627,759	10,994,211	10,994,195	0	(231,351)	2,001,181
XX	**01/01/11**	**12/31/11**	**33,857.00**	**11,350,96**	**7**	**16,627,759**	**10,994,211**	**10,994,195**	**0**	**-231,351**	**2,001,181**
XX	01/01/11	12/31/11	10,331	5,471,35	8	8,141,161	5,371,222	5,371,214	0	(70,593)	610,633
XX	01/01/11	12/31/11	48	51,19	6	64,843	44,169	44,169	0	(328)	2,837
XX	**01/01/11**	**12/31/11**	**10,379.00**	**5,522,55**	**5**	**8,206,003**	**5,415,391**	**5,415,383**	**0**	**-70,921**	**613,470**
XX	01/01/11	12/31/11	12,412	3,067,89	9	3,812,874	3,237,231	3,237,229	(1,137,501)	0	417,471
XX	**01/01/11**	**12/31/11**	**12,412.00**	**3,067,89**	**9**	**3,812,874**	**3,237,231**	**3,237,229**	**-1,137,501**	**0**	**417,471**
XX	01/01/11	12/31/11	259	104,33	6	397,138	106,427	106,428	0	(247)	10,742
XX	01/01/11	12/31/11	3,486	1,416,32	9	5,589,657	2,574,054	2,574,066	0	(3,324)	144,576
XX	01/01/11	12/31/11	211	93,54	2	244,643	21,674	21,674	0	(201)	8,751
XX	01/01/11	12/31/11	15,344	13,099,81	8	16,639,854	12,326,023	12,326,085	0	(14,431)	636,368
XX	01/01/11	12/31/11	5	5,914		8,605	0	0	0	(5)	207
XX	01/01/11	12/31/11	0	0		0	0	0	0	0	0
XX	**01/01/11**	**12/31/11**	**19,305.00**	**18,019,93**	**9**	**22,879,847**	**15,028,178**	**15,028,253**	**0**	**-18,408**	**800,644**
XX	01/01/11	12/31/11	2,825	1,290,04	2	1,925,619	1,308,578	1,308,583	0	(2,694)	117,162
XX	**01/01/11**	**12/31/11**	**2,825.00**	**1,290,04**	**2**	**1,925,619**	**1,308,578**	**1,308,583**	**0**	**-2,694**	**117,162**
XX	01/01/11	12/31/11	164,686	40,914,77	5	58,408,642	32,191,882	32,192,024	0	(157,031)	6,830,092
XX	01/01/11	12/31/11	691	29,67	0	155,422	106,989	106,990	0	(659)	28,658
XX	01/01/11	12/31/11	176,714	41,257,87	7	57,225,613	37,792,005	37,792,174	0	(168,500)	7,328,934
XX	01/01/11	12/31/11	174,014	45,823,71	4	63,034,242	42,516,561	42,516,738	0	(165,926)	7,216,956
XX	**01/01/11**	**12/31/11**	**516,105.00**	**128,126,03**	**6**	**178,823,919**	**112,607,438**	**112,607,926**	**0**	**-492,117**	**21,404,641**
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	**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	01/01/11	12/31/11	85,78	11	0	101,730	106,063	106,063	0	1,851	3,214
XX	01/01/11	12/31/11	28,778	15,140,07	3	19,822,344	12,200,399	12,200,391	0	626,797	1,088,303
XX	**01/01/11**	**12/31/11**	**28,863.00**	**15,218,18**	**3**	**19,924,074**	**12,306,461**	**12,306,454**	**0**	**628,649**	**1,091,517**
XX	01/01/11	12/31/11	11,794	2,884,79	9	3,509,234	2,634,195	2,634,194	(1,107,172)	0	396,685
XX	**01/01/11**	**12/31/11**	**11,794.00**	**2,884,79**	**9**	**3,509,234**	**2,634,195**	**2,634,194**	**-1,107,172**	**0**	**396,685**

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-129576705
Market Segment : Small Groups Off Exchange

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

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY052	49526NY052	49526NY052	49526NY052	49526NY052	49526NY052	49526NY052	49526NY052
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.892	0.892	0.892	0.892	0.892	0.892	0.892	0.892
5	AV Pricing Value (total, risk pool experience based)*	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.936	0.936	0.936	0.936	0.936	0.936	0.936	0.936
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum HMO 110 Plus	Platinum HMO 110 Plus	Platinum HMO 110 Plus	Platinum HMO 110 Plus	Platinum HMO 110 Plus	Platinum HMO 110 Plus	Platinum HMO 110 Plus	Platinum HMO 110 Plus
8	HIOS Plan ID*	49526NY0560089	49526NY0560090	49526NY0560091	49526NY0560092	49526NY0560093	49526NY0560094	49526NY0560095	49526NY0560096	49526NY0520001	49526NY0520002	49526NY0520003	49526NY0520004	49526NY0520005	49526NY0520006	49526NY0520007	49526NY0520008
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate	
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	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 ****	1.003															
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**															
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.003															
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.020															
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000															
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)	1.009															
27	Other 3 (specify)	1.000															
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.936	0.936	0.936	0.936	0.936	0.936	0.936	0.936
30	Pricing actuarial value (only the induced demand factor) #	1.078	1.078	1.078	1.078	1.078	1.078	1.078	1.078	1.072	1.072	1.072	1.072	1.072	1.072	1.072	1.072
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.128	1.128	1.128	1.128	1.128	1.128	1.128	1.128	1.128
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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.032	1.032	1.032	1.032	1.032	1.032	1.032	1.032
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.186**	**1.186**	**1.186**	**1.186**	**1.186**	**1.186**	**1.186**	**1.186**

\# 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)**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**457.70**	**457.70**	**457.70**	**457.70**	**457.70**	**457.70**	**457.70**	**457.70**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.889	0.889	0.889	0.889	0.889	0.889	0.889	0.889	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)*	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.854
6	Plan Type*	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Platinum PPO 843	Platinum PPO 843	Platinum PPO 843	Platinum PPO 843	Platinum PPO 843	Platinum PPO 843	Platinum PPO 843	Platinum PPO 843	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard
8	HIOS Plan ID*	49526NY0500001	49526NY0500002	49526NY0500003	49526NY0500004	49526NY0500053	49526NY0500054	49526NY0500055	49526NY0500056	49526NY0560057	49526NY0560058	49526NY0560059	49526NY0560060	49526NY0560061	49526NY0560062	49526NY0560063	49526NY0560064
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.854
30	Pricing actuarial value (only the induced demand factor) #	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.039	1.020	1.020	1.020	1.020	1.020	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	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.128	1.123	1.123	1.123	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	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	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)	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.034	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.086**	**1.086**	**1.086**	**1.086**	**1.086**	**1.086**	**1.086**	**1.086**	**0.994**	**0.994**	**0.994**	**0.994**	**0.994**	**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)**	**419.20**	**419.20**	**419.20**	**419.20**	**419.20**	**419.20**	**419.20**	**419.20**	**383.43**	**383.43**	**383.43**	**383.43**	**383.43**	**383.43**	**383.43**	**383.43**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.781
5	AV Pricing Value (total, risk pool experience based)*	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold POS 250	Gold POS 250	Gold POS 250	Gold POS 250	Gold POS 250	Gold POS 250	Gold POS 250	Gold POS 250
8	HIOS Plan ID*	49526NY0500005	49526NY0500006	49526NY0500007	49526NY0500008	49526NY0500037	49526NY0500038	49526NY0500039	49526NY0500040	49526NY0560065	49526NY0560066	49526NY0560067	49526NY0560068	49526NY0560069	49526NY0560070	49526NY0560071	49526NY0560072
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827
30	Pricing actuarial value (only the induced demand factor) #	1.017	1.017	1.017	1.017	1.017	1.017	1.017	1.017	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.123	1.123	1.123	1.123	1.123	1.123	1.123	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	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	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)	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.024	1.024	1.024	1.024	1.024	1.024	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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.016**	**1.016**	**1.016**	**1.016**	**1.016**	**1.016**	**1.016**	**1.016**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**

\# 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)**	**392.25**	**392.25**	**392.25**	**392.25**	**392.25**	**392.25**	**392.25**	**392.25**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY028	49526NY028	49526NY028	49526NY028	49526NY028	49526NY028	49526NY028	49526NY028
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)*	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.855
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY
8	HIOS Plan ID*	49526NY0500041	49526NY0500042	49526NY0500043	49526NY0500044	49526NY0500049	49526NY0500050	49526NY0500051	49526NY0500052	49526NY0280001	49526NY0280002	49526NY0280003	49526NY0280004	49526NY0280005	49526NY0280006	49526NY0280007	49526NY0280008
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.855
30	Pricing actuarial value (only the induced demand factor) #	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.020	1.020	1.020	1.020	1.020	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	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.123	1.123	1.123	1.123	1.123	1.123	1.123	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	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	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)	1.024	1.024	1.024	1.024	1.024	1.024	1.024	1.024	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.808	0.808	0.808	0.808	0.808	0.808	0.808	0.808
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.968**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**

\# 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)**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**373.68**	**310.32**	**310.32**	**310.32**	**310.32**	**310.32**	**310.32**	**310.32**	**310.32**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.706	0.706	0.706	0.706	0.706	0.706	0.706	0.706
5	AV Pricing Value (total, risk pool experience based)*	0.767	0.767	0.767	0.767	0.767	0.767	0.767	0.767	0.758	0.758	0.758	0.758	0.758	0.758	0.758	0.758
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Align	Silver Align	Silver Align	Silver Align	Silver Align	Silver Align	Silver Align	Silver Align
8	HIOS Plan ID*	49526NY0560025	49526NY0560026	49526NY0560027	49526NY0560028	49526NY0560029	49526NY0560030	49526NY0560031	49526NY0560032	49526NY0500013	49526NY0500014	49526NY0500015	49526NY0500016	49526NY0500057	49526NY0500058	49526NY0500059	49526NY0500060
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.767	0.767	0.767	0.767	0.767	0.767	0.767	0.767	0.758	0.758	0.758	0.758	0.758	0.758	0.758	0.758
30	Pricing actuarial value (only the induced demand factor) #	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.971	0.944	0.944	0.944	0.944	0.944	0.944	0.944	0.944
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.113	1.113	1.113	1.113	1.113	1.113	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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.024	1.024	1.024	1.024	1.024	1.024	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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.861**	**0.861**	**0.861**	**0.861**	**0.861**	**0.861**	**0.861**	**0.861**	**0.828**	**0.828**	**0.828**	**0.828**	**0.828**	**0.828**	**0.828**	**0.828**

\# 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)**	**332.23**	**332.23**	**332.23**	**332.23**	**332.23**	**332.23**	**332.23**	**332.23**	**319.65**	**319.65**	**319.65**	**319.65**	**319.65**	**319.65**	**319.65**	**319.65**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.686	0.686	0.686	0.686	0.686	0.686	0.686	0.686	0.695	0.695	0.695	0.695	0.695	0.695	0.695	0.695
5	AV Pricing Value (total, risk pool experience based)*	0.753	0.753	0.753	0.753	0.753	0.753	0.753	0.753	0.729	0.729	0.729	0.729	0.729	0.729	0.729	0.729
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Silver POS 7100	Silver POS 7100	Silver POS 7100	Silver POS 7100	Silver POS 7100	Silver POS 7100	Silver POS 7100	Silver POS 7100	Silver POS 8100	Silver POS 8100	Silver POS 8100	Silver POS 8100	Silver POS 8100	Silver POS 8100	Silver POS 8100	Silver POS 8100
8	HIOS Plan ID*	49526NY0500009	49526NY0500010	49526NY0500011	49526NY0500012	49526NY0500061	49526NY0500062	49526NY0500063	49526NY0500064	49526NY0560033	49526NY0560034	49526NY0560035	49526NY0560036	49526NY0560037	49526NY0560038	49526NY0560039	49526NY0560040
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.753	0.753	0.753	0.753	0.753	0.753	0.753	0.753	0.729	0.729	0.729	0.729	0.729	0.729	0.729	0.729
30	Pricing actuarial value (only the induced demand factor) #	0.964	0.964	0.964	0.964	0.964	0.964	0.964	0.964	0.953	0.953	0.953	0.953	0.953	0.953	0.953	0.953
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.113	1.113	1.113	1.113	1.113	1.113	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	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	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	1.027	1.027	1.027	1.027	1.027	1.027	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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**	**0.844**	**0.844**	**0.844**	**0.844**	**0.844**	**0.844**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**

\# 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)**	**325.57**	**325.57**	**325.57**	**325.57**	**325.57**	**325.57**	**325.57**	**325.57**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.695	0.695	0.695	0.695	0.695	0.695	0.695	0.695	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620
5	AV Pricing Value (total, risk pool experience based)*	0.729	0.729	0.729	0.729	0.729	0.729	0.729	0.729	0.649	0.649	0.649	0.649	0.649	0.649	0.649	0.649
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Silver POS 8100EX	Silver POS 8100EX	Silver POS 8100EX	Silver POS 8100EX	Silver POS 8100EX	Silver POS 8100EX	Silver POS 8100EX	Silver POS 8100EX	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard
8	HIOS Plan ID*	49526NY0500065	49526NY0500066	49526NY0500067	49526NY0500068	49526NY0500069	49526NY0500070	49526NY0500071	49526NY0500072	49526NY0560001	49526NY0560002	49526NY0560003	49526NY0560004	49526NY0560005	49526NY0560006	49526NY0560007	49526NY0560008
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.729	0.729	0.729	0.729	0.729	0.729	0.729	0.729	0.649	0.649	0.649	0.649	0.649	0.649	0.649	0.649
30	Pricing actuarial value (only the induced demand factor) #	0.953	0.953	0.953	0.953	0.953	0.953	0.953	0.953	0.926	0.926	0.926	0.926	0.926	0.926	0.926	0.926
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.113	1.113	1.113	1.105	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	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	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)	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.807**	**0.675**	**0.675**	**0.675**	**0.675**	**0.675**	**0.675**	**0.675**	**0.675**

\# 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)**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**311.32**	**260.52**	**260.52**	**260.52**	**260.52**	**260.52**	**260.52**	**260.52**	**260.52**

Exhibit 18 - Index Rate/Plan-Design Level Adj

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY056	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050	49526NY050
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.609	0.609	0.609	0.609	0.609	0.609	0.609	0.609	0.581	0.581	0.581	0.581	0.581	0.581	0.581	0.581
5	AV Pricing Value (total, risk pool experience based)*	0.623	0.623	0.623	0.623	0.623	0.623	0.623	0.623	0.584	0.584	0.584	0.584	0.584	0.584	0.584	0.584
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Bronze POS 8100EX	Bronze POS 8100EX	Bronze POS 8100EX	Bronze POS 8100EX	Bronze POS 8100EX	Bronze POS 8100EX	Bronze POS 8100EX	Bronze POS 8100EX	Bronze Align	Bronze Align	Bronze Align	Bronze Align	Bronze Align	Bronze Align	Bronze Align	Bronze Align
8	HIOS Plan ID*	49526NY0560009	49526NY0560010	49526NY0560011	49526NY0560012	49526NY0560013	49526NY0560014	49526NY0560015	49526NY0560016	49526NY0500029	49526NY0500030	49526NY0500031	49526NY0500032	49526NY0500033	49526NY0500034	49526NY0500035	49526NY0500036
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.623	0.623	0.623	0.623	0.623	0.623	0.623	0.623	0.584	0.584	0.584	0.584	0.584	0.584	0.584	0.584
30	Pricing actuarial value (only the induced demand factor) #	0.919	0.919	0.919	0.919	0.919	0.919	0.919	0.919	0.913	0.913	0.913	0.913	0.913	0.913	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	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.105	1.105	1.105	1.105	1.105	1.105	1.105	1.105	1.105	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	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	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)	1.024	1.024	1.024	1.024	1.024	1.024	1.024	1.024	1.022	1.022	1.022	1.022	1.022	1.022	1.022	1.022
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.658**	**0.658**	**0.658**	**0.658**	**0.658**	**0.658**	**0.658**	**0.658**	**0.612**	**0.612**	**0.612**	**0.612**	**0.612**	**0.612**	**0.612**	**0.612**

\# 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)**	**253.78**	**253.78**	**253.78**	**253.78**	**253.78**	**253.78**	**253.78**	**253.78**	**236.13**	**236.13**	**236.13**	**236.13**	**236.13**	**236.13**	**236.13**	**236.13**

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

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

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

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.882	0.882	0.882	0.882	0.882	0.882	0.882	0.882
5	AV Pricing Value (total, risk pool experience based)*	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.935	0.935	0.935	0.935	0.935	0.935	0.935	0.935
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
7	Plan Name*	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266
8	HIOS Plan ID*	36346NY0470035	36346NY0470036	36346NY0470037	36346NY0470038	36346NY0470039	36346NY0470040	36346NY0470041	36346NY0470042	36346NY0530089	36346NY0530090	36346NY0530091	36346NY0530092	36346NY0530093	36346NY0530094	36346NY0530095	36346NY0530096
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	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**	**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 ****	1.003															
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**															
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.003															
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.020															
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.000															
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)	1.009															
27	Other 3 (specify)	1.000															
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.935	0.935	0.935	0.935	0.935	0.935	0.935	0.935
30	Pricing actuarial value (only the induced demand factor) #	1.078	1.078	1.078	1.078	1.078	1.078	1.078	1.078	1.072	1.072	1.072	1.072	1.072	1.072	1.072	1.072
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.128	1.128	1.128	1.128	1.128	1.128	1.128	1.128	1.128
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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.193**	**1.175**	**1.175**	**1.175**	**1.175**	**1.175**	**1.175**	**1.175**	**1.175**

\# 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)**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**460.46**	**453.33**	**453.33**	**453.33**	**453.33**	**453.33**	**453.33**	**453.33**	**453.33**

Exhibit 18 - Index Rate/Plan-Design Level Adju

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.907	0.907	0.907	0.907	0.907	0.907	0.907	0.907	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)*	0.937	0.937	0.937	0.937	0.937	0.937	0.937	0.937	0.853	0.853	0.853	0.853	0.853	0.853	0.853	0.853
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard
8	HIOS Plan ID*	36346NY0530137	36346NY0530138	36346NY0530139	36346NY0530140	36346NY0530141	36346NY0530142	36346NY0530143	36346NY0530144	36346NY0470026	36346NY0470027	36346NY0470028	36346NY0470029	36346NY0470030	36346NY0470031	36346NY0470032	36346NY0470033
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.937	0.937	0.937	0.937	0.937	0.937	0.937	0.937	0.853	0.853	0.853	0.853	0.853	0.853	0.853	0.853
30	Pricing actuarial value (only the induced demand factor) #	1.073	1.073	1.073	1.073	1.073	1.073	1.073	1.073	1.019	1.019	1.019	1.019	1.019	1.019	1.019	1.019
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.128	1.123	1.123	1.123	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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.178**	**1.178**	**1.178**	**1.178**	**1.178**	**1.178**	**1.178**	**1.178**	**0.992**	**0.992**	**0.992**	**0.992**	**0.992**	**0.992**	**0.992**	**0.992**

\# 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)**	**454.70**	**454.70**	**454.70**	**454.70**	**454.70**	**454.70**	**454.70**	**454.70**	**382.79**	**382.79**	**382.79**	**382.79**	**382.79**	**382.79**	**382.79**	**382.79**

Exhibit 18 - Index Rate/Plan-Design Level Adju

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY055	36346NY055	36346NY055	36346NY055	36346NY055	36346NY055	36346NY055	36346NY055	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.813	0.813	0.813	0.813	0.813	0.813	0.813	0.813	0.786	0.786	0.786	0.786	0.786	0.786	0.786	0.786
5	AV Pricing Value (total, risk pool experience based)*	0.905	0.905	0.905	0.905	0.905	0.905	0.905	0.905	0.811	0.811	0.811	0.811	0.811	0.811	0.811	0.811
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua
8	HIOS Plan ID*	36346NY0550009	36346NY0550010	36346NY0550011	36346NY0550012	36346NY0550013	36346NY0550014	36346NY0550015	36346NY0550016	36346NY0530129	36346NY0530130	36346NY0530131	36346NY0530132	36346NY0530133	36346NY0530134	36346NY0530135	36346NY0530136
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.905	0.905	0.905	0.905	0.905	0.905	0.905	0.905	0.811	0.811	0.811	0.811	0.811	0.811	0.811	0.811
30	Pricing actuarial value (only the induced demand factor) #	1.053	1.053	1.053	1.053	1.053	1.053	1.053	1.053	0.992	0.992	0.992	0.992	0.992	0.992	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	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.123	1.123	1.123	1.123	1.123	1.123	1.123	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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**1.112**	**1.112**	**1.112**	**1.112**	**1.112**	**1.112**	**1.112**	**1.112**	**0.938**	**0.938**	**0.938**	**0.938**	**0.938**	**0.938**	**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)**	**429.15**	**429.15**	**429.15**	**429.15**	**429.15**	**429.15**	**429.15**	**429.15**	**362.11**	**362.11**	**362.11**	**362.11**	**362.11**	**362.11**	**362.11**	**362.11**

Exhibit 18 - Index Rate/Plan-Design Level Adju

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY025	36346NY025	36346NY025	36346NY025	36346NY025	36346NY025	36346NY025	36346NY025	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707
5	AV Pricing Value (total, risk pool experience based)*	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.763	0.763	0.763	0.763	0.763	0.763	0.763	0.763
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard
8	HIOS Plan ID*	36346NY0250001	36346NY0250002	36346NY0250003	36346NY0250004	36346NY0250005	36346NY0250006	36346NY0250007	36346NY0250008	36346NY0470014	36346NY0470015	36346NY0470016	36346NY0470017	36346NY0470018	36346NY0470019	36346NY0470020	36346NY0470021
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.763	0.763	0.763	0.763	0.763	0.763	0.763	0.763
30	Pricing actuarial value (only the induced demand factor) #	1.020	1.020	1.020	1.020	1.020	1.020	1.020	1.020	0.969	0.969	0.969	0.969	0.969	0.969	0.969	0.969
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.123	1.123	1.123	1.123	1.113	1.113	1.113	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	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	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	0.808	0.808	0.808	0.808	0.808	0.808	0.808	0.808	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.803**	**0.803**	**0.803**	**0.803**	**0.803**	**0.803**	**0.803**	**0.803**	**0.855**	**0.855**	**0.855**	**0.855**	**0.855**	**0.855**	**0.855**	**0.855**

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

\## Beyond what is reflected in Market Wide adjustments

44	**TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)**	**309.80**	**309.80**	**309.80**	**309.80**	**309.80**	**309.80**	**309.80**	**309.80**	**329.97**	**329.97**	**329.97**	**329.97**	**329.97**	**329.97**	**329.97**	**329.97**

Exhibit 18 - Index Rate/Plan-Design Level Adju

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
4	AV Metal Value (HHS Calculator)*	0.682	0.682	0.682	0.682	0.682	0.682	0.682	0.682	0.694	0.694	0.694	0.694	0.694	0.694	0.694	0.694
5	AV Pricing Value (total, risk pool experience based)*	0.714	0.714	0.714	0.714	0.714	0.714	0.714	0.714	0.777	0.777	0.777	0.777	0.777	0.777	0.777	0.777
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional
8	HIOS Plan ID*	36346NY0530121	36346NY0530122	36346NY0530123	36346NY0530124	36346NY0530125	36346NY0530126	36346NY0530127	36346NY0530128	36346NY0530097	36346NY0530098	36346NY0530099	36346NY0530100	36346NY0530101	36346NY0530102	36346NY0530103	36346NY0530104
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.714	0.714	0.714	0.714	0.714	0.714	0.714	0.714	0.777	0.777	0.777	0.777	0.777	0.777	0.777	0.777
30	Pricing actuarial value (only the induced demand factor) #	0.946	0.946	0.946	0.946	0.946	0.946	0.946	0.946	0.975	0.975	0.975	0.975	0.975	0.975	0.975	0.975
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.113	1.113	1.113	1.113	1.113	1.113	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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.781**	**0.781**	**0.781**	**0.781**	**0.781**	**0.781**	**0.781**	**0.781**	**0.875**	**0.875**	**0.875**	**0.875**	**0.875**	**0.875**	**0.875**	**0.875**

\# 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)**	**301.50**	**301.50**	**301.50**	**301.50**	**301.50**	**301.50**	**301.50**	**301.50**	**337.85**	**337.85**	**337.85**	**337.85**	**337.85**	**337.85**	**337.85**	**337.85**

Exhibit 18 - Index Rate/Plan-Design Level Adju

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047	36346NY047
3	Metal Level (or catastrophic)*	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.712	0.712	0.712	0.712	0.712	0.712	0.712	0.712	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620
5	AV Pricing Value (total, risk pool experience based)*	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.646	0.646	0.646	0.646	0.646	0.646	0.646	0.646
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard
8	HIOS Plan ID*	36346NY0530105	36346NY0530106	36346NY0530107	36346NY0530108	36346NY0530109	36346NY0530110	36346NY0530111	36346NY0530112	36346NY0470001	36346NY0470002	36346NY0470003	36346NY0470004	36346NY0470005	36346NY0470006	36346NY0470007	36346NY0470008
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.646	0.646	0.646	0.646	0.646	0.646	0.646	0.646
30	Pricing actuarial value (only the induced demand factor) #	0.968	0.968	0.968	0.968	0.968	0.968	0.968	0.968	0.925	0.925	0.925	0.925	0.925	0.925	0.925	0.925
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	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	1.113	1.113	1.113	1.105	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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.851**	**0.851**	**0.851**	**0.851**	**0.851**	**0.851**	**0.851**	**0.851**	**0.671**	**0.671**	**0.671**	**0.671**	**0.671**	**0.671**	**0.671**	**0.671**

\# 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)**	**328.42**	**328.42**	**328.42**	**328.42**	**328.42**	**328.42**	**328.42**	**328.42**	**258.80**	**258.80**	**258.80**	**258.80**	**258.80**	**258.80**	**258.80**	**258.80**

Exhibit 18 - Index Rate/Plan-Design Level Adju

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

Line #	General																
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053	36346NY053
3	Metal Level (or catastrophic)*	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze
4	AV Metal Value (HHS Calculator)*	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.587	0.587	0.587	0.587	0.587	0.587	0.587	0.587
5	AV Pricing Value (total, risk pool experience based)*	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.594	0.594	0.594	0.594	0.594	0.594	0.594	0.594
6	Plan Type*	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
7	Plan Name*	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270
8	HIOS Plan ID*	36346NY0530081	36346NY0530082	36346NY0530083	36346NY0530084	36346NY0530085	36346NY0530086	36346NY0530087	36346NY0530088	36346NY0530113	36346NY0530114	36346NY0530115	36346NY0530116	36346NY0530117	36346NY0530118	36346NY0530119	36346NY0530120
9	Exchange Plan?*	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate																
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period																
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**	**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)**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**	**1.167**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments																
29	Pricing actuarial value (without induced demand factor) #	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.594	0.594	0.594	0.594	0.594	0.594	0.594	0.594
30	Pricing actuarial value (only the induced demand factor) #	0.920	0.920	0.920	0.920	0.920	0.920	0.920	0.920	0.913	0.913	0.913	0.913	0.913	0.913	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	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.105	1.105	1.105	1.105	1.105	1.105	1.105	1.105	1.105	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	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	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)	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	1.023	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	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	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	1.000	1.000	1.000	1.000	1.000	1.000
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.663**	**0.663**	**0.663**	**0.663**	**0.663**	**0.663**	**0.663**	**0.663**	**0.623**	**0.623**	**0.623**	**0.623**	**0.623**	**0.623**	**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)**	**256.03**	**256.03**	**256.03**	**256.03**	**256.03**	**256.03**	**256.03**	**256.03**	**240.34**	**240.34**	**240.34**	**240.34**	**240.34**	**240.34**	**240.34**	**240.34**

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

Company Name: HealthNow New York, Inc.
NAIC Code: 55204
SERFF Number: HLTH-129576705
Market Segment : Small Groups Off Exchange

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

Line #	General								
1	Product*	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans	Small Group Off-Exchange Plans
2	Product ID*	40064NY045	40064NY045	40064NY045	40064NY045	40064NY045	40064NY045	40064NY045	40064NY045
3	Metal Level (or catastrophic)*	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
4	AV Metal Value (HHS Calculator)*	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791
5	AV Pricing Value (total, risk pool experience based)*	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.855
6	Plan Type*	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
7	Plan Name*	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY	Gold Healthy NY
8	HIOS Plan ID*	40064NY0450001	40064NY0450002	40064NY0450003	40064NY0450004	40064NY0450005	40064NY0450006	40064NY0450007	40064NY0450008
9	Exchange Plan?*	No	No	No	No	No	No	No	No

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

	Experience Period Index Rate								
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	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**

	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 ****	1.003							
19	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**							
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.003							
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery,	1.020							
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.808							
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)	1.009							
27	Other 3 (specify)	1.000							
28	**Impact of Market Wide Adjustments (product L13 through L27)**	**0.943**	**0.943**	**0.943**	**0.943**	**0.943**	**0.943**	**0.943**	**0.943**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments								
29	Pricing actuarial value (without induced demand factor) #	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.855
30	Pricing actuarial value (only the induced demand factor) #	1.020	1.020	1.020	1.020	1.020	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
32	Impact of delivery system characteristics ##	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
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
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
36	Administrative costs (excluding Exchange user fees and profits)	1.123	1.123	1.123	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
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	0.808	0.808	0.808	0.808	0.808	0.808	0.808	0.808
41	Other 1 (PPACA Insurer Tax)	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
43	**Impact of Plan Level Adjustments (product L29 through L42)**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**	**0.804**

\# 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)**	**250.75**	**250.75**	**250.75**	**250.75**	**250.75**	**250.75**	**250.75**	**250.75**

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-129576705
Market Segment: Small Groups Off Exchange

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

				For the rate period included in this rate adjustment filing																For the rate period included in this rate adjustment filing
1. Metal Level [drop down menu]	2. On/Off Exchange Designation **and** Standard/Non Std [drop down menu]	3. Estimated Membership as of 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	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Exhibit - as a % of gross premium	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	4	XX	01/01/15	12/31/15	4.52%	0.00%	0.05%	0.85%	0.00%	3.78%	7.44%	12.13%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	13.41%
Gold	On Std	0	XX	01/01/15	12/31/15	4.52%	0.00%	0.06%	0.94%	0.00%	3.86%	7.91%	12.77%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	14.05%
Silver	On Std	0	XX	01/01/15	12/31/15	4.52%	0.00%	0.07%	1.13%	0.00%	4.04%	8.75%	13.99%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	15.27%
Bronze	On Std	0	XX	01/01/15	12/31/15	4.52%	0.00%	0.08%	1.32%	0.00%	4.21%	9.48%	15.08%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	16.36%
Platinum	On Non Std	N/A	XX	12/31/15	12/31/15	4.52%	0.00%	0.07%	1.04%	0.00%	3.95%	9.05%	14.10%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	15.38%
Gold	On Non Std	N/A	XX	12/31/15	12/31/15	4.52%	0.00%	0.08%	1.28%	0.00%	4.18%	10.81%	16.35%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	17.64%
Silver	On Non Std	N/A	XX	12/31/15	12/31/15	4.52%	0.00%	0.09%	1.43%	0.00%	4.31%	11.04%	16.86%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	18.14%
Bronze	On Non Std	N/A	XX	12/31/15	12/31/15	4.52%	0.00%	0.10%	1.58%	0.00%	4.45%	11.39%	17.52%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	18.80%
Platinum	Off Std	30	XX	01/01/15	12/31/15	4.52%	0.00%	0.05%	0.85%	0.00%	3.78%	7.44%	12.13%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	13.41%
Gold	Off Std	4	XX	01/01/15	12/31/15	4.52%	0.00%	0.06%	0.94%	0.00%	3.86%	7.91%	12.77%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	14.05%
Silver	Off Std	7	XX	01/01/15	12/31/15	4.52%	0.00%	0.07%	1.13%	0.00%	4.04%	8.75%	13.99%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	15.27%
Bronze	Off Std	80	XX	01/01/15	12/31/15	4.52%	0.00%	0.08%	1.32%	0.00%	4.21%	9.48%	15.08%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	16.36%
Platinum	Off Non Std	6,982	XX	01/01/15	12/31/15	4.52%	0.00%	0.05%	0.82%	0.00%	3.76%	7.18%	11.81%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	13.10%
Gold	Off Non Std	6,093	XX	01/01/15	12/31/15	4.52%	0.00%	0.07%	1.06%	0.00%	3.97%	8.90%	13.99%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	15.27%
Silver	Off Non Std	8,385	XX	01/01/15	12/31/15	4.52%	0.00%	0.08%	1.32%	0.00%	4.21%	10.18%	15.78%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	17.06%
Bronze	Off Non Std	1,321	XX	01/01/15	12/31/15	4.52%	0.00%	0.10%	1.63%	0.00%	4.50%	11.77%	18.01%	1.00%	0.00%	0.00%	0.28%	20.00%	0.00%	19.29%
Catastrophic	On Std	N/A	XX																	

				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	16.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	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	4	XX	01/01/14	12/31/14	5.97%	0.00%	0.03%	0.00%	0.00%	3.30%	9.83%	13.16%	1.00%	0.00%	0.00%	0.20%	20.00%	0.00%	14.36%
Gold	On Std	0	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.00%	0.00%	3.47%	11.09%	14.59%	1.00%	0.00%	0.00%	0.24%	20.00%	0.00%	15.84%
Silver	On Std	0	XX	01/01/14	12/31/14	5.97%	0.00%	0.03%	0.00%	0.00%	3.58%	10.14%	13.76%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	15.03%
Bronze	On Std	0	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.00%	0.00%	3.86%	12.39%	16.30%	1.00%	0.00%	0.00%	0.34%	20.00%	0.00%	17.64%
Platinum	On Non Std	N/A	XX																	
Gold	On Non Std	N/A	XX																	
Silver	On Non Std	N/A	XX																	
Bronze	On Non Std	N/A	XX																	
Platinum	Off Std	30	XX	01/01/14	12/31/14	5.97%	0.00%	0.03%	0.35%	0.00%	3.30%	9.49%	13.16%	1.00%	0.00%	0.00%	0.20%	20.00%	0.00%	14.36%
Gold	Off Std	4	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.39%	0.00%	3.47%	10.70%	14.59%	1.00%	0.00%	0.00%	0.24%	20.00%	0.00%	15.84%
Silver	Off Std	7	XX	01/01/14	12/31/14	5.97%	0.00%	0.03%	0.36%	0.00%	3.58%	9.79%	13.76%	1.00%	0.00%	0.00%	0.27%	20.00%	0.00%	15.03%
Bronze	Off Std	80	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.44%	0.00%	3.86%	11.96%	16.30%	1.00%	0.00%	0.00%	0.34%	20.00%	0.00%	17.64%
Platinum	Off Non Std	6,982	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.40%	0.00%	3.42%	10.92%	14.77%	1.00%	0.00%	0.00%	0.23%	20.00%	0.00%	16.00%
Gold	Off Non Std	6,093	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.42%	0.00%	3.55%	11.55%	15.56%	1.00%	0.00%	0.00%	0.26%	20.00%	0.00%	16.82%
Silver	Off Non Std	8,385	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.39%	0.00%	3.67%	10.63%	14.72%	1.00%	0.00%	0.00%	0.29%	20.00%	0.00%	16.01%
Bronze	Off Non Std	1,321	XX	01/01/14	12/31/14	5.97%	0.00%	0.04%	0.43%	0.00%	3.86%	11.92%	16.26%	1.00%	0.00%	0.00%	0.34%	20.00%	0.00%	17.60%
Catastrophic	On Std	N/A	XX																	

EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name: HealthNow New York Incorporate
NAIC Code: 55204
SERFF Number: HLTH-129576700
Market Segmen: Small Groups Off Exchang

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

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partne Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
40064NY045000	Healthy New York	Gold	OFF	YES	26	YES	INCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	26	NO	INCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	29	YES	INCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	29	NO	INCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	26	YES	EXCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	26	NO	EXCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	29	YES	EXCLUDED	NO	NO	NO
40064NY045000	Healthy New York	Gold	OFF	YES	29	NO	EXCLUDED	NO	NO	NO
40064NY046000	Blue Pediatric Denta	NA	OFF	YES		NO	EXCLUDED	YES	NO	NO
40064NY046000	Blue Value Dental	NA	OFF	NO		NO	EXCLUDED	YES	NO	YES
40064NY046000	Blue Value Dental	NA	OFF	NO		YES	EXCLUDED	YES	NO	YES
49526NY028000	Healthy New York	Gold	OFF	YES	26	YES	INCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	26	YES	EXCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	29	YES	INCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	29	YES	EXCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	26	NO	INCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	26	NO	EXCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	29	NO	INCLUDED	NO	NO	NO
49526NY028000	Healthy New York	Gold	OFF	YES	29	NO	EXCLUDED	NO	NO	NO
49526NY047000	Blue Pediatric Denta	NA	BOTH	YES		NO	EXCLUDED	YES	NO	NO
49526NY047000	Blue Value Dental	NA	BOTH	NO		NO	EXCLUDED	YES	NO	YES
49526NY047000	Blue Value Dental	NA	BOTH	NO		YES	EXCLUDED	YES	NO	YES
49526NY050000	Platinum PPO 843	Platinum OF	F	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050000	Platinum PPO 843	Platinum OF	F	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050000	Platinum PPO 843	Platinum OF	F	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050000	Platinum PPO 843	Platinum OF	F	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050000	Gold Aqua	Gold	OFF	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050000	Gold Aqua	Gold	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050000	Gold Aqua	Gold	OFF	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050000	Gold Aqua	Gold	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050000	Silver POS 7100	Silver	OFF	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050001	Silver POS 7100	Silver	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050001	Silver POS 7100	Silver	OFF	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050001	Silver POS 7100	Silver	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050001	Silver align	Silver	OFF	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050001	Silver align	Silver	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050001	Silver align	Silver	OFF	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050001	Silver align	Silver	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050002	Bronze aligr	Bronze	OFF	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050003	Bronze aligr	Bronze	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY050003	Gold Aqua	Gold	OFF	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050003	Gold Aqua	Gold	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050003	Gold Aqua	Gold	OFF	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050004	Gold Aqua	Gold	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY050004	Gold POS 250EX	Gold	OFF	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050004	Gold POS 250EX	Gold	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050004	Gold POS 250EX	Gold	OFF	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050004	Gold POS 250EX	Gold	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050004	Gold POS 250EX	Gold	OFF	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050005	Gold POS 250EX	Gold	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050005	Gold POS 250EX	Gold	OFF	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050005	Gold POS 250EX	Gold	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY050005	Platinum PPO 843	Platinum OF	F	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050005	Platinum PPO 843	Platinum OF	F	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050005	Platinum PPO 843	Platinum OF	F	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050005	Platinum PPO 843	Platinum OF	F	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY050005	Silver align	Silver	OFF	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050005	Silver align	Silver	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050005	Silver align	Silver	OFF	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050006	Silver align	Silver	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY050006	Silver POS 7100	Silver	OFF	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050006	Silver POS 7100	Silver	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050006	Silver POS 7100	Silver	OFF	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050006	Silver POS 7100	Silver	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY050006	Silver POS 8100EX	Silver	OFF	NO	26	YES	INCLUDED	NO	YES	NO
49526NY050006	Silver POS 8100EX	Silver	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY050006	Silver POS 8100EX	Silver	OFF	NO	29	YES	INCLUDED	NO	YES	NO
49526NY050006	Silver POS 8100EX	Silver	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY050006	Silver POS 8100EX	Silver	OFF	NO	26	NO	INCLUDED	NO	YES	NO
49526NY050007	Silver POS 8100EX	Silver	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY050007	Silver POS 8100EX	Silver	OFF	NO	29	NO	INCLUDED	NO	YES	NO
49526NY050007	Silver POS 8100EX	Silver	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plus	Platinum OF	F	NO	26	YES	INCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plus	Platinum OF	F	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plus	Platinum OF	F	NO	29	YES	INCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plus	Platinum OF	F	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plus	Platinum OF	F	NO	26	NO	INCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plus	Platinum OF	F	NO	26	NO	EXCLUDED	NO	YES	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partne Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
49526NY052000	Platinum HMO 110 Plu	Platinum OF	F	NO	29	NO	INCLUDED	NO	YES	NO
49526NY052000	Platinum HMO 110 Plu	Platinum OF	F	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	26	YES	INCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	26	YES	EXCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	29	YES	INCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	29	YES	EXCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	26	NO	INCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	26	NO	EXCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	29	NO	INCLUDED	NO	NO	NO
49526NY056000	Bronze Standar	Bronze	BOTH	YES	29	NO	EXCLUDED	NO	NO	NO
49526NY056000	Bronze POS 8100EX	Bronze	BOTH	NO	26	YES	INCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	29	YES	INCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	26	NO	INCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	29	NO	INCLUDED	NO	YES	NO
49526NY056001	Bronze POS 8100EX	Bronze	BOTH	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY056002	Silver Standard	Silver	BOTH	YES	26	YES	INCLUDED	NO	YES	NO
49526NY056002	Silver Standard	Silver	BOTH	YES	26	YES	EXCLUDED	NO	YES	NO
49526NY056002	Silver Standard	Silver	BOTH	YES	29	YES	INCLUDED	NO	YES	NO
49526NY056002	Silver Standard	Silver	BOTH	YES	29	YES	EXCLUDED	NO	YES	NO
49526NY056002	Silver Standard	Silver	BOTH	YES	26	NO	INCLUDED	NO	YES	NO
49526NY056003	Silver Standard	Silver	BOTH	YES	26	NO	EXCLUDED	NO	YES	NO
49526NY056003	Silver Standard	Silver	BOTH	YES	29	NO	INCLUDED	NO	YES	NO
49526NY056003	Silver Standard	Silver	BOTH	YES	29	NO	EXCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	26	YES	INCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	29	YES	INCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	26	NO	INCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY056003	Silver POS 8100	Silver	BOTH	NO	29	NO	INCLUDED	NO	YES	NO
49526NY056004	Silver POS 8100	Silver	BOTH	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY056005	Gold Standar	Gold	BOTH	YES	26	YES	INCLUDED	NO	NO	NO
49526NY056005	Gold Standar	Gold	BOTH	YES	26	YES	EXCLUDED	NO	NO	NO
49526NY056005	Gold Standar	Gold	BOTH	YES	29	YES	INCLUDED	NO	NO	NO
49526NY056006	Gold Standar	Gold	BOTH	YES	29	YES	EXCLUDED	NO	NO	NO
49526NY056006	Gold Standar	Gold	BOTH	YES	26	NO	INCLUDED	NO	NO	NO
49526NY056006	Gold Standar	Gold	BOTH	YES	26	NO	EXCLUDED	NO	NO	NO
49526NY056006	Gold Standar	Gold	BOTH	YES	29	NO	INCLUDED	NO	NO	NO
49526NY056006	Gold Standar	Gold	BOTH	YES	29	NO	EXCLUDED	NO	NO	NO
49526NY056006	Gold POS 250	Gold	BOTH	NO	26	YES	INCLUDED	NO	YES	NO
49526NY056006	Gold POS 250	Gold	BOTH	NO	26	YES	EXCLUDED	NO	YES	NO
49526NY056006	Gold POS 250	Gold	BOTH	NO	29	YES	INCLUDED	NO	YES	NO
49526NY056006	Gold POS 250	Gold	BOTH	NO	29	YES	EXCLUDED	NO	YES	NO
49526NY056006	Gold POS 250	Gold	BOTH	NO	26	NO	INCLUDED	NO	YES	NO
49526NY056007	Gold POS 250	Gold	BOTH	NO	26	NO	EXCLUDED	NO	YES	NO
49526NY056007	Gold POS 250	Gold	BOTH	NO	29	NO	INCLUDED	NO	YES	NO
49526NY056007	Gold POS 250	Gold	BOTH	NO	29	NO	EXCLUDED	NO	YES	NO
49526NY056008	Platinum Standar	Platinum BOTH		YES	26	YES	INCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	26	YES	EXCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	29	YES	INCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	29	YES	EXCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	26	NO	INCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	26	NO	EXCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	29	NO	INCLUDED	NO	YES	NO
49526NY056009	Platinum Standar	Platinum BOTH		YES	29	NO	EXCLUDED	NO	YES	NO
36346NY025000	Healthy New York	Gold	OFF	YES	26	YES	INCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	26	YES	EXCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	29	YES	INCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	29	YES	EXCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	26	NO	INCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	26	NO	EXCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	29	NO	INCLUDED	NO	NO	NO
36346NY025000	Healthy New York	Gold	OFF	YES	29	NO	EXCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	26	YES	INCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	26	YES	EXCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	29	YES	INCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	29	YES	EXCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	26	NO	EXCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	29	NO	EXCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	26	NO	INCLUDED	NO	NO	NO
36346NY047000	Bronze Standar	Bronze	BOTH	YES	29	NO	INCLUDED	NO	NO	NO
36346NY047001	Silver Standard	Silver	BOTH	YES	26	YES	INCLUDED	NO	YES	NO
36346NY047001	Silver Standard	Silver	BOTH	YES	26	YES	EXCLUDED	NO	YES	NO
36346NY047001	Silver Standard	Silver	BOTH	YES	29	YES	INCLUDED	NO	YES	NO
36346NY047001	Silver Standard	Silver	BOTH	YES	29	YES	EXCLUDED	NO	YES	NO
36346NY047001	Silver Standard	Silver	BOTH	YES	26	NO	EXCLUDED	NO	YES	NO
36346NY047001	Silver Standard	Silver	BOTH	YES	29	NO	EXCLUDED	NO	YES	NO
36346NY047002	Silver Standard	Silver	BOTH	YES	26	NO	INCLUDED	NO	YES	NO
36346NY047002	Silver Standard	Silver	BOTH	YES	29	NO	INCLUDED	NO	YES	NO
36346NY047002	Gold Standar	Gold	BOTH	YES	26	YES	INCLUDED	NO	NO	NO
36346NY047002	Gold Standar	Gold	BOTH	YES	26	YES	EXCLUDED	NO	NO	NO
36346NY047002	Gold Standar	Gold	BOTH	YES	29	YES	INCLUDED	NO	NO	NO
36346NY047002	Gold Standar	Gold	BOTH	YES	29	YES	EXCLUDED	NO	NO	NO
36346NY047003	Gold Standar	Gold	BOTH	YES	26	NO	EXCLUDED	NO	NO	NO
36346NY047003	Gold Standar	Gold	BOTH	YES	29	NO	EXCLUDED	NO	NO	NO
36346NY047003	Gold Standar	Gold	BOTH	YES	26	NO	INCLUDED	NO	NO	NO
36346NY047003	Gold Standar	Gold	BOTH	YES	29	NO	INCLUDED	NO	NO	NO
36346NY047003	Platinum Standar	Platinum BOTH		YES	26	YES	INCLUDED	NO	YES	NO
36346NY047003	Platinum Standar	Platinum BOTH		YES	26	YES	EXCLUDED	NO	YES	NO
36346NY047003	Platinum Standar	Platinum BOTH		YES	29	YES	INCLUDED	NO	YES	NO
36346NY047003	Platinum Standar	Platinum BOTH		YES	29	YES	EXCLUDED	NO	YES	NO
36346NY047003	Platinum Standar	Platinum BOTH		YES	26	NO	EXCLUDED	NO	YES	NO
36346NY047004	Platinum Standar	Platinum BOTH		YES	29	NO	EXCLUDED	NO	YES	NO
36346NY047004	Platinum Standar	Platinum BOTH		YES	26	NO	INCLUDED	NO	YES	NO
36346NY047004	Platinum Standar	Platinum BOTH		YES	29	NO	INCLUDED	NO	YES	NO
36346NY050000	Blue Pediatric Denta	NA	BOTH	YES	NO		EXCLUDED	YES	NO	NO
36346NY050000	Blue Value Dental	NA	BOTH	NO		NO	EXCLUDED	YES	NO	YES
36346NY050000	Blue Value Dental	NA	BOTH	NO		YES	EXCLUDED	YES	NO	YES
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053008	Bronze HDHP-HSA 268	Bronze	OFF	NO	29	NO	EXCLUDED	NO	YES	NO

EXHIBIT 20

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 30)	7 Domestic Partne Coverage Included? (yes, no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes, no)	10. Out of Network Benefits? (yes, no)	11 Include Benefits in Addition to EHB? (yes, no)
36346NY053008	Platinum 26	Platinum OF	F	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053009	Platinum 26	Platinum OF	F	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY053009	Silver Transitiona	Silver	OFF	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053009	Silver Transitiona	Silver	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053009	Silver Transitiona	Silver	OFF	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053010	Silver Transitiona	Silver	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053010	Silver Transitiona	Silver	OFF	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053010	Silver Transitiona	Silver	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053010	Silver Transitiona	Silver	OFF	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053010	Silver Transitiona	Silver	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY053010	Silver Aqua	Silver	OFF	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053010	Silver Aqua	Silver	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053010	Silver Aqua	Silver	OFF	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053010	Silver Aqua	Silver	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053010	Silver Aqua	Silver	OFF	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053011	Silver Aqua	Silver	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053011	Silver Aqua	Silver	OFF	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053011	Silver Aqua	Silver	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053011	Bronze HDHP-HSA 270	Bronze	OFF	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053012	Bronze HDHP-HSA 270	Bronze	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053012	Silver HDHP-HSA 269	Silver	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY053012	Gold Aqua	Gold	OFF	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053013	Gold Aqua	Gold	OFF	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY053013	Platinum 26	Platinum OF	F	NO	26	YES	INCLUDED	NO	YES	NO
36346NY053013	Platinum 26	Platinum OF	F	NO	26	YES	EXCLUDED	NO	YES	NO
36346NY053013	Platinum 26	Platinum OF	F	NO	29	YES	INCLUDED	NO	YES	NO
36346NY053014	Platinum 26	Platinum OF	F	NO	29	YES	EXCLUDED	NO	YES	NO
36346NY053014	Platinum 26	Platinum OF	F	NO	26	NO	INCLUDED	NO	YES	NO
36346NY053014	Platinum 26	Platinum OF	F	NO	26	NO	EXCLUDED	NO	YES	NO
36346NY053014	Platinum 26	Platinum OF	F	NO	29	NO	INCLUDED	NO	YES	NO
36346NY053014	Platinum 26	Platinum OF	F	NO	29	NO	EXCLUDED	NO	YES	NO
36346NY055000	Gold HMC	Gold	OFF	NO	26	YES	INCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	26	YES	EXCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	29	YES	INCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	29	YES	EXCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	26	NO	INCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	26	NO	EXCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	29	NO	INCLUDED	NO	NO	NO
36346NY055001	Gold HMC	Gold	OFF	NO	29	NO	EXCLUDED	NO	NO	NO

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: HealthNow New York, Inc.
NAIC Code: 95204
SERFF Number: HLTH-129576705
Market Segment: II Groups Off Exchange

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

Experience Period:	1/1/13 - 12/31/13						1/1/12 - 12/31/12						1/1/11 - 12/31/11					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
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	$1,938,862	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
Pharmacyl (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-129576705
Market Segment: Groups Off Exchange

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

SUMMARY OF REQUESTED 2015 PREMIUM RATES

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]	Region 1 Albany	Region 2 Buffalo	Region 3 Mid-Hudson	Region 4 New York	Region 5 Rochester	Region 6 Syracuse	Region 7 Utica	Region 8 Long Island
49526NY0560091	Platinum	SG	Off	Standard	No		498.96						
49526NY0520003	Platinum	SG	Off	Non-Standard	No		500.99						
49526NY0500003	Platinum	SG	Off	Non-Standard	No		560.42						
49526NY0560059	Gold	SG	Off	Standard	No		466.11						
49526NY0500007	Gold	SG	Off	Non-Standard	No		440.62						
49526NY0560067	Gold	SG	Off	Non-Standard	No		423.26						
49526NY0500043	Gold	SG	Off	Non-Standard	No		451.41						
49526NY0280003	Gold	SG	Off	Standard	No		386.10						
49526NY0560027	Silver	SG	Off	Standard	No		378.52						
49526NY0500015	Silver	SG	Off	Non-Standard	No		356.31						
49526NY0500011	Silver	SG	Off	Non-Standard	No		377.54						
49526NY0560035	Silver	SG	Off	Non-Standard	No		364.17						
49526NY0500067	Silver	SG	Off	Non-Standard	No		388.06						
49526NY0560003	Bronze	SG	Off	Standard	No		334.22						
49526NY0560011	Bronze	SG	Off	Non-Standard	No		328.44						
49526NY0500031	Bronze	SG	Off	Non-Standard	No		280.05						
36346NY0470037	Platinum	SG	Off	Standard	No	637.63						691.51	
36346NY0530091	Platinum	SG	Off	Non-Standard	No	725.82						787.96	
36346NY0530139	Platinum	SG	Off	Non-Standard	No	580.45							
36346NY0470028	Gold	SG	Off	Standard	No	572.99						620.98	
36346NY0550011	Gold	SG	Off	Non-Standard	No	605.61						656.68	
36346NY0530131	Gold	SG	Off	Non-Standard	No	478.61							
36346NY0250003	Gold	SG	Off	Standard	No	472.93						511.55	
36346NY0470016	Silver	SG	Off	Standard	No	479.75						519.42	
36346NY0530123	Silver	SG	Off	Non-Standard	No	410.68							
36346NY0530099	Silver	SG	Off	Non-Standard	No	451.06							
36346NY0530107	Silver	SG	Off	Non-Standard	No	440.59							
36346NY0470003	Bronze	SG	Off	Standard	No	408.47						441.77	
36346NY0530083	Bronze	SG	Off	Non-Standard	No	358.92							
36346NY0530115	Bronze	SG	Off	Non-Standard	No	341.36							
40064NY0450003	Gold	SG	Off	Standard	No					386.10	472.93	511.55	

[Group Certificate Holder]

[Date]

[Contact Name]
[Group 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 group 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 Changes

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

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 that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Health care costs have been rising for some time. We listen carefully to our members, and 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. Your 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]
[1-800-544-2583][1-800-459-7587][1-800-888-5407]
[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.

[Group Policyholder]

[Date]

[Contact Name]
[Group 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 Changes

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.

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]
[1-800-544-2583][1-800-459-7587][1-800-888-5407]
[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-129576705
Market Segment: Small Groups Off 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-129576705
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): Small Group

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	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-129576705
Market Segment: Small Groups Off Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **INPATIENT services**.
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the 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-129576705
Market Segment: Small Groups Off Exchange

1) This exhibit shows a history of fee schedule increases by hospital for **OUTPATIENT services**.
2) Enter in column 1 the provider number for the hospital, in column 2 the provider tax ID, and in column 3 the 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 Small Group Off 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 Off Exchange to the group 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-129576705 and following policy form numbers:

- CN1C3S0441_0614
- CH1C4F0452_0614
- CG1C4S0469_0614
- CR1R3F0442A_0614
- CR1R3N0443A_0614

Summary of Rating Regions

Region #2 – Buffalo Area

HealthNow NY will offer commercial 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. Gold Healthy New York will be offered in all 8 counties as well. The Align 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 commercial 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, Silver Transitional, Silver Aqua, Bronze HDHP-HSA 268 and Bronze HDHP-HSA 270 plans will be offered in a subset of this region labeled as Region #1A consisting of Albany, Rensselaer, Saratoga and Schenectady. Gold Healthy New York will be offered in all counties except for Schoharie.

Region #7 – Utica / Watertown Area

HealthNow NY will offer commercial 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. Gold Healthy NY will be offered in Clinton and Essex, plus Oswego County.

Region #5 – Rochester

Gold Healthy New York will be offered in Monroe and Wayne counties.

Region #6 – Syracuse

Gold Healthy New York will be offered in Chemung and Onondaga counties.

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 using the small group risk adjustment transfer payment from the New York State simulation in the small group rates.
- 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. 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 Group 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 each page 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 Small Group 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 and Healthy New York Stop-Loss 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 Healthy New York stop-loss receipts are calculated as 80% of the amount submitted in the Small Group Healthy New York Q4 2013 Loss Ratio Report.

The Align 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.

The Gold Healthy New York rates for Region #5 are set equal to the rates for Region #2.

Exhibit 12 follows the same methodology as Exhibit 11 for Regions #1 and #7. The Gold Healthy New York rates for Region #6 are set equal to the rates for Region #1.

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 for each of the 4 quarters of 2015. The rates for quarters 2, 3, and 4 are generated by rolling the previous quarter's rates by a factor of 1.5% which corresponds with the pricing trends used within the rate development. The Gold Healthy New York rates do not roll quarterly and expire on 12/31/2015.

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 – Small Group Market Unified Rate Review Template:

General Information:

Company Identifying Information:

Company Legal Name: HealthNow NY Inc
State: NY
HIOS Issuer ID: 40064
Market: Small Group
Effective Date: 01/01/2014

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: $6.69 [This means payment]

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.

N/A

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:

Healthy New York	Region 5 MLR	Region 6 MLR	Region 7 MLR
40064NY0450001	85.70%	88.16%	88.99%
40064NY0450002	85.70%	88.16%	88.99%
40064NY0450003	85.70%	88.16%	88.99%
40064NY0450004	85.70%	88.16%	88.99%
40064NY0450005	85.70%	88.16%	88.99%
40064NY0450006	85.70%	88.16%	88.99%
40064NY0450007	85.70%	88.16%	88.99%
40064NY0450008	85.70%	88.16%	88.99%

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 – Small Group Market Unified Rate Review Template:

General Information:

Company Identifying Information:

Company Legal Name: BlueShield of NENY
State: NY
HIOS Issuer ID: 36346
Market: Small Group
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:

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Benefit Categories:

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PCP Services	PT/OT/ST	Radiology	SCP Services
OP Surgery – Office	Abortion		

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

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Diabetic Services	Emergency Dental	N/A	Chemotherapy
Hospice	Infusion Therapy		

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Projection Factors:

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Changes in the Morbidity of the Population Insured:

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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)
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- Vision Appliances: Covered (from not covered)
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- Exercise Benefit: Covered (from not covered)
- Pediatric Dental: Covered (from not covered)

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Other Adjustments:

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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

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- Complexity of services
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- 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: $6.69 [This means payment]

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.

N/A

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:

Small Group HMO Off-Exchange	Region 1 MLR	Region 7 MLR	Healthy New York	Region 1 MLR	Region 7 MLR
36346NY0550009	90.56%	91.22%	36346NY0250001	88.16%	88.99%
36346NY0550010	90.56%	91.22%	36346NY0250002	88.16%	88.99%
36346NY0550011	90.56%	91.22%	36346NY0250003	88.16%	88.99%
36346NY0550012	90.56%	91.22%	36346NY0250004	88.16%	88.99%
36346NY0550013	90.56%	91.22%	36346NY0250005	88.16%	88.99%
36346NY0550014	90.56%	91.22%	36346NY0250006	88.16%	88.99%
36346NY0550015	90.56%	91.22%	36346NY0250007	88.16%	88.99%
36346NY0550016	90.56%	91.22%	36346NY0250008	88.16%	88.99%

Small Group Exchange Plans	Region 1 MLR	Region 7 MLR	Small Group Exchange Plans	Region 1 MLR	Region 7 MLR
36346NY0470035	90.69%	91.34%	36346NY0470014	89.19%	89.94%
36346NY0470036	90.69%	91.34%	36346NY0470015	89.19%	89.94%
36346NY0470037	90.69%	91.34%	36346NY0470016	89.19%	89.94%
36346NY0470038	90.69%	91.34%	36346NY0470017	89.19%	89.94%
36346NY0470039	90.69%	91.34%	36346NY0470018	89.19%	89.94%
36346NY0470040	90.69%	91.34%	36346NY0470019	89.19%	89.94%
36346NY0470041	90.69%	91.34%	36346NY0470020	89.19%	89.94%
36346NY0470042	90.69%	91.34%	36346NY0470021	89.19%	89.94%
36346NY0470026	90.07%	90.77%	36346NY0470001	88.26%	89.07%
36346NY0470027	90.07%	90.77%	36346NY0470002	88.26%	89.07%

36346NY0470028	90.07%	90.77%	36346NY0470003	88.26%	89.07%
36346NY0470029	90.07%	90.77%	36346NY0470004	88.26%	89.07%
36346NY0470030	90.07%	90.77%	36346NY0470005	88.26%	89.07%
36346NY0470031	90.07%	90.77%	36346NY0470006	88.26%	89.07%
36346NY0470032	90.07%	90.77%	36346NY0470007	88.26%	89.07%
36346NY0470033	90.07%	90.77%	36346NY0470008	88.26%	89.07%

Small Group Off-Exchange Plans	Region 1 MLR	Region 7 MLR	Small Group Off-Exchange Plans	Region 1 MLR	Region 7 MLR
36346NY0530089	91.71%	92.28%	36346NY0530105	88.31%	
36346NY0530090	91.71%	92.28%	36346NY0530106	88.31%	
36346NY0530091	91.71%	92.28%	36346NY0530107	88.31%	
36346NY0530092	91.71%	92.28%	36346NY0530108	88.31%	
36346NY0530093	91.71%	92.28%	36346NY0530109	88.31%	
36346NY0530094	91.71%	92.28%	36346NY0530110	88.31%	
36346NY0530095	91.71%	92.28%	36346NY0530111	88.31%	
36346NY0530096	91.71%	92.28%	36346NY0530112	88.31%	
36346NY0530137	89.87%		36346NY0530121	87.52%	
36346NY0530138	89.87%		36346NY0530122	87.52%	
36346NY0530139	89.87%		36346NY0530123	87.52%	
36346NY0530140	89.87%		36346NY0530124	87.52%	
36346NY0530141	89.87%		36346NY0530125	87.52%	
36346NY0530142	89.87%		36346NY0530126	87.52%	
36346NY0530143	89.87%		36346NY0530127	87.52%	
36346NY0530144	89.87%		36346NY0530128	87.52%	
36346NY0530129	88.29%		36346NY0530081	86.76%	
36346NY0530130	88.29%		36346NY0530082	86.76%	
36346NY0530131	88.29%		36346NY0530083	86.76%	
36346NY0530132	88.29%		36346NY0530084	86.76%	
36346NY0530133	88.29%		36346NY0530085	86.76%	
36346NY0530134	88.29%		36346NY0530086	86.76%	
36346NY0530135	88.29%		36346NY0530087	86.76%	
36346NY0530136	88.29%		36346NY0530088	86.76%	
36346NY0530097	88.56%		36346NY0530113	86.12%	
36346NY0530098	88.56%		36346NY0530114	86.12%	
36346NY0530099	88.56%		36346NY0530115	86.12%	
36346NY0530100	88.56%		36346NY0530116	86.12%	
36346NY0530101	88.56%		36346NY0530117	86.12%	
36346NY0530102	88.56%		36346NY0530118	86.12%	

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 – Small Group Market Unified Rate Review Template:

General Information:

Company Identifying Information:

Company Legal Name: BlueCross BlueShield of WNY
State: NY
HIOS Issuer ID: 49526
Market: Small Group
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.

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Projection Factors:

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Changes in the Morbidity of the Population Insured:

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- Hearing Aids: Covered (from not covered)
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Other Adjustments:

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Combined Factor:	1.324

WNY Geographic Adjustment Factor: 0.940

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NYS Rating Region 5:	0.940
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NYS Rating Region 7:	1.434

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

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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):

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- Utilization of services
- Complexity of services
- Cost containment programs
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- Introduction of new prescription drugs

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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:

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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: $6.69 [This means payment]

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.

N/A

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:

WNY – Small Group

Healthy New York	Region 2 MLR	Small Group Off-Exchange Plans	Region 2 MLR	Small Group Off-Exchange Plans	Region 2 MLR
49526NY0280001	85.70%	49526NY0500001	89.54%	49526NY0500013	85.75%
49526NY0280002	85.70%	49526NY0500002	89.54%	49526NY0500014	85.75%
49526NY0280003	85.70%	49526NY0500003	89.54%	49526NY0500015	85.75%
49526NY0280004	85.70%	49526NY0500004	89.54%	49526NY0500016	85.75%
49526NY0280005	85.70%	49526NY0500053	89.54%	49526NY0500057	85.75%
49526NY0280006	85.70%	49526NY0500054	89.54%	49526NY0500058	85.75%
49526NY0280007	85.70%	49526NY0500055	89.54%	49526NY0500059	85.75%
49526NY0280008	85.70%	49526NY0500056	89.54%	49526NY0500060	85.75%
		49526NY0500005	87.36%	49526NY0500061	86.50%
		49526NY0500006	87.36%	49526NY0500062	86.50%
		49526NY0500007	87.36%	49526NY0500063	86.50%
		49526NY0500008	87.36%	49526NY0500064	86.50%
		49526NY0500037	87.36%	49526NY0500065	86.85%
		49526NY0500038	87.36%	49526NY0500066	86.85%
		49526NY0500039	87.36%	49526NY0500067	86.85%
Small Group HMO Off-Exchange Plans	Region 2 MLR	49526NY0500040	87.36%	49526NY0500068	86.85%
49526NY0520001	88.41%	49526NY0500041	87.64%	49526NY0500069	86.85%
49526NY0520002	88.41%	49526NY0500042	87.64%	49526NY0500070	86.85%
49526NY0520003	88.41%	49526NY0500043	87.64%	49526NY0500071	86.85%
49526NY0520004	88.41%	49526NY0500044	87.64%	49526NY0500072	86.85%

49526NY0520005	88.41%	49526NY0500049	87.64%	49526NY0500029	83.25%
49526NY0520006	88.41%	49526NY0500050	87.64%	49526NY0500030	83.25%
49526NY0520007	88.41%	49526NY0500051	87.64%	49526NY0500031	83.25%
49526NY0520008	88.41%	49526NY0500052	87.64%	49526NY0500032	83.25%
		49526NY0500009	86.50%	49526NY0500033	83.25%
		49526NY0500010	86.50%	49526NY0500034	83.25%
		49526NY0500011	86.50%	49526NY0500035	83.25%
		49526NY0500012	86.50%	49526NY0500036	83.25%

Small Group Exchange Plans	Region 2 MLR	Small Group Exchange Plans	Region 2 MLR	Small Group Exchange Plans	Region 2 MLR
49526NY0560089	88.36%	49526NY0560063	88.00%		
49526NY0560090	88.36%	49526NY0560064	88.00%	49526NY0560037	86.04%
49526NY0560091	88.36%	49526NY0560065	86.88%	49526NY0560038	86.04%
49526NY0560092	88.36%	49526NY0560066	86.88%	49526NY0560039	86.04%
49526NY0560093	88.36%	49526NY0560067	86.88%	49526NY0560040	86.04%
49526NY0560094	88.36%	49526NY0560068	86.88%	49526NY0560001	85.84%
49526NY0560095	88.36%	49526NY0560069	86.88%	49526NY0560002	85.84%
49526NY0560096	88.36%	49526NY0560070	86.88%	49526NY0560003	85.84%
49526NY0560097	88.41%	49526NY0560071	86.88%	49526NY0560004	85.84%
49526NY0560098	88.41%	49526NY0560072	86.88%	49526NY0560005	85.84%
49526NY0560099	88.41%	49526NY0560025	86.54%	49526NY0560006	85.84%
49526NY0560100	88.41%	49526NY0560026	86.54%	49526NY0560007	85.84%
49526NY0560101	88.41%	49526NY0560027	86.54%	49526NY0560008	85.84%
49526NY0560102	88.41%	49526NY0560028	86.54%	49526NY0560009	85.60%
49526NY0560103	88.41%	49526NY0560029	86.54%	49526NY0560010	85.60%
49526NY0560104	88.41%	49526NY0560030	86.54%	49526NY0560011	85.60%
49526NY0560057	88.00%	49526NY0560031	86.54%	49526NY0560012	85.60%
49526NY0560058	88.00%	49526NY0560032	86.54%	49526NY0560013	85.60%
49526NY0560059	88.00%	49526NY0560033	86.04%	49526NY0560014	85.60%
49526NY0560060	88.00%	49526NY0560034	86.04%	49526NY0560015	85.60%
49526NY0560061	88.00%	49526NY0560035	86.04%	49526NY0560016	85.60%
49526NY0560062	88.00%	49526NY0560036	86.04%		

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]

Unified Rate Review v2.0.2

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

Market Level Calculations (Same for all Plans)

Section I: Experience period data

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

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$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	1.003	1.243	1.039	1.006	61.99	$21,166.75	$109.34	61.99	$21,166.75	$109.34
Outpatient Hospital	Visits	2,769.69	305.23	70.45	1.003	1.243	1.039	1.006	2,808.32	409.81	95.91	2808.32	409.81	95.91
Professional	Visits	15,301.44	94.41	120.38	1.003	1.243	1.039	1.006	15,514.84	126.75	163.88	15514.84	126.75	163.88
Other Medical	Visits	303.79	129.33	3.27	1.003	1.243	1.039	1.006	308.03	173.64	4.46	308.03	173.64	4.46
Capitation	Benefit Period	12,000.00	0.00	0.00	1.003	1.243	1.039	1.006	12,167.36	0.00	0.00	12167.36	0.00	0.00
Prescription Drug	Prescriptions	12,740.11	68.31	72.52	1.003	1.243	1.039	1.006	12,917.80	91.71	98.73	12917.80	91.71	98.73
Total				$346.94							$472.31			$472.31

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$472.31	$164,322
Paid to Allowed Average Factor in Projection Period			0.854	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$403.43	$140,356
Projected Risk Adjustments PMPM			-6.69	(2,328)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$410.12	$142,684
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$410.12	$142,684
Administrative Expense Load		10.98%	52.71	18,338
Profit & Risk Load		1.00%	4.80	1,670
Taxes & Fees		2.55%	12.25	4,261
Single Risk Pool Gross Premium Avg. Rate, PMPM			$479.87	$166,953
Index Rate for Projection Period			$302.54	
% increase over Experience Period			47.64%	
% Increase, annualized:			21.51%	
Projected Member Months				348

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:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Terminated Product	Healthy New York							
Product ID:	40064NY048	40064NY045							
Metal:	Catastrophic	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.000	0.792	0.792	0.792	0.792	0.792	0.792	0.792	0.792
AV Pricing Value	0.001	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.854
Plan Type:	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	Terminated Products	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York
Plan ID (Standard Component ID):	40064NY0480001	40064NY0450001	40064NY0450002	40064NY0450003	40064NY0450004	40064NY0450005	40064NY0450006	40064NY0450007	40064NY0450008
Exchange Plan?	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
Rate Change % (over prior filing)	0.00%	9.28%	9.92%	10.19%	9.10%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	0.00%	9.28%	9.92%	10.19%	9.10%	0.00%	0.00%	0.00%	0.00%
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!
Product Threshold Rate Increase %	#DIV/0!	9.37%							

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

Plan ID (Standard Component ID):	Total	40064NY0480001	40064NY0450001	40064NY0450002	40064NY0450003	40064NY0450004	40064NY0450005	40064NY0450006	40064NY0450007	40064NY0450008
Inpatient	$0.00	$0.00	-$1.32	-$0.95	-$0.80	-$1.43	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	-$1.03	-$0.74	-$0.62	-$1.11	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	-$1.91	-$1.37	-$1.15	-$2.07	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	-$1.03	-$0.74	-$0.62	-$1.11	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	-$0.37	-$0.26	-$0.22	-$0.40	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	-$0.07	-$0.05	-$0.04	-$0.08	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	-$0.81	-$0.58	-$0.49	-$0.88	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	-$0.73	-$0.53	-$0.44	-$0.80	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	-$0.07	-$0.05	-$0.04	-$0.08	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	-$7.34	-$5.26	-$4.43	-$7.96	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.56	$0.56	$0.56	$0.56	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$344.32	$325.02	$355.82	$353.74	$354.79	$358.33	$0.00	$0.00	$0.00	$0.00
Projected Member Months	348	0	299	5	31	1	5	3	1	1

Section III: Experience Period Information

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	40064NY0480001	40064NY0450001	40064NY0450002	40064NY0450003	40064NY0450004	40064NY0450005	40064NY0450006	40064NY0450007	40064NY0450008
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
			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%
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%
			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
			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!
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
			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!
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!
			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!

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	40064NY0480001	40064NY0450001	40064NY0450002	40064NY0450003	40064NY0450004	40064NY0450005	40064NY0450006	40064NY0450007	40064NY0450008
WARNING	$ 479.87	Premium Information	Plan Adjusted Index Rate	$302.54		$302.38	$302.38	$304.02	$304.02	$302.38	$302.38	$304.02	$304.02
OK	348		Member Months	348	-	299	5	31	1	5	3	1	1
WARNING	$166,953		Total Premium (TP)	$105,258	$0	$90,473	$1,578	$9,414	$423	$1,578	$1,052	$423	$317
			EHB Percent of TP, [see instructions]	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%
			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%
WARNING	164,322	Claims Information	Total Allowed Claims (TAC)	$91,333		$78,504	$1,369	$8,168	$367	$1,369	$913	$367	$275
			EHB Percent of TAC, [see instructions]	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%
			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%
			Allowed Claims which are not the issuer's obligation	$13,321		$11,450	$200	$1,191	$54	$200	$133	$54	$40
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0		$0	$0	$0	$0	$0	$0	$0	$0
			Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
WARNING	142,684		Total Incurred claims, payable with issuer funds	$78,013	$0	$67,055	$1,170	$6,977	$314	$1,170	$780	$314	$235
#DIV/0!	-		Net Amt of Rein	$0		$0	$0	$0	$0	$0	$0	$0	$0
			Net Amt of Risk Adj	-$2,328		-$2,002	-$35	-$207	-$9	-$35	-$23	-$9	-$7
WARNING	$ 410.12		Incurred Claims PMPM	$224.23	#DIV/0!	$224.11	$224.11	$225.32	$225.32	$224.11	$224.11	$225.32	$225.32
WARNING	$ 472.31		Allowed Claims PMPM	$262.52	#DIV/0!	$262.38	$262.38	$263.80	$263.80	$262.38	$262.38	$263.80	$263.80
			EHB portion of Allowed Claims, PMPM	$262.52	#DIV/0!	$262.38	$262.38	$263.80	$263.80	$262.38	$262.38	$263.80	$263.80

Unified Rate Review v2.0.2

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

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period:	1/1/2013	to	12/31/2013	
		Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:		$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	1.003	1.339	1.039	1.006	61.99	$22,805.35	$117.81	61.99	$22,805.35	$117.81
Outpatient Hospital	Visits	2,769.69	305.23	70.45	1.003	1.339	1.039	1.006	2,808.32	441.54	103.33	2808.32	441.54	103.33
Professional	Visits	15,301.44	94.41	120.38	1.003	1.339	1.039	1.006	15,514.84	136.56	176.57	15514.84	136.56	176.57
Other Medical	Visits	303.79	129.33	3.27	1.003	1.339	1.039	1.006	308.03	187.08	4.80	308.03	187.08	4.80
Capitation	Benefit Period	12,000.00	0.00	0.00	1.003	1.339	1.039	1.006	12,167.36	0.00	0.00	12167.36	0.00	0.00
Prescription Drug	Prescriptions	12,740.11	68.31	72.52	1.003	1.339	1.039	1.006	12,917.80	98.81	106.37	12917.80	98.81	106.37
Total				$346.94							$508.87			$508.87

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$508.87	$6,726,441
Paid to Allowed Average Factor in Projection Period			0.773	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$393.47	$5,200,991
Projected Risk Adjustments PMPM			-6.69	(88,444)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$400.16	$5,289,434
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$400.16	$5,289,434
Administrative Expense Load		10.38%	48.28	638,186
Profit & Risk Load		1.00%	4.65	61,457
Taxes & Fees		2.55%	11.85	156,621
Single Risk Pool Gross Premium Avg. Rate, PMPM			$464.94	$6,145,698
Index Rate for Projection Period			$293.58	
% increase over Experience Period			43.05%	
% Increase, annualized:			19.60%	
Projected Member Months				13,218

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Product-Plan Data Collection

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Terminated Product	Healthy New York																									
Product ID:	36346NY044	36346NY025																									
Metal:	Catastrophic	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.000	0.793	0.793	0.793	0.793	0.793	0.793	0.793	0.793	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.881	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791
AV Pricing Value	0.001	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.854	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.945	0.853	0.853	0.853	0.853	0.853	0.853	0.853	0.853
Plan Type:	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
Plan Name	Terminated Products	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Platinum Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard	Gold Standard
Plan ID (Standard Component ID):	36346NY044001	36346NY025001	36346NY025002	36346NY025003	36346NY025004	36346NY025005	36346NY025006	36346NY025007	36346NY025008	36346NY047003S	36346NY047003G	36346NY047003T	36346NY047003B	36346NY047003P	36346NY047004G	36346NY047004T	36346NY047004P	36346NY047004B	36346NY047002G	36346NY047002T	36346NY047002P	36346NY047002B	36346NY047003G	36346NY047003T	36346NY047003P
Exchange Plan?	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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	1/1/2015	1/1/2015	1/1/2015	1/1/2015	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%	3.34%	3.50%	3.75%	4.18%	0.00%	0.00%	0.00%	0.00%	-5.54%	-5.54%	-5.14%	-5.14%	0.00%	0.00%	0.00%	0.00%	3.09%	3.09%	3.53%	3.53%	0.00%	0.00%	0.00%	0.00%
Cum'Tive Rate Change % (over 12 mos prior)	0.00%	3.34%	3.50%	3.75%	4.18%	0.00%	0.00%	0.00%	0.00%	-5.54%	-5.54%	-5.14%	-5.14%	0.00%	0.00%	0.00%	0.00%	3.09%	3.09%	3.53%	3.53%	0.00%	0.00%	0.00%	0.00%
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!	#DIV/0!
Product Threshold Rate Increase %	#DIV/0!	3.38%																							

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

Plan ID (Standard Component ID):	Total	36346NY044001	36346NY025001	36346NY025002	36346NY025003	36346NY025004	36346NY025005	36346NY025006	36346NY025007	36346NY025008	36346NY047003S	36346NY047003G	36346NY047003T	36346NY047003B	36346NY047003P	36346NY047004G	36346NY047004T	36346NY047004P	36346NY047004B	36346NY047002G	36346NY047002T	36346NY047002P	36346NY047002B	36346NY047003G	36346NY047003T	36346NY047003P
Inpatient	$0.00	$0.00	$2.28	$2.39	$2.57	$2.85	$0.00	$0.00	$0.00	$0.00	-$5.56	-$5.56	-$5.35	-$5.15	$0.00	$0.00	$0.00	$0.00	$0.00	$2.58	$2.58	$2.95	$2.95	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$1.77	$1.86	$2.00	$2.22	$0.00	$0.00	$0.00	$0.00	-$4.32	-$4.32	-$4.01	-$4.01	$0.00	$0.00	$0.00	$0.00	$0.00	$2.01	$2.01	$2.29	$2.29	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$3.29	$3.45	$3.71	$4.11	$0.00	$0.00	$0.00	$0.00	-$8.03	-$8.03	-$7.45	-$7.45	$0.00	$0.00	$0.00	$0.00	$0.00	$3.72	$3.72	$4.26	$4.26	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$1.77	$1.86	$2.00	$2.22	$0.00	$0.00	$0.00	$0.00	-$4.32	-$4.32	-$4.01	-$4.01	$0.00	$0.00	$0.00	$0.00	$0.00	$2.01	$2.01	$2.29	$2.29	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.63	$0.66	$0.71	$0.79	$0.00	$0.00	$0.00	$0.00	-$1.54	-$1.54	-$1.43	-$1.43	$0.00	$0.00	$0.00	$0.00	$0.00	$0.72	$0.72	$0.82	$0.82	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.13	$0.13	$0.14	$0.16	$0.00	$0.00	$0.00	$0.00	-$0.31	-$0.31	-$0.29	-$0.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.14	$0.14	$0.16	$0.16	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$1.39	$1.46	$1.57	$1.74	$0.00	$0.00	$0.00	$0.00	-$3.40	-$3.40	-$3.15	-$3.15	$0.00	$0.00	$0.00	$0.00	$0.00	$1.58	$1.58	$1.80	$1.80	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$1.27	$1.33	$1.43	$1.58	$0.00	$0.00	$0.00	$0.00	-$3.09	-$3.09	-$2.86	-$2.86	$0.00	$0.00	$0.00	$0.00	$0.00	$1.43	$1.43	$1.64	$1.64	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.13	$0.13	$0.14	$0.16	$0.00	$0.00	$0.00	$0.00	-$0.31	-$0.31	-$0.29	-$0.29	$0.00	$0.00	$0.00	$0.00	$0.00	$0.14	$0.14	$0.16	$0.16	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$12.66	$13.26	$14.25	$15.82	$0.00	$0.00	$0.00	$0.00	-$30.88	-$30.88	-$28.64	-$28.64	$0.00	$0.00	$0.00	$0.00	$0.00	$14.32	$14.32	$16.39	$16.39	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Average Current Rate PMPM	595.42	$325.02	$379.35	$378.76	$379.88	$378.30	$0.00	$0.00	$0.00	$0.00	$559.56	$559.56	$560.17	$560.17	$0.00	$0.00	$0.00	$0.00	$0.00	$460.73	$460.73	$461.23	$461.23	$0.00	$0.00	$0.00
Projected Member Months	13,218	0	1,312	23	136	6	23	15	6	5	333	6	35	2	6	4	2	1	498	9	52	2	9	6	2	

Section III: Experience Period Information

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	36346NY044001	36346NY025001	36346NY025002	36346NY025003	36346NY025004	36346NY025005	36346NY025006	36346NY025007	36346NY025008	36346NY047003S	36346NY047003G	36346NY047003T	36346NY047003B	36346NY047003P	36346NY047004G	36346NY047004T	36346NY047004P	36346NY047004B	36346NY047002G	36346NY047002T	36346NY047002P	36346NY047002B	36346NY047003G	36346NY047003T	36346NY047003P
OK	$ 325.02	Premium in Effect	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	$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		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%	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!	#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!	#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!
			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!	#DIV/0!

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total		Plan ID (Standard Component ID):	Total	36346NY044001	36346NY025001	36346NY025002	36346NY025003	36346NY025004	36346NY025005	36346NY025006	36346NY025007	36346NY025008	36346NY047003S	36346NY047003G	36346NY047003T	36346NY047003B	36346NY047003P	36346NY047004G	36346NY047004T	36346NY047004P	36346NY047004B	36346NY047002G	36346NY047002T	36346NY047002P	36346NY047002B	36346NY047003G	36346NY047003T	36346NY047003P
WARNING	$ 464.94	Premium Information	Plan Adjusted Index Rate	$293.58		$345.93	$345.93	$347.80	$347.80	$345.93	$345.93	$347.80	$347.80	$479.81	$479.81	$482.40	$482.40	$479.81	$479.81	$482.40	$482.40	$428.21	$428.21	$430.52	$430.52	$428.21	$428.21	$430.52
OK	13,218		Member Months	13,218		1,312	23	136	6	23	15	6	5	333	6	35	2	6	4	2	1	498	9	52	2	9	6	2
WARNING	$6,145,698		Total Premium (TP)	$3,880,638	$0	$453,975	$7,918	$47,235	$2,123	$7,918	$5,279	$2,123	$1,592	$159,978	$2,790	$16,645	$748	$2,790	$1,860	$748	$561	$213,435	$3,723	$22,207	$998	$3,723	$2,482	$998
			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	6,726,441	Claims Information	Total Allowed Claims (TAC)	$3,226,204		$400,609	$6,987	$41,682	$1,873	$6,987	$4,658	$1,873	$1,405	$145,190	$2,532	$15,106	$679	$2,532	$1,688	$679	$509	$192,390	$3,356	$20,018	$900	$3,356	$2,237	$902
			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	$652,182		$58,553	$1,021	$6,092	$274	$1,021	$681	$274	$205	$8,002	$140	$833	$37	$140	$93	$37	$28	$28,291	$493	$2,944	$132	$493	$329	$132
			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%	0.00%	0.00%	0.00%
WARNING	5,289,434		Total Incurred claims, payable with issuer funds	$2,574,022	$0	$342,057	$5,966	$35,590	$1,600	$5,966	$3,977	$1,600	$1,200	$137,188	$2,393	$14,274	$642	$2,393	$1,595	$642	$481	$164,098	$2,862	$17,074	$767	$2,862	$1,908	$767
#DIV/0!	-		Net Amt of Rein	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
			Net Amt of Risk Adj	-$88,444		-$8,781	-$153	-$909	-$41	-$153	-$102	-$41	-$31	-$2,231	-$39	-$231	-$10	-$39	-$26	-$10	-$8	-$3,335	-$58	-$345	-$16	-$58	-$39	-$16
WARNING	$ 400.16		Incurred Claims PMPM	$194.73	#DIV/0!	$260.65	$260.65	$262.06	$262.06	$260.65	$260.65	$262.06	$262.06	$411.46	$411.46	$413.68	$413.68	$411.46	$411.46	$413.68	$413.68	$329.22	$329.22	$331.00	$331.00	$329.22	$329.22	$331.00
WARNING	$ 508.87		Allowed Claims PMPM	$244.07	#DIV/0!	$305.27	$305.27	$306.91	$306.91	$305.27	$305.27	$306.91	$306.91	$435.46	$435.46	$437.81	$437.81	$435.46	$435.46	$437.81	$437.81	$385.98	$385.98	$388.07	$388.07	$385.98	$385.98	$388.07
			EHB portion of Allowed Claims, PMPM	$244.07	#DIV/0!	$305.27	$305.27	$306.91	$306.91	$305.27	$305.27	$306.91	$306.91	$435.46	$435.46	$437.81	$437.81	$435.46	$435.46	$437.81	$437.81	$385.98	$385.98	$388.07	$388.07	$385.98	$385.98	$388.07

Small Group Exchange Plans

36346NY047

Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
0.791	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.707	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.620	0.882	0.882	0.882	0.882	0.882	0.882	0.882	0.882	0.907	0.907	0.907	0.907	0.907	0.907	0.907
0.853	0.763	0.763	0.763	0.763	0.763	0.763	0.763	0.763	0.763	0.646	0.646	0.646	0.646	0.646	0.646	0.646	0.646	0.646	0.935	0.935	0.935	0.935	0.935	0.935	0.935	0.935	0.937	0.937	0.937	0.937	0.937	0.937	0.937
EPO	POS	POS	POS	POS	POS	POS	POS	POS	POS	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	POS	POS	POS	POS	POS	POS	POS
Gold Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Silver Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Bronze Standard	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 266	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Platinum 267	Platinum 267
36346NY0470033	36346NY0470014	36346NY0470015	36346NY0470016	36346NY0470017	36346NY0470018	36346NY0470019	36346NY0470020	36346NY0470021	36346NY0470001	36346NY0470002	36346NY0470003	36346NY0470004	36346NY0470005	36346NY0470006	36346NY0470007	36346NY0470008	36346NY0530089	36346NY0530090	36346NY0530091	36346NY0530092	36346NY0530093	36346NY0530094	36346NY0530095	36346NY0530096	36346NY0530137	36346NY0530138	36346NY0530139	36346NY0530140	36346NY0530141
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
0.00%																																	
0.00%																																	
0.00%																																	
1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
0.00%	-4.43%	-4.43%	-4.02%	-4.02%	0.00%	0.00%	0.00%	0.00%	3.98%	3.98%	4.43%	4.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	-4.43%	-4.43%	-4.02%	-4.02%	0.00%	0.00%	0.00%	0.00%	3.98%	3.98%	4.43%	4.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
-1.12%																																	

36346NY0470033	36346NY0470014	36346NY0470015	36346NY0470016	36346NY0470017	36346NY0470018	36346NY0470019	36346NY0470020	36346NY0470021	36346NY0470001	36346NY0470002	36346NY0470003	36346NY0470004	36346NY0470005	36346NY0470006	36346NY0470007	36346NY0470008	36346NY0530089	36346NY0530090	36346NY0530091	36346NY0530092	36346NY0530093	36346NY0530094	36346NY0530095	36346NY0530096	36346NY0530137	36346NY0530138	36346NY0530139	36346NY0530140	36346NY0530141
$0.00	-$3.31	-$3.31	-$3.01	-$3.01	$0.00	$0.00	$0.00	$0.00	$2.33	$2.33	$2.60	$2.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$2.57	-$2.57	-$2.34	-$2.34	$0.00	$0.00	$0.00	$0.00	$1.81	$1.81	$2.02	$2.02	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$4.78	-$4.78	-$4.35	-$4.35	$0.00	$0.00	$0.00	$0.00	$3.37	$3.37	$3.75	$3.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$2.57	-$2.57	-$2.34	-$2.34	$0.00	$0.00	$0.00	$0.00	$1.81	$1.81	$2.02	$2.02	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$0.92	-$0.92	-$0.84	-$0.84	$0.00	$0.00	$0.00	$0.00	$0.65	$0.65	$0.72	$0.72	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$0.18	-$0.18	-$0.17	-$0.17	$0.00	$0.00	$0.00	$0.00	$0.13	$0.13	$0.14	$0.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$2.02	-$2.02	-$1.84	-$1.84	$0.00	$0.00	$0.00	$0.00	$1.43	$1.43	$1.59	$1.59	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$1.84	-$1.84	-$1.67	-$1.67	$0.00	$0.00	$0.00	$0.00	$1.30	$1.30	$1.44	$1.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$0.18	-$0.18	-$0.17	-$0.17	$0.00	$0.00	$0.00	$0.00	$0.13	$0.13	$0.14	$0.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	-$18.39	-$18.39	-$16.71	-$16.71	$0.00	$0.00	$0.00	$0.00	$12.96	$12.96	$14.44	$14.44	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.04	$0.04	$0.04	$0.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

$0.00	$416.10	$416.10	$416.57	$416.57	$0.00	$0.00	$0.00	$0.00	$325.62	$325.62	$325.97	$325.97	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2	348	6	36	2	6	4	2	1	190	3	20	1	3	2	1	1	79	1	8	0	1	1	0	0	171	3	18	1	3

36346NY0470033	36346NY0470014	36346NY0470015	36346NY0470016	36346NY0470017	36346NY0470018	36346NY0470019	36346NY0470020	36346NY0470021	36346NY0470001	36346NY0470002	36346NY0470003	36346NY0470004	36346NY0470005	36346NY0470006	36346NY0470007	36346NY0470008	36346NY0530089	36346NY0530090	36346NY0530091	36346NY0530092	36346NY0530093	36346NY0530094	36346NY0530095	36346NY0530096	36346NY0530137	36346NY0530138	36346NY0530139	36346NY0530140	36346NY0530141
$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
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$0	$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
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$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

#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

36346NY0470033	36346NY0470014	36346NY0470015	36346NY0470016	36346NY0470017	36346NY0470018	36346NY0470019	36346NY0470020	36346NY0470021	36346NY0470001	36346NY0470002	36346NY0470003	36346NY0470004	36346NY0470005	36346NY0470006	36346NY0470007	36346NY0470008	36346NY0530089	36346NY0530090	36346NY0530091	36346NY0530092	36346NY0530093	36346NY0530094	36346NY0530095	36346NY0530096	36346NY0530137	36346NY0530138	36346NY0530139	36346NY0530140	36346NY0530141
$430.52	$355.02	$355.02	$356.93	$356.93	$355.02	$355.02	$356.93	$356.93	$299.10	$299.10	$300.71	$300.71	$299.10	$299.10	$300.71	$300.71	$552.30	$552.30	$555.28	$555.28	$552.30	$552.30	$555.28	$555.28	$347.39	$347.39	$349.27	$349.27	$347.39
2	348	6	36	2	6	4	2	1	190	3	20	1	3	2	1	1	79	1	8	0	1	1	0	0	171	3	18	1	3
$749	$123,382	$2,152	$12,837	$577	$2,152	$1,435	$577	$433	$56,713	$989	$5,901	$265	$989	$659	$265	$199	$43,613	$761	$4,540	$204	$761	$507	$204	$153	$59,464	$1,037	$6,187	$278	$1,037
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$675	$110,137	$1,921	$11,459	$515	$1,921	$1,281	$515	$386	$50,100	$874	$5,213	$234	$874	$583	$234	$176	$40,039	$698	$4,166	$187	$698	$466	$187	$140	$48,094	$839	$5,004	$225	$839
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$99	$26,068	$455	$2,712	$122	$455	$303	$122	$91	$17,749	$310	$1,847	$83	$310	$206	$83	$62	$2,584	$45	$269	$12	$45	$30	$12	$9	$3,016	$53	$314	$14	$53
$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
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$576	$84,069	$1,466	$8,747	$393	$1,466	$978	$393	$295	$32,350	$564	$3,366	$151	$564	$376	$151	$113	$37,456	$653	$3,897	$175	$653	$436	$175	$131	$45,078	$786	$4,690	$211	$786
$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
-$12	-$2,325	-$41	-$241	-$11	-$41	-$27	-$11	-$8	-$1,269	-$22	-$131	-$6	-$22	-$15	-$6	-$4	-$528	-$9	-$55	-$2	-$9	-$6	-$2	-$2	-$1,145	-$20	-$119	-$5	-$20

$331.00	$241.90	$241.90	$243.20	$243.20	$241.90	$241.90	$243.20	$243.20	$170.61	$170.61	$171.53	$171.53	$170.61	$170.61	$171.53	$171.53	$474.10	$474.10	$476.67	$476.67	$474.10	$474.10	$476.67	$476.67	$263.35	$263.35	$264.77	$264.77	$263.35
$388.07	$316.91	$316.91	$318.61	$318.61	$316.91	$316.91	$318.61	$318.61	$264.22	$264.22	$265.64	$265.64	$264.22	$264.22	$265.64	$265.64	$506.81	$506.81	$509.54	$509.54	$506.81	$506.81	$509.54	$509.54	$280.97	$280.97	$282.49	$282.49	$280.97
$388.07	$316.91	$316.91	$318.61	$318.61	$316.91	$316.91	$318.61	$318.61	$264.22	$264.22	$265.64	$265.64	$264.22	$264.22	$265.64	$265.64	$506.81	$506.81	$509.54	$509.54	$506.81	$506.81	$509.54	$509.54	$280.97	$280.97	$282.49	$282.49	$280.97

Small Group Off-Exchange Plans

36346NY053

Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
0.907	0.907	0.907	0.786	0.786	0.786	0.786	0.786	0.786	0.786	0.786	0.786	0.694	0.694	0.694	0.694	0.694	0.694	0.694	0.694	0.712	0.712	0.712	0.712	0.712	0.712	0.712	0.712	0.712	0.682	0.682	0.682
0.937	0.937	0.937	0.811	0.811	0.811	0.811	0.811	0.811	0.811	0.811	0.811	0.777	0.777	0.777	0.777	0.777	0.777	0.777	0.777	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.761	0.714	0.714	0.714
POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Platinum 267	Platinum 267	Platinum 267	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Transitional	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver Aqua	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269
36346NY0530142	36346NY0530143	36346NY0530144	36346NY0530129	36346NY0530130	36346NY0530131	36346NY0530132	36346NY0530133	36346NY0530134	36346NY0530135	36346NY0530136	36346NY0530097	36346NY0530098	36346NY0530099	36346NY0530100	36346NY0530101	36346NY0530102	36346NY0530103	36346NY0530104	36346NY0530105	36346NY0530106	36346NY0530107	36346NY0530108	36346NY0530109	36346NY0530110	36346NY0530111	36346NY0530112	36346NY0530121	36346NY0530122	36346NY0530123
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
0.00%																															
0.00%																															
0.00%																															
1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
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36346NY0530142	36346NY0530143	36346NY0530144	36346NY0530129	36346NY0530130	36346NY0530131	36346NY0530132	36346NY0530133	36346NY0530134	36346NY0530135	36346NY0530136	36346NY0530097	36346NY0530098	36346NY0530099	36346NY0530100	36346NY0530101	36346NY0530102	36346NY0530103	36346NY0530104	36346NY0530105	36346NY0530106	36346NY0530107	36346NY0530108	36346NY0530109	36346NY0530110	36346NY0530111	36346NY0530112	36346NY0530121	36346NY0530122	36346NY0530123
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

																								Small Group HMO Off-Exchange							
																								36346NY055							
Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
0.682	0.682	0.682	0.682	0.682	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.586	0.587	0.587	0.587	0.587	0.587	0.587	0.587	0.587	0.587	0.587	0.813	0.813	0.813	0.813	0.813	0.813	0.813	0.813
0.714	0.714	0.714	0.714	0.714	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.628	0.594	0.594	0.594	0.594	0.594	0.594	0.594	0.594	0.594	0.594	0.905	0.905	0.905	0.905	0.905	0.905	0.905	0.905
POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Silver HDHP-HSA 269	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Bronze HDHP-HSA 270	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO	Gold HMO
36346NY0530124	36346NY0530125	36346NY0530126	36346NY0530127	36346NY0530128	36346NY0530081	36346NY0530082	36346NY0530083	36346NY0530084	36346NY0530085	36346NY0530086	36346NY0530087	36346NY0530088	36346NY0530113	36346NY0530114	36346NY0530115	36346NY0530116	36346NY0530117	36346NY0530118	36346NY0530119	36346NY0530120	36346NY0550009	36346NY0550010	36346NY0550011	36346NY0550012	36346NY0550013	36346NY0550014	36346NY0550015	36346NY0550016
No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
																								0.00%							
																								0.00%							
																								0.00%							
1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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36346NY0530124	36346NY0530125	36346NY0530126	36346NY0530127	36346NY0530128	36346NY0530081	36346NY0530082	36346NY0530083	36346NY0530084	36346NY0530085	36346NY0530086	36346NY0530087	36346NY0530088	36346NY0530113	36346NY0530114	36346NY0530115	36346NY0530116	36346NY0530117	36346NY0530118	36346NY0530119	36346NY0530120	36346NY0550009	36346NY0550010	36346NY0550011	36346NY0550012	36346NY0550013	36346NY0550014	36346NY0550015	36346NY0550016
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Unified Rate Review v2.0.2

Company Legal Name: **BlueCross BlueShield of Weste** State: **NY**
HIOS Issuer ID: **49526** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

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

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$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	1.003	0.951	1.039	1.006	61.99	$16,196.53	$83.67	61.99	$16,196.53	$83.67
Outpatient Hospital	Visits	2,769.69	305.23	70.45	1.003	0.951	1.039	1.006	2,808.32	313.58	73.39	2808.32	313.58	73.39
Professional	Visits	15,301.44	94.41	120.38	1.003	0.951	1.039	1.006	15,514.84	96.99	125.40	15514.84	96.99	125.40
Other Medical	Visits	303.79	129.33	3.27	1.003	0.951	1.039	1.006	308.03	132.87	3.41	308.03	132.87	3.41
Capitation	Benefit Period	12,000.00	0.00	0.00	1.003	0.951	1.039	1.006	12,167.36	0.00	0.00	12167.36	0.00	0.00
Prescription Drug	Prescriptions	12,740.11	68.31	72.52	1.003	0.951	1.039	1.006	12,917.80	70.18	75.54	12917.80	70.18	75.54
Total				$346.94							$361.41			$361.41

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$361.41	$191,176,334
Paid to Allowed Average Factor in Projection Period			0.814	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$294.01	$155,524,677
Projected Risk Adjustments PMPM			-6.69	(3,539,405)
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$300.70	$159,064,081
Projected ACA reinsurance recoveries, net of rein prem, PMPM			0.00	0
Projected Incurred Claims			$300.70	$159,064,081
Administrative Expense Load		11.41%	40.35	21,343,177
Profit & Risk Load		1.00%	3.54	1,870,828
Taxes & Fees		2.57%	9.08	4,804,759
Single Risk Pool Gross Premium Avg. Rate, PMPM			$353.67	$187,082,845
Index Rate for Projection Period			$315.67	
% increase over Experience Period			8.81%	
% Increase, annualized:			4.31%	
Projected Member Months				528,979

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:	**BlueCross BlueShield of Western NY**	State:	**NY**
HIOS Issuer ID:	**49526**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2015**		

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Product	Healthy New York																																						
Product ID:		49526NY048	49526NY028																																						
Metal:		Catastrophic	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value		0.000	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.791	0.889	0.889	0.889	0.889	0.889	0.889	0.889	0.889	0.889	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.815	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.781	0.781
AV Pricing Value		0.001	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.855	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.883	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.850	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827	0.827
Plan Type:		EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS	POS
Plan Name		Terminated Products	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Healthy New York	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Platinum PPO $43	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold Aqua	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX	Gold POS 250EX
Plan ID (Standard Component ID):		49526NY048001	49526NY028001	49526NY028002	49526NY028003	49526NY028004	49526NY028005	49526NY028006	49526NY028007	49526NY028008	49526NY050001	49526NY050002	49526NY050003	49526NY050004	49526NY050051	49526NY050054	49526NY050055	49526NY050056	49526NY050058	49526NY050005	49526NY050006	49526NY050007	49526NY050008	49526NY050037	49526NY050038	49526NY050039	49526NY050040	49526NY050041	49526NY050042	49526NY050043	49526NY050044	49526NY050045	49526NY050046	49526NY050047	49526NY050048	49526NY050049
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	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	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	1/1/2015	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%	4.26%	4.26%	4.71%	4.71%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.86%	-4.86%	-4.45%	-4.45%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.39%	-1.39%	-0.97%	-0.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	4.26%	4.26%	4.71%	4.71%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.86%	-4.86%	-4.45%	-4.45%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.39%	-1.39%	-0.97%	-0.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Fwr 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!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!					4.30%																																		

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

Plan ID (Standard Component ID):	Total	49526NY048001	49526NY028001	49526NY028002	49526NY028003	49526NY028004	49526NY028005	49526NY028006	49526NY028007	49526NY028008	49526NY050001	49526NY050002	49526NY050003	49526NY050004	49526NY050051	49526NY050054	49526NY050055	49526NY050056	49526NY050058	49526NY050005	49526NY050006	49526NY050007	49526NY050008	49526NY050037	49526NY050038	49526NY050039	49526NY050040	49526NY050041	49526NY050042	49526NY050043	49526NY050044	49526NY050045	49526NY050046	49526NY050047	49526NY050048	49526NY050049
Inpatient	$0.00	$0.00	$2.32	$2.32	$2.58	$2.58	$0.00	$0.00	$0.00	$0.00	-$3.88	-$3.88	-$3.58	-$3.58	$0.00	$0.00	$0.00	$0.00	-$0.43	-$0.43	-$0.14	-$0.14	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$1.82	$1.82	$2.01	$2.01	$0.00	$0.00	$0.00	$0.00	-$2.85	-$2.85	-$2.57	-$2.57	$0.00	$0.00	$0.00	$0.00	-$0.31	-$0.31	-$0.11	-$0.11	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$1.37	$1.37	$1.71	$1.71	$0.00	$0.00	$0.00	$0.00	-$5.28	-$5.28	-$4.76	-$4.76	$0.00	$0.00	$0.00	$0.00	-$0.62	-$0.62	-$0.21	-$0.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$1.82	$1.82	$2.01	$2.01	$0.00	$0.00	$0.00	$0.00	-$2.85	-$2.85	-$2.57	-$2.57	$0.00	$0.00	$0.00	$0.00	-$0.31	-$0.31	-$0.11	-$0.11	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.65	$0.65	$0.72	$0.72	$0.00	$0.00	$0.00	$0.00	-$1.02	-$1.02	-$0.92	-$0.92	$0.00	$0.00	$0.00	$0.00	-$0.12	-$0.12	-$0.04	-$0.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.13	$0.13	$0.14	$0.14	$0.00	$0.00	$0.00	$0.00	-$0.20	-$0.20	-$0.18	-$0.18	$0.00	$0.00	$0.00	$0.00	-$0.02	-$0.02	-$0.01	-$0.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$1.43	$1.43	$1.58	$1.58	$0.00	$0.00	$0.00	$0.00	-$2.24	-$2.24	-$2.02	-$2.02	$0.00	$0.00	$0.00	$0.00	-$0.26	-$0.26	-$0.09	-$0.09	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$1.30	$1.30	$1.44	$1.44	$0.00	$0.00	$0.00	$0.00	-$2.03	-$2.03	-$1.83	-$1.83	$0.00	$0.00	$0.00	$0.00	-$0.24	-$0.24	-$0.08	-$0.08	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.13	$0.13	$0.14	$0.14	$0.00	$0.00	$0.00	$0.00	-$0.20	-$0.20	-$0.18	-$0.18	$0.00	$0.00	$0.00	$0.00	-$0.02	-$0.02	-$0.01	-$0.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$12.97	$12.97	$14.34	$14.34	$0.00	$0.00	$0.00	$0.00	-$20.33	-$20.33	-$18.33	-$18.33	$0.00	$0.00	$0.00	$0.00	-$2.28	-$2.28	-$0.79	-$0.79	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.37	-$0.37	-$0.37	-$0.37	$0.00	$0.00	$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	$228.77	$325.02	$304.47	$304.47	$304.30	$304.30	$0.00	$0.00	$0.00	$0.00	$491.58	$491.58	$492.12	$492.12	$0.00	$0.00	$0.00	$0.00	$372.90	$372.90	$373.31	$373.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Projected Member Months	524,679	0	6,792	118	703	32	118	79	32	24	47,541	829	4,505	221	829	553	221	168	72,443	1,266	7,497	337	1,264	842	337	253	18,111	316	1,874	84	316					

Section III: Experience Period Information

Warning Alert	Wght 1 Total	Plan ID (Standard Component ID):	Total	49526NY048001	49526NY028001	49526NY028002	49526NY028003	49526NY028004	49526NY028005	49526NY028006	49526NY028007	49526NY028008	49526NY050001	49526NY050002	49526NY050003	49526NY050004	49526NY050051	49526NY050054	49526NY050055	49526NY050056	49526NY050005	49526NY050006	49526NY050007	49526NY050008	49526NY050037	49526NY050038	49526NY050039	49526NY050040	49526NY050041	49526NY050042	49526NY050043	49526NY050044	49526NY050045
OK	$ 325.02	Average Rate PMPM	$325.02	$325.02																													
OK	789,301	Member Months	789,301	789,301																													
OK	$256,542,435	Total Premium (TP)	$256,542,435	$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
	100.00%	EHB Percent of TP, [see instructions]	100.00%																														
	0.00%	state mandated benefits portion of TP that are other than EHB	0.00%																														
	0.00%	Other benefits portion of TP	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%
OK	$273,843,859	Total Allowed Claims (TAC)	$273,843,859																														
	100.00%	EHB Percent of TAC, [see instructions]	100.00%																														
	0.00%	state mandated benefits portion of TAC that are other than EHB	0.00%																														
	0.00%	Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	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																													
	$0	Portion of above payable by HHS's funds on behalf of insured persons, 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
	0.00%	Portion of above payable by HHS on behalf of insured persons, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#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	$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
	$0.00	Net Amt of Risk	$0.00	$0.00																													
	$0.00	Net Amt of Risk Adj	$0.00	$0.00																													
OK	$ 289.52	Incurred Claims PMPM	$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!
OK	$ 346.94	Allowed Claims PMPM	$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!
	$346.94	EHB portion of Allowed Claims, PMPM	$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!

Section IV: Projected (12 months following effective date)

Warning Alert	Wght 1 Total	Plan ID (Standard Component ID):	Total	49526NY048001	49526NY028001	49526NY028002	49526NY028003	49526NY028004	49526NY028005	49526NY028006	49526NY028007	49526NY028008	49526NY050001	49526NY050002	49526NY050003	49526NY050004	49526NY050051	49526NY050054	49526NY050055	49526NY050056	49526NY050005	49526NY050006	49526NY050007	49526NY050008	49526NY050037	49526NY050038	49526NY050039	49526NY050040	49526NY050041	49526NY050042	49526NY050043	49526NY050044	49526NY050045
WARNING	$ 351.47	Plan Adjusted Index Rate	$351.47	$272.05	$272.05	$273.52	$273.52	$272.05	$272.05	$273.52	$273.52	$421.94	$421.94	$434.22	$434.22	$421.94	$421.94	$428.22	$428.22	$324.69	$324.69	$325.44	$325.44	$323.69	$323.69	$325.44	$325.44	$332.68	$332.68	$334.47	$334.47	$332.68	
OK	528,679	Member Months	528,679	6,792	118	703	32	118	79	32	24	47,541	829	4,505	221	829	553	221	168	72,443	1,266	7,497	337	1,264	842	337	253	18,111	316	1,874	84	316	
WARNING	$187,082,845	Total Premium (TP)	$187,082,845	$0	$1,847,618	$32,226	$192,243	$8,640	$32,226	$21,484	$8,640	$6,480	$20,059,597	$349,877	$2,087,145	$93,804	$349,877	$233,251	$93,804	$70,353	$23,449,050	$408,985	$2,439,827	$109,655	$408,991	$272,663	$109,655	$82,241	$6,025,066	$105,088	$626,885	$28,175	$105,088
	100.00%	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%
	0.00%	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%	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%
WARNING	191,176,334	Total Allowed Claims (TAC)	$191,940,120		$1,581,409	$27,618	$164,752	$7,405	$27,618	$18,412	$7,405	$5,553	$17,965,770	$313,269	$1,808,769	$81,990	$313,269	$208,846	$81,990	$62,962	$20,485,812	$357,311	$2,131,596	$95,798	$357,311	$238,207	$95,798	$71,849	$5,230,457	$92,101	$548,411	$24,603	$92,101
	100.00%	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%
	0.00%	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%	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%
		Allowed Claims which are not the issuer's obligation	$25,030,210		$229,946	$4,011	$23,926	$1,075	$4,011	$2,674	$1,075	$806	$2,095,990	$36,558	$218,082	$9,801	$36,558	$24,372	$9,801	$7,351	$3,071,911	$53,580	$319,626	$14,365	$53,580	$35,720	$14,365	$10,774	$915,235	$15,963	$95,237	$4,280	$15,963
	$0	Portion of above payable by HHS's funds on behalf of insured persons, 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
	0.00%	Portion of above payable by HHS on behalf of insured persons, as %	#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%
WARNING	159,064,081	Total Incurred claims, payable with issuer funds	$160,910,310	$0	$1,353,463	$23,607	$140,826	$6,329	$23,607	$15,738	$6,329	$4,747	$15,864,780	$276,711	$1,650,686	$74,188	$276,711	$184,474	$74,188	$55,641	$17,413,901	$303,731	$1,811,882	$81,433	$303,731	$202,487	$81,433	$61,075	$4,365,222	$76,138	$454,185	$20,412	$76,138
#DIV/0!		Net Amt of Risk	$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
	-$1,539,401	Net Amt of Risk Adj	-$1,539,401		-$45,442	-$792	-$4,703	-$211	-$792	-$519	-$211	-$159	-$118,098	-$5,548	-$32,916	-$1,480	-$5,548	-$3,699	-$1,480	-$1,110	-$484,718	-$8,454	-$50,163	-$2,265	-$8,454	-$5,636	-$2,265	-$1,691	-$121,180	-$2,114	-$12,541	-$566	-$2,114
WARNING	$ 300.70	Incurred Claims PMPM	$228.57	#DIV/0!	$199.29	$199.29	$200.27	$200.27	$199.29	$199.29	$200.27	$200.27	$333.71	$333.71	$335.51	$335.51	$333.71	$333.71	$335.51	$335.51	$240.38	$240.38	$241.68	$241.68	$240.38	$240.38	$241.68	$241.68	$241.03	$241.03	$242.31	$242.31	$241.03
WARNING	$ 361.45	Allowed Claims PMPM	$275.89	#DIV/0!	$233.14	$233.14	$234.41	$234.41	$233.14	$233.14	$234.41	$234.41	$377.80	$377.80	$379.84	$379.84	$377.80	$377.80	$379.84	$379.84	$282.78	$282.78	$284.31	$284.31	$282.78	$282.78	$284.31	$284.31	$291.56	$291.56	$293.14	$293.14	$291.56
		EHB portion of Allowed Claims, PMPM	$275.89	#DIV/0!	$233.14	$233.14	$234.41	$234.41	$233.14	$233.14	$234.41	$234.41	$377.80	$377.80	$379.84	$379.84	$377.80	$377.80	$379.84	$379.84	$282.78	$282.78	$284.31	$284.31	$282.78	$282.78	$284.31	$284.31	$291.56	$291.56	$293.14	$293.14	$291.56

| | | |

| Small Group HMO Off-Exchange Plans 49526NV052 | | |

| | | |

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off 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	Group 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: Group Off 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

Distribution	47 Contracts	48 Members	49 Contract Mix	50 Avg Contract Size	51 Age 26 Tier Factor	52 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 Age 26 Tier Factors	57 Contract 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 Age 30 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 Age 30 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: Group Off 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: Group Off 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: Group Off 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: Group Off 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 Util / 1000	130 Allowed Unit Cost	131 Cost Share / Service	132 Copay Utilization	133 Allowed PMPM	134 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: Group Off 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: Group Off 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: Group Off 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: Group Off 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:	Group
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	$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: Group Off 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:	**$5,000**	**50%**	**$10,000**	**0.820**	**48%**	**$17.68**	**$7.49**

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

Region #2: Platinum HMO 110 Plus

Plan Information:

First Dollar:	$0
Deductible Amount:	$0
OOP Maximum:	$4,000
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Plan Pharmacy Data:
Region #2: Platinum HMO 110 Plus

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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #2: Platinum PPO 843

Plan Information:

First Dollar:	$0
Deductible Amount:	$500
OOP Maximum:	$1,000
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
Medal Level:	Platinum
Geographic Factors:	National

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	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:				$262.46	$240.47
Not Subject to Deductible:				$0.00	$0.00
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0738
Not Subject to Deductible:				1.2200	1.0000
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.19**	**$278.38**

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

Plan Pharmacy Data:
Region #2: Platinum PPO 843

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	$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	$77.76
Subject to Deductible:				$80.59	$77.76
Not Subject to Deductible:				$0.00	$0.00
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0738
Not Subject to Deductible:				1.2200	1.0000
Adjusted Drug Total:				**$90.29**	**$83.50**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$500**	**40%**	**$5,000**	**0.858**	**27%**	**$17.68**	**$11.12**

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off 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:	Group
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: Group Off 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: Group Off 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:	Group
Availability:	Off Exchange
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: Group Off 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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #2: Gold POS 250

Plan Information:

First Dollar:	$0
Deductible Amount:	$1,500
OOP Maximum:	$4,000
Plan Offering:	Non-Standard
Plan Type:	Group
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	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	$25.00	$25.00	No	$1.54	$1.46
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	$40.00	$40.00	No	$0.82	$0.68
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	0%	$0.00	Yes	$0.98	$0.98
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	$64.99
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	$40.00	$40.00	No	$8.67	$5.14
Abortion - Elective	$40.00	$40.00	No	$0.02	$0.02
Abortion - Non Elective	$40.00	$40.00	No	$0.06	$0.06
Advanced Radiology	20%	$63.89	Yes	$6.10	$5.60
Allergy Shots	$32.50	$32.50	No	$0.37	$0.17
Allergy Tests	$32.50	$32.50	No	$0.24	$0.24
Ambulance	20%	$123.60	Yes	$1.75	$1.58
Anesthesia	20%	$112.61	Yes	$1.07	$1.07
Cardiovascular	$25.00	$25.00	No	$2.43	$2.23
Chemotherapy	20%	$95.40	Yes	$3.25	$3.09
Chiropractic	$25.00	$25.00	No	$0.98	$0.25
Consults	$32.50	$32.50	No	$3.11	$2.65
Diabetic Drugs/Supplies	$25.00	$25.00	No	$0.69	$0.66
Diabetic Education	$25.00	$25.00	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	$32.50	$32.50	No	$4.87	$4.85
Hearing Aid	20%	$11.80	Yes	$0.00	$0.00
Hearing Exam	$32.50	$32.50	No	$0.18	$0.14
Home Care	$32.50	$32.50	No	$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	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	0%	$0.00	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	$32.50	$32.50	No	$6.32	$5.83
Vision - Exam	$40.00	$40.00	No	$0.90	$0.62
Vision - Lenses & Frames	20%	$15.80	Yes	$0.35	$0.34
Other	$40.00	$40.00	No	$3.00	$2.66
Professional Total:				$126.59	$115.12
Medical Total:				$282.62	$257.70
Subject to Deductible:				$215.00	$199.47
Not Subject to Deductible:				$47.46	$38.07
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.0960	1.0507
Not Subject to Deductible:				1.1542	1.0944
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$310.58**	**$271.40**

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

Plan Pharmacy Data:
Region #2: Gold POS 250

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	20%	$20.11	Yes	$1.29	$1.23
Drug Total:				$80.59	$78.50
Subject to Deductible:				$1.29	$1.23
Not Subject to Deductible:				$79.30	$77.27
Utilization Adjustment:					
Subject to Deductible:				1.0960	1.0507
Not Subject to Deductible:				1.1542	1.0944
Adjusted Drug Total:				**$92.94**	**$85.86**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$3,000**	**50%**	**$10,000**	**0.820**	**45%**	**$17.68**	**$7.97**

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

Region #2: Gold POS 250EX

Plan Information:

First Dollar:	$0
Deductible Amount:	$1,500
OOP Maximum:	$4,000
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
Medal Level:	Gold
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	20%	$411.52	Yes	$0.01	$0.01
Abortion - Non Elective	20%	$322.68	Yes	$0.12	$0.10
Cardiology	$25.00	$25.00	No	$1.54	$1.46
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	$40.00	$40.00	No	$0.82	$0.68
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	0%	$0.00	Yes	$0.98	$0.98
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	$64.99
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	$40.00	$40.00	No	$8.67	$5.14
Abortion - Elective	$40.00	$40.00	No	$0.02	$0.02
Abortion - Non Elective	$40.00	$40.00	No	$0.06	$0.06
Advanced Radiology	20%	$63.89	Yes	$6.10	$5.60
Allergy Shots	$32.50	$32.50	No	$0.37	$0.17
Allergy Tests	$32.50	$32.50	No	$0.24	$0.24
Ambulance	20%	$123.60	Yes	$1.75	$1.58
Anesthesia	20%	$112.61	Yes	$1.07	$1.07
Cardiovascular	$25.00	$25.00	No	$2.43	$2.23
Chemotherapy	20%	$95.40	Yes	$3.25	$3.09
Chiropractic	$25.00	$25.00	No	$0.98	$0.25
Consults	$32.50	$32.50	No	$3.11	$2.65
Diabetic Drugs/Supplies	$25.00	$25.00	No	$0.69	$0.66
Diabetic Education	$25.00	$25.00	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	$32.50	$32.50	No	$4.87	$4.85
Hearing Aid	20%	$11.80	Yes	$0.00	$0.00
Hearing Exam	$32.50	$32.50	No	$0.18	$0.14
Home Care	$32.50	$32.50	No	$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	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	0%	$0.00	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	$32.50	$32.50	No	$6.32	$5.83
Vision - Exam	$40.00	$40.00	No	$0.90	$0.62
Vision - Lenses & Frames	20%	$15.80	Yes	$0.35	$0.34
Other	$40.00	$40.00	No	$3.00	$2.66
Professional Total:				$126.59	$115.12
Medical Total:				$282.62	$257.70
Subject to Deductible:				$215.00	$199.47
Not Subject to Deductible:				$47.46	$38.07
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.0960	1.0507
Not Subject to Deductible:				1.1542	1.0944
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$310.58**	**$271.40**

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

Plan Pharmacy Data:
Region #2: Gold POS 250EX

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	20%	$20.11	Yes	$1.29	$1.23
Drug Total:				$80.59	$78.50
Subject to Deductible:				$1.29	$1.23
Not Subject to Deductible:				$79.30	$77.27
Utilization Adjustment:					
Subject to Deductible:				1.0960	1.0507
Not Subject to Deductible:				1.1542	1.0944
Adjusted Drug Total:				**$92.94**	**$85.86**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$3,000**	**50%**	**$10,000**	**0.820**	**45%**	**$17.68**	**$7.97**

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

Region #2: Gold Healthy NY

Plan Information:

First Dollar:	$0
Deductible Amount:	$600
OOP Maximum:	$4,000
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	$25.00	$25.00	Yes	$0.73	$0.53
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	$66.23
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	$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	$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	$25.00	$25.00	Yes	$2.04	$1.07
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	$113.87
Medical Total:				$282.62	$262.58
Subject to Deductible:				$262.46	$242.42
Not Subject to Deductible:				$0.00	$0.00
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1209	1.0719
Not Subject to Deductible:				1.1182	1.0963
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.36**	**$280.01**

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

Plan Pharmacy Data:
Region #2: Gold Healthy NY

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	1.0719
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: Group Off 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:	Group
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	$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: Group Off 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:	**$5,000**	**50%**	**$10,000**	**0.820**	**48%**	**$17.68**	**$7.49**

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

Region #2: Silver Align

Plan Information:

First Dollar:	$0
Deductible Amount:	$1,000
OOP Maximum:	$6,600
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	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	$30.00	$30.00	Yes	$1.54	$1.44
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	25%	$145.42	Yes	$11.03	$8.72
Home Health	$50.00	$50.00	Yes	$0.82	$0.64
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	0%	$0.00	Yes	$0.98	$0.98
Outpatient Surgery	25%	$295.04	Yes	$27.65	$24.18
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%	$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	25%	$54.92	Yes	$2.56	$1.95
Other	25%	$53.01	Yes	$2.66	$2.47
Outpatient Total:				$72.00	$63.15
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	$50.00	$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	25%	$79.86	Yes	$6.10	$5.48
Allergy Shots	$40.00	$40.00	Yes	$0.37	$0.13
Allergy Tests	$40.00	$40.00	Yes	$0.24	$0.24
Ambulance	25%	$154.50	Yes	$1.75	$1.53
Anesthesia	25%	$140.77	Yes	$1.07	$1.07
Cardiovascular	$30.00	$30.00	Yes	$2.43	$2.19
Chemotherapy	25%	$119.25	Yes	$3.25	$3.05
Chiropractic	$30.00	$30.00	Yes	$0.98	$0.10
Consults	$40.00	$40.00	Yes	$3.11	$2.55
Diabetic Drugs/Supplies	$30.00	$30.00	No	$0.69	$0.65
Diabetic Education	$30.00	$30.00	No	$0.02	$0.01
Dialysis	25%	$43.76	Yes	$0.06	$0.06
DME and Supplies	25%	$34.05	Yes	$3.56	$3.56
Facility Visits	$40.00	$40.00	Yes	$4.87	$4.85
Hearing Aid	25%	$14.74	Yes	$0.00	$0.00
Hearing Exam	$40.00	$40.00	Yes	$0.18	$0.13
Home Care	$40.00	$40.00	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	25%	$64.61	Yes	$13.79	$13.06
Pathology / Laboratory	25%	$5.29	Yes	$6.32	$6.32
PT/OT/ST	$30.00	$30.00	Yes	$2.04	$0.88
Radiation Therapy	25%	$75.40	Yes	$2.38	$2.14
Radiology	25%	$15.40	Yes	$4.92	$4.57
Substance Abuse	0%	$0.00	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	$40.00	$40.00	Yes	$6.32	$5.71
Vision - Exam	$50.00	$50.00	Yes	$0.90	$0.55
Vision - Lenses & Frames	25%	$19.75	Yes	$0.35	$0.34
Other	$50.00	$50.00	Yes	$3.00	$2.57
Professional Total:				$126.59	$111.75
Medical Total:				$282.62	$250.88
Subject to Deductible:				$261.75	$230.05
Not Subject to Deductible:				$0.71	$0.67
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0568
Not Subject to Deductible:				1.1091	1.0691
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.19**	**$263.99**

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

Plan Pharmacy Data:
Region #2: Silver Align

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	25%	$25.13	Yes	$1.29	$1.22
Drug Total:				$80.59	$78.48
Subject to Deductible:				$80.59	$78.48
Not Subject to Deductible:				$0.00	$0.00
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0568
Not Subject to Deductible:				1.1091	1.0691
Adjusted Drug Total:				**$90.29**	**$82.94**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$3,500**	**50%**	**$10,000**	**0.820**	**46%**	**$17.68**	**$7.82**

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

Region #2: Silver Align

Plan Information:

First Dollar:	$0
Deductible Amount:	$3,500
OOP Maximum:	$6,600
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	25%	$145.42	Yes	$11.03	$8.72
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	$56.17
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	25%	$154.50	Yes	$1.75	$1.53
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	No	$0.69	$0.51
Diabetic Education	50%	$50.80	No	$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	0%	$0.00	Yes	$2.49	$2.49
Mental Health	0%	$0.00	Yes	$3.03	$3.03
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	0%	$0.00	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	$107.48
Medical Total:				$282.62	$231.56
Subject to Deductible:				$261.75	$210.89
Not Subject to Deductible:				$0.71	$0.52
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1209	0.9962
Not Subject to Deductible:				1.1181	1.1002
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.36**	**$230.82**

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

Plan Pharmacy Data:
Region #2: Silver Align

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	Yes	$1.29	$1.15
Drug Total:				$80.59	$78.41
Subject to Deductible:				$1.29	$1.15
Not Subject to Deductible:				$79.30	$77.27
Utilization Adjustment:					
Subject to Deductible:				1.1209	0.9962
Not Subject to Deductible:				1.1181	1.1002
Adjusted Drug Total:				**$90.12**	**$86.16**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$3,500**	**50%**	**$10,000**	**0.820**	**46%**	**$17.68**	**$7.82**

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off 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:	Group
Availability:	Off Exchange
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: Group Off 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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #2: Silver POS 8100

Plan Information:

First Dollar:	$0
Deductible Amount:	$2,000
OOP Maximum:	$5,000
Plan Offering:	Non-Standard
Plan Type:	Group
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	20%	$1,060.31	Yes	$0.72	$0.71
Inpatient Total:				$84.04	$82.87
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	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	No	$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	0%	$0.00	No	$0.90	$0.90
Vision - Lenses & Frames	30%	$23.70	Yes	$0.35	$0.33
Other	20%	$20.49	Yes	$3.00	$2.83
Professional Total:				$126.59	$118.44
Medical Total:				$282.62	$266.06
Subject to Deductible:				$258.37	$241.88
Not Subject to Deductible:				$4.09	$4.02
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1197	1.0845
Not Subject to Deductible:				1.1596	1.1475
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.20**	**$287.08**

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

Plan Pharmacy Data:
Region #2: Silver POS 8100

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:				1.1197	1.0845
Not Subject to Deductible:				1.1596	1.1475
Adjusted Drug Total:				**$90.24**	**$85.13**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$2,000**	**40%**	**$10,000**	**0.820**	**40%**	**$17.68**	**$8.71**

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

Region #2: Silver POS 8100EX

Plan Information:

First Dollar:	$0
Deductible Amount:	$2,000
OOP Maximum:	$5,000
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
Medal Level:	Silver
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	$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	20%	$1,060.31	Yes	$0.72	$0.71
Inpatient Total:				$84.04	$82.87
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	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	No	$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	0%	$0.00	No	$0.90	$0.90
Vision - Lenses & Frames	30%	$23.70	Yes	$0.35	$0.33
Other	20%	$20.49	Yes	$3.00	$2.83
Professional Total:				$126.59	$118.44
Medical Total:				$282.62	$266.06
Subject to Deductible:				$258.37	$241.88
Not Subject to Deductible:				$4.09	$4.02
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1197	1.0845
Not Subject to Deductible:				1.1596	1.1475
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.20**	**$287.08**

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

Plan Pharmacy Data:
Region #2: Silver 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:				1.1197	1.0845
Not Subject to Deductible:				1.1596	1.1475
Adjusted Drug Total:				**$90.24**	**$85.13**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$2,000**	**40%**	**$10,000**	**0.820**	**40%**	**$17.68**	**$8.71**

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

Region #2: Bronze Align

Plan Information:

First Dollar:	$0
Deductible Amount:	$5,000
OOP Maximum:	$6,450
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
Medal Level:	Bronze
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	40%	$4,457.42	Yes	$0.15	$0.14
Detox	40%	$1,737.97	Yes	$0.58	$0.55
Maternity	40%	$3,199.58	Yes	$4.71	$4.64
Med/Surg	40%	$8,663.88	Yes	$70.82	$58.24
Mental Health	40%	$3,681.49	Yes	$3.13	$2.96
Newborn	40%	$2,217.40	Yes	$3.93	$3.92
SNF	40%	$2,120.62	Yes	$0.72	$0.70
Inpatient Total:				$84.04	$71.14
Outpatient Facility					
Preventive	0%	$0.00	No	$4.22	$4.22
Abortion - Elective	40%	$823.03	Yes	$0.01	$0.01
Abortion - Non Elective	40%	$645.37	Yes	$0.12	$0.08
Cardiology	40%	$96.91	Yes	$1.54	$1.22
Chemotherapy	40%	$169.34	Yes	$4.81	$4.56
Diagnostic	40%	$142.41	Yes	$1.15	$0.91
Dialysis	40%	$71.20	Yes	$0.76	$0.70
Emergency Room	40%	$232.67	Yes	$11.03	$7.34
Home Health	40%	$68.50	Yes	$0.82	$0.58
Hospice	40%	$141.72	Yes	$0.26	$0.26
Infusion Therapy	40%	$180.07	Yes	$2.33	$2.04
Laboratory Tests	40%	$26.47	Yes	$3.18	$3.16
Mental Health / Substance Abuse	40%	$40.92	Yes	$0.98	$0.61
Outpatient Surgery	40%	$472.06	Yes	$27.65	$22.09
Pre-Admission Testing	0%	$0.00	Yes	$0.35	$0.35
PT / OT / ST	40%	$31.71	Yes	$0.73	$0.47
Radiation Therapy	40%	$202.51	Yes	$1.84	$1.44
Radiology	40%	$61.55	Yes	$2.16	$1.51
Radiology - Advanced	40%	$279.56	Yes	$2.84	$2.01
Urgent Care	40%	$87.88	Yes	$2.56	$1.59
Other	40%	$84.82	Yes	$2.66	$2.35
Outpatient Total:				$72.00	$57.49
Professional					
Preventive	0%	$0.00	No	$15.94	$15.94
Office/Home Visit - PCP	40%	$35.16	Yes	$12.23	$8.23
Office/Home Visit - SCP	40%	$36.59	Yes	$8.67	$5.44
Abortion - Elective	40%	$118.07	Yes	$0.02	$0.02
Abortion - Non Elective	40%	$174.01	Yes	$0.06	$0.06
Advanced Radiology	40%	$127.78	Yes	$6.10	$5.10
Allergy Shots	40%	$15.53	Yes	$0.37	$0.28
Allergy Tests	40%	$75.41	Yes	$0.24	$0.23
Ambulance	40%	$247.20	Yes	$1.75	$1.40
Anesthesia	40%	$225.23	Yes	$1.07	$1.07
Cardiovascular	40%	$33.06	Yes	$2.43	$2.17
Chemotherapy	40%	$190.80	Yes	$3.25	$2.93
Chiropractic	40%	$12.85	Yes	$0.98	$0.60
Consults	40%	$74.19	Yes	$3.11	$2.07
Diabetic Drugs/Supplies	20%	$55.72	No	$0.69	$0.62
Diabetic Education	40%	$40.64	Yes	$0.02	$0.01
Dialysis	40%	$70.02	Yes	$0.06	$0.06
DME and Supplies	40%	$54.48	Yes	$3.56	$3.56
Facility Visits	40%	$58.00	Yes	$4.87	$4.84
Hearing Aid	40%	$23.59	Yes	$0.00	$0.00
Hearing Exam	40%	$16.20	Yes	$0.18	$0.16
Home Care	40%	$117.62	Yes	$1.01	$1.01
Maternity	0%	$0.00	Yes	$2.49	$2.49
Mental Health	40%	$44.13	Yes	$3.03	$1.92
Office-Administered Drugs	40%	$103.37	Yes	$13.79	$12.62
Pathology / Laboratory	40%	$8.46	Yes	$6.32	$6.32
PT/OT/ST	40%	$18.29	Yes	$2.04	$1.33
Radiation Therapy	40%	$120.63	Yes	$2.38	$2.00
Radiology	40%	$24.63	Yes	$4.92	$4.36
Substance Abuse	40%	$118.60	Yes	$0.00	$0.00
Surgery - Facility (IP)	40%	$342.13	Yes	$5.05	$5.05
Surgery - Facility (OP)	40%	$186.45	Yes	$9.35	$9.31
Surgery - Office	40%	$66.14	Yes	$6.32	$5.31
Vision - Exam	40%	$43.20	Yes	$0.90	$0.60
Vision - Lenses & Frames	40%	$31.60	Yes	$0.35	$0.32
Other	40%	$40.97	Yes	$3.00	$2.65
Professional Total:				$126.59	$110.09
Medical Total:				$282.62	$238.72
Subject to Deductible:				$261.77	$217.94
Not Subject to Deductible:				$0.69	$0.62
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0239
Not Subject to Deductible:				1.1085	1.0400
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.19**	**$243.96**

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

Plan Pharmacy Data:
Region #2: Bronze Align

Type & Service Category	Member Cost Share	Copay Equivalent	Subject to Deductible	Allowed PMPM	Paid PMPM
Prescription Drug					
Generic	$15.00	$15.00	Yes	$24.52	$22.30
Brand	50%	$179.69	Yes	$46.45	$41.80
Non Formulary	50%	$111.74	Yes	$8.34	$7.82
Supplies	40%	$40.21	Yes	$1.29	$1.18
Drug Total:				$80.59	$73.09
Subject to Deductible:				$80.59	$73.09
Not Subject to Deductible:				$0.00	$0.00
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0239
Not Subject to Deductible:				1.1085	1.0400
Adjusted Drug Total:				**$90.29**	**$74.84**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$6,000**	**50%**	**$10,000**	**0.820**	**49%**	**$17.68**	**$7.34**

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

Region #2: Bronze Align

Plan Information:

First Dollar:	$0
Deductible Amount:	$6,000
OOP Maximum:	$6,450
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	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	40%	$232.67	Yes	$11.03	$7.34
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	$54.79
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	40%	$247.20	Yes	$1.75	$1.40
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	No	$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	0%	$0.00	Yes	$2.49	$2.49
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	$105.95
Medical Total:				$282.62	$228.66
Subject to Deductible:				$261.77	$207.99
Not Subject to Deductible:				$0.69	$0.51
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0052
Not Subject to Deductible:				1.1085	0.9498
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.19**	**$229.72**

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

Plan Pharmacy Data:
Region #2: Bronze Align

Type & Service Category	Member Cost Share	Copay Equivalent	Subject to Deductible	Allowed PMPM	Paid PMPM
Prescription Drug					
Generic	$15.00	$15.00	Yes	$24.52	$22.30
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	$73.06
Subject to Deductible:				$80.59	$73.06
Not Subject to Deductible:				$0.00	$0.00
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0052
Not Subject to Deductible:				1.1085	0.9498
Adjusted Drug Total:				**$90.29**	**$73.44**

Plan Out-of-Network Data:

	Deductible	Coinsurance	OOP Maximum	Utilization Adjustment	Actuarial Value	Allowed PMPM	Adjusted Allowed PMPM
Out of Network Total:	**$6,000**	**50%**	**$10,000**	**0.820**	**49%**	**$17.68**	**$7.34**

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off 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:	Group
Availability:	Both
Medal Level:	Platinum
Geographic Factors:	Local POS Custom

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: Group Off 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:	**$5,000**	**50%**	**$10,000**	**0.820**	**48%**	**$17.68**	**$7.49**

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

Region #1 and #7: Platinum 266

Plan Information:

First Dollar:	$0
Deductible Amount:	$0
OOP Maximum:	$6,600
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
Medal Level:	Platinum
Geographic Factors:	National

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	0%	$0.00	No	$3.18	$3.18
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	$66.59
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	0%	$0.00	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	$266.69
Subject to Deductible:				$0.00	$0.00
Not Subject to Deductible:				$262.46	$246.53
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**	**$287.91**

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

Plan Pharmacy Data:
Region #1 and #7: Platinum 266

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	$20.00	$20.00	No	$46.45	$45.93
Non Formulary	$40.00	$40.00	No	$8.34	$8.15
Supplies	50%	$50.26	No	$1.29	$1.15
Drug Total:				$80.59	$78.27
Subject to Deductible:				$0.00	$0.00
Not Subject to Deductible:				$80.59	$78.27
Utilization Adjustment:					
Subject to Deductible:				1.2200	1.0000
Not Subject to Deductible:				1.1203	1.0861
Adjusted Drug Total:				**$90.29**	**$85.01**

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: Group Off 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:	Group
Availability:	Off Exchange
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: Group Off 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: Group Off 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:	Group
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: Group Off 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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #1 and #7: Gold HMO

Plan Information:

First Dollar:	$0
Deductible Amount:	$0
OOP Maximum:	$6,600
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	$1,000.00	$1,000.00	No	$0.15	$0.15
Detox	$1,000.00	$1,000.00	No	$0.58	$0.56
Maternity	$1,000.00	$1,000.00	No	$4.71	$4.69
Med/Surg	$1,000.00	$1,000.00	No	$70.82	$69.37
Mental Health	$1,000.00	$1,000.00	No	$3.13	$3.08
Newborn	$1,000.00	$1,000.00	No	$3.93	$3.92
SNF	$1,000.00	$1,000.00	No	$0.72	$0.71
Inpatient Total:				$84.04	$82.48
Outpatient Facility					
Preventive	0%	$0.00	No	$4.22	$4.22
Abortion - Elective	$250.00	$250.00	No	$0.01	$0.01
Abortion - Non Elective	$250.00	$250.00	No	$0.12	$0.10
Cardiology	$30.00	$30.00	No	$1.54	$1.44
Chemotherapy	$50.00	$50.00	No	$4.81	$4.74
Diagnostic	$50.00	$50.00	No	$1.15	$1.07
Dialysis	$50.00	$50.00	No	$0.76	$0.72
Emergency Room	$250.00	$250.00	No	$11.03	$7.07
Home Health	$50.00	$50.00	No	$0.82	$0.64
Hospice	$50.00	$50.00	No	$0.26	$0.26
Infusion Therapy	$50.00	$50.00	No	$2.33	$2.25
Laboratory Tests	$50.00	$50.00	No	$3.18	$3.13
Mental Health / Substance Abuse	$50.00	$50.00	No	$0.98	$0.53
Outpatient Surgery	$250.00	$250.00	No	$27.65	$24.71
Pre-Admission Testing	0%	$0.00	No	$0.35	$0.35
PT / OT / ST	$30.00	$30.00	No	$0.73	$0.48
Radiation Therapy	$50.00	$50.00	No	$1.84	$1.74
Radiology	$50.00	$50.00	No	$2.16	$1.63
Radiology - Advanced	$50.00	$50.00	No	$2.84	$2.69
Urgent Care	$75.00	$75.00	No	$2.56	$1.73
Other	$50.00	$50.00	No	$2.66	$2.48
Outpatient Total:				$72.00	$61.99
Professional					
Preventive	0%	$0.00	No	$15.94	$15.94
Office/Home Visit - PCP	$30.00	$30.00	No	$12.23	$8.82
Office/Home Visit - SCP	$50.00	$50.00	No	$8.67	$4.26
Abortion - Elective	$50.00	$50.00	No	$0.02	$0.02
Abortion - Non Elective	$50.00	$50.00	No	$0.06	$0.06
Advanced Radiology	$50.00	$50.00	No	$6.10	$5.71
Allergy Shots	$40.00	$40.00	No	$0.37	$0.13
Allergy Tests	$40.00	$40.00	No	$0.24	$0.24
Ambulance	$250.00	$250.00	No	$1.75	$1.40
Anesthesia	$50.00	$50.00	No	$1.07	$1.07
Cardiovascular	$30.00	$30.00	No	$2.43	$2.19
Chemotherapy	$50.00	$50.00	No	$3.25	$3.16
Chiropractic	$20.00	$20.00	No	$0.98	$0.39
Consults	$40.00	$40.00	No	$3.11	$2.55
Diabetic Drugs/Supplies	$30.00	$30.00	No	$0.69	$0.65
Diabetic Education	$30.00	$30.00	No	$0.02	$0.01
Dialysis	$50.00	$50.00	No	$0.06	$0.06
DME and Supplies	50%	$68.10	No	$3.56	$3.56
Facility Visits	$40.00	$40.00	No	$4.87	$4.85
Hearing Aid	50%	$29.49	No	$0.00	$0.00
Hearing Exam	$50.00	$50.00	No	$0.18	$0.12
Home Care	$30.00	$30.00	No	$1.01	$1.01
Maternity	$30.00	$30.00	No	$2.49	$2.48
Mental Health	$50.00	$50.00	No	$3.03	$1.77
Office-Administered Drugs	$50.00	$50.00	No	$13.79	$13.22
Pathology / Laboratory	$50.00	$50.00	No	$6.32	$6.32
PT/OT/ST	$30.00	$30.00	No	$2.04	$0.88
Radiation Therapy	$50.00	$50.00	No	$2.38	$2.22
Radiology	$40.00	$40.00	No	$4.92	$4.00
Substance Abuse	$50.00	$50.00	No	$0.00	$0.00
Surgery - Facility (IP)	0%	$0.00	No	$5.05	$5.05
Surgery - Facility (OP)	$50.00	$50.00	No	$9.35	$9.34
Surgery - Office	$40.00	$40.00	No	$6.32	$5.71
Vision - Exam	$30.00	$30.00	No	$0.90	$0.69
Vision - Lenses & Frames	$40.00	$40.00	No	$0.35	$0.32
Other	$50.00	$50.00	No	$3.00	$2.57
Professional Total:				$126.59	$110.80
Medical Total:				$282.62	$255.26
Subject to Deductible:				$0.00	$0.00
Not Subject to Deductible:				$262.46	$235.10
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.2200	1.0000
Not Subject to Deductible:				1.1203	1.0629
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.19**	**$270.04**

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

Plan Pharmacy Data:
Region #1 and #7: Gold HMO

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	$50.00	$50.00	No	$46.45	$45.15
Non Formulary	$80.00	$80.00	No	$8.34	$7.97
Supplies	50%	$50.26	No	$1.29	$1.15
Drug Total:				$80.59	$77.31
Subject to Deductible:				$0.00	$0.00
Not Subject to Deductible:				$80.59	$77.31
Utilization Adjustment:					
Subject to Deductible:				1.2200	1.0000
Not Subject to Deductible:				1.1203	1.0629
Adjusted Drug Total:				**$90.29**	**$82.17**

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: Group Off 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:	Group
Availability:	Off Exchange
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: Group Off 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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #1 and #7: Gold Healthy NY

Plan Information:

First Dollar:	$0
Deductible Amount:	$600
OOP Maximum:	$4,000
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	$25.00	$25.00	Yes	$0.73	$0.53
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	$66.23
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	$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	$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	$25.00	$25.00	Yes	$2.04	$1.07
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	$113.87
Medical Total:				$282.62	$262.58
Subject to Deductible:				$262.46	$242.42
Not Subject to Deductible:				$0.00	$0.00
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1209	1.0719
Not Subject to Deductible:				1.1182	1.0963
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.36**	**$280.01**

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

Plan Pharmacy Data:
Region #1 and #7: Gold Healthy NY

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	1.0719
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: Group Off 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:	Group
Availability:	Both
Medal Level:	Silver
Geographic Factors:	Local POS Custom

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: Group Off 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:	**$5,000**	**50%**	**$10,000**	**0.820**	**48%**	**$17.68**	**$7.49**

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off 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:	Group
Availability:	Off Exchange
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: Group Off 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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #1 and #7: Silver Transitional

Plan Information:

First Dollar:	$0
Deductible Amount:	$3,000
OOP Maximum:	$6,600
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	$40.00	$40.00	No	$1.54	$1.41
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	$60.00	$60.00	No	$0.82	$0.61
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	0%	$0.00	Yes	$0.98	$0.98
Outpatient Surgery	20%	$236.03	Yes	$27.65	$24.87
Pre-Admission Testing	0%	$0.00	Yes	$0.35	$0.35
PT / OT / ST	$40.00	$40.00	No	$0.73	$0.40
Radiation Therapy	20%	$101.26	Yes	$1.84	$1.64
Radiology	20%	$30.77	Yes	$2.16	$1.84
Radiology - Advanced	$60.00	$60.00	Yes	$2.84	$2.66
Urgent Care	20%	$43.94	Yes	$2.56	$2.08
Other	20%	$42.41	Yes	$2.66	$2.51
Outpatient Total:				$72.00	$64.90
Professional					
Preventive	0%	$0.00	No	$15.94	$15.94
Office/Home Visit - PCP	$40.00	$40.00	No	$12.23	$7.68
Office/Home Visit - SCP	$60.00	$60.00	No	$8.67	$3.38
Abortion - Elective	$60.00	$60.00	No	$0.02	$0.02
Abortion - Non Elective	$60.00	$60.00	No	$0.06	$0.06
Advanced Radiology	20%	$63.89	Yes	$6.10	$5.60
Allergy Shots	$50.00	$50.00	No	$0.37	$0.06
Allergy Tests	$50.00	$50.00	No	$0.24	$0.24
Ambulance	20%	$123.60	Yes	$1.75	$1.58
Anesthesia	20%	$112.61	Yes	$1.07	$1.07
Cardiovascular	$40.00	$40.00	No	$2.43	$2.11
Chemotherapy	20%	$95.40	Yes	$3.25	$3.09
Chiropractic	$40.00	$40.00	No	$0.98	$0.00
Consults	$50.00	$50.00	No	$3.11	$2.41
Diabetic Drugs/Supplies	$40.00	$40.00	No	$0.69	$0.64
Diabetic Education	$40.00	$40.00	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	$50.00	$50.00	No	$4.87	$4.84
Hearing Aid	20%	$11.80	Yes	$0.00	$0.00
Hearing Exam	$50.00	$50.00	No	$0.18	$0.12
Home Care	$50.00	$50.00	No	$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	20%	$51.69	Yes	$13.79	$13.21
Pathology / Laboratory	20%	$4.23	Yes	$6.32	$6.32
PT/OT/ST	$40.00	$40.00	No	$2.04	$0.49
Radiation Therapy	20%	$60.32	Yes	$2.38	$2.19
Radiology	20%	$12.32	Yes	$4.92	$4.64
Substance Abuse	0%	$0.00	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	$50.00	$50.00	No	$6.32	$5.56
Vision - Exam	$60.00	$60.00	No	$0.90	$0.48
Vision - Lenses & Frames	20%	$15.80	Yes	$0.35	$0.34
Other	$60.00	$60.00	No	$3.00	$2.49
Professional Total:				$126.59	$109.10
Medical Total:				$282.62	$251.60
Subject to Deductible:				$212.22	$197.41
Not Subject to Deductible:				$50.24	$34.02
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.0937	1.0500
Not Subject to Deductible:				1.1562	1.0565
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$310.34**	**$263.38**

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

Plan Pharmacy Data:
Region #1 and #7: Silver Transitional

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	$50.00	$50.00	No	$46.45	$45.15
Non Formulary	$100.00	$100.00	No	$8.34	$7.87
Supplies	20%	$20.11	Yes	$1.29	$1.23
Drug Total:				$80.59	$77.30
Subject to Deductible:				$1.29	$1.23
Not Subject to Deductible:				$79.30	$76.06
Utilization Adjustment:					
Subject to Deductible:				1.0937	1.0500
Not Subject to Deductible:				1.1562	1.0565
Adjusted Drug Total:				**$93.10**	**$81.66**

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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #1 and #7: Silver Aqua

Plan Information:

First Dollar:	$500
Deductible Amount:	$3,300
OOP Maximum:	$6,600
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	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	1.0293
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$316.47**	**$278.56**

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

Plan Pharmacy Data:
Region #1 and #7: Silver Aqua

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	50%	$179.69	No	$46.45	$41.80
Non Formulary	50%	$111.74	No	$8.34	$7.82
Supplies	20%	$20.11	Yes	$1.29	$1.23
Drug Total:				$80.59	$74.77
Subject to Deductible:				$1.29	$1.23
Not Subject to Deductible:				$79.30	$73.54
Utilization Adjustment:					
Subject to Deductible:				1.1545	1.0968
Not Subject to Deductible:				1.0755	1.0293
Adjusted Drug Total:				**$86.78**	**$77.05**

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: Group Off 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:	Group
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: Group Off 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: Group Off Exchange
Exhibit 10 - Rate Development
Rates Effective 1/1/2015

Region #1 and #7: Bronze HDHP-HSA 268

Plan Information:

First Dollar:	$0
Deductible Amount:	$4,500
OOP Maximum:	$6,450
Plan Offering:	Non-Standard
Plan Type:	Group
Availability:	Off Exchange
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	$500.00	$500.00	Yes	$0.15	$0.15
Detox	$500.00	$500.00	Yes	$0.58	$0.57
Maternity	$500.00	$500.00	Yes	$4.71	$4.70
Med/Surg	$500.00	$500.00	Yes	$70.82	$70.09
Mental Health	$500.00	$500.00	Yes	$3.13	$3.11
Newborn	$500.00	$500.00	Yes	$3.93	$3.92
SNF	$500.00	$500.00	Yes	$0.72	$0.71
Inpatient Total:				$84.04	$83.26
Outpatient Facility					
Preventive	0%	$0.00	No	$4.22	$4.22
Abortion - Elective	$200.00	$200.00	Yes	$0.01	$0.01
Abortion - Non Elective	$200.00	$200.00	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	$200.00	$200.00	Yes	$27.65	$25.30
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	$64.60
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	$35.00	$35.00	Yes	$2.49	$2.48
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)	$20.00	$20.00	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	$113.28
Medical Total:				$282.62	$261.14
Subject to Deductible:				$262.46	$240.98
Not Subject to Deductible:				$0.00	$0.00
Preventive				$20.16	$20.16
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0755
Not Subject to Deductible:				1.2200	1.0000
Preventive				1.0000	1.0000
Adjusted Medical Total:				**$314.19**	**$279.35**

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

Plan Pharmacy Data:
Region #1 and #7: Bronze HDHP-HSA 268

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	50%	$50.26	Yes	$1.29	$1.15
Drug Total:				$80.59	$78.19
Subject to Deductible:				$80.59	$78.19
Not Subject to Deductible:				$0.00	$0.00
Utilization Adjustment:					
Subject to Deductible:				1.1203	1.0755
Not Subject to Deductible:				1.2200	1.0000
Adjusted Drug Total:				**$90.29**	**$84.10**

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: Group Off 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:	Group
Availability:	Off Exchange
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: Group Off 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: Group Off 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	Gold	Gold
		Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY
	Standard/ NonStandard	Standard	Non-Standard	Non-Standard	Standard	Non-Standard	Non-Standard	Non-Standard	Non-Standard
	Availability	Both	Off Exchange	Off Exchange	Both	Off Exchange	Both	Off Exchange	Off Exchange
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	287.71	278.38	279.21	279.18	271.40	271.40	280.01
138	Pharmacy Paid (w/ copay / coin only):	84.75	85.16	83.50	85.29	79.32	85.86	85.86	85.29
139	Initial AV:	7.8%	7.8%	10.5%	9.9%	11.3%	11.6%	11.6%	9.7%
	First Dollar:	0.0%	0.0%	0.0%	0.0%	500.00	0.0%	0.0%	0.0%
	Deductible:	0.0%	0.0%	500	600	1,000	1,500	1,500	600
	OOP Max:	2,000	4,000	1,000	4,000	5,000	4,000	4,000	4,000
140	Total AV (w/ First $, Ded, and OOP added):	5.5%	6.4%	11.7%	14.6%	15.0%	17.3%	17.3%	14.5%
141	Induced Demand Factor:	0.968	0.963	0.933	0.916	0.914	0.901	0.901	0.917
142	Final INN Medical Paid:	287.89	283.66	259.31	246.14	244.44	234.23	234.23	246.53
143	Final INN Rx Paid:	82.10	80.89	73.94	70.19	69.71	66.79	66.79	70.30
144	$250 Wellness Allowance & HRA:	0.00	3.85	0.00	0.00	3.85	3.85	3.85	0.00
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:	3.09	3.09	3.09	3.09	3.09	3.09	3.09	3.09
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	40.68	40.68	40.68	40.68	40.68
	Small Group - Region #2								
153	Reinsurance Recovery:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-63.48
154	Risk Adjustment - Payment / (Receipt):	6.69	6.69	6.69	6.69	6.69	6.69	6.69	6.69
155	Limited Pharmacy Formulary:	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)
156	OON Claims:	7.49	10.47	11.12	0.00	9.95	7.97	7.97	0.00
157	Population Adjustment Factor:	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
158	Geographic Adjustment:	0.909	0.909	1.134	1.006	0.909	0.909	0.980	1.006
159	Align Network Weighting Factor:	1.000	1.000	1.000	1.000	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%	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 Small Group Medical PMPM:	338.69	341.50	379.69	316.24	302.76	291.25	309.49	250.34
163	1/1/2015 Small Group Pharmacy PMPM:	71.55	70.41	81.08	66.98	59.51	56.76	61.66	67.10
164	1/1/2015 Small Group Medical Single Rate:	409.72	413.12	459.32	382.57	366.26	352.33	374.40	302.85
165	1/1/2015 Small Group Pharmacy Single Rate:	86.56	85.18	98.09	81.03	71.99	68.66	74.59	81.17
166	Small Group MLR	88.4%	88.4%	89.5%	88.0%	87.4%	86.9%	87.6%	85.7%

Tier Factors Region #2 - Age 26:

	168	169	170	171
Plan	Single	2 Person	Sub + Child(ren)	Family
All	1.0000	2.0000	1.7000	2.8500

Tier Rates Region #2 - Age 26:

Small Group

			Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
			Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY
173	Medical	Single	409.72	413.12	459.32	382.57	366.26	352.33	374.40	302.85
174		2 Person	819.44	826.24	918.64	765.14	732.52	704.66	748.80	605.70
175		Sub + Child(ren)	696.52	702.30	780.84	650.37	622.64	598.96	636.48	514.85
176		Family	1167.70	1177.39	1309.06	1090.32	1043.84	1004.14	1067.04	863.12
178	Pharmacy	Single	86.56	85.18	98.09	81.03	71.99	68.66	74.59	81.17
179		2 Person	173.12	170.36	196.18	162.06	143.98	137.32	149.18	162.34
180		Sub + Child(ren)	147.15	144.81	166.75	137.75	122.38	116.72	126.80	137.99
181		Family	246.70	242.76	279.56	230.94	205.17	195.68	212.58	231.33

Tier Factors Region #2 - Age 30:

	182	183	184	185
Plan	Single	2 Person	Sub + Child(ren)	Family
All	1.0054	2.0109	1.7092	2.8655

Tier Rates Region #2 - Age 30:

Small Group

			Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Gold
			Platinum Standard	Platinum HMO 110 Plus	Platinum PPO 843	Gold Standard	Gold Aqua	Gold POS 250	Gold POS 250EX	Gold Healthy NY
186	Medical	Single	411.93	415.35	461.80	384.64	368.24	354.23	376.42	304.49
187		2 Person	828.35	835.23	928.63	773.47	740.49	712.32	756.94	612.30
188		Sub + Child(ren)	704.07	709.92	789.31	657.43	629.40	605.45	643.38	520.43
189		Family	1180.39	1190.19	1323.29	1102.19	1055.19	1015.05	1078.63	872.52
190	Pharmacy	Single	87.03	85.64	98.62	81.47	72.38	69.03	74.99	81.61
191		2 Person	175.01	172.21	198.31	163.83	145.55	138.81	150.80	164.11
192		Sub + Child(ren)	148.75	146.38	168.56	139.25	123.71	117.99	128.17	139.49
193		Family	249.38	245.40	282.60	233.45	207.40	197.81	214.88	233.85

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off Exchange
Exhibit 11 - Development Details
Rates Effective 1/1/2015

Total Single Rate Region #2:
AVs are for member.

		Silver	Silver		Silver	Silver	Silver	Bronze	Bronze	Bronze	
		Silver Standard	Silver Align		Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align	
	Standard/ NonStandard	Standard	Tier 1 Non-Standard Off Exchange	Tier 2 Non-Standard Off Exchange	Non-Standard Off Exchange	Non-Standard Both	Non-Standard Off Exchange	Standard Both	Non-Standard Both	Tier 1 Non-Standard Off Exchange	Tier 2 Non-Standard Off Exchange
	Availability	Both									
135	INN Medical Paid at Full Coverage:	314.63	314.63	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	89.72	89.72
137	INN Medical Paid (w/ copay / coin only):	273.12	263.99	230.82	279.77	287.08	287.08	229.91	278.50	243.96	229.72
138	Pharmacy Paid (w/ copay / coin only):	85.24	82.94	86.16	84.40	85.13	85.13	78.65	84.38	74.84	73.44
139	Initial AV:	11.4%	14.2%	21.6%	9.9%	8.0%	8.0%	23.7%	10.3%	21.2%	25.0%
	First Dollar:	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Deductible:	2,000	1,000	3,500	1,500	2,000	2,000	3,000	4,000	5,000	6,000
	OOP Max:	5,500	6,600	6,600	5,000	5,000	5,000	6,350	6,450	6,450	6,450
140	Total AV (w/ First $, Ded, and OOP added):	23.3%	23.3%	31.8%	24.7%	27.1%	27.1%	35.1%	37.7%	41.5%	42.5%
141	Induced Demand Factor:	0.872	0.849	0.840	0.866	0.856	0.856	0.832	0.825	0.820	0.820
142	Final INN Medical Paid:	210.42	204.72	180.28	205.24	196.47	196.47	169.93	161.68	150.96	148.16
143	Final INN Rx Paid:	60.00	58.38	51.41	58.53	56.02	56.02	48.46	46.11	43.05	42.25
144	$250 Wellness Allowance & HRA:	0.00	3.85	0.00	3.85	3.85	3.85	0.00	3.85	3.85	0.00
145	Non-System Medical Claims:	18.27	18.27	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)	(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)	(8.74)	(8.74)
148	PPACA Insurer Tax:	2.5%	2.5%	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	0.17	0.17
150	Reinsurance Contribution:	3.09	3.09	3.09	3.09	3.09	3.09	3.09	3.09	3.09	3.09
151	Risk Adjustment Operational Fee:	0.08	0.08	0.08	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	37.37	37.37	34.79	34.79	34.79	34.79
	Small Group - Region #2										
153	Reinsurance Recovery:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
154	Risk Adjustment - Payment / (Receipt):	6.69	6.69	6.69	6.69	6.69	6.69	6.69	6.69	6.69	6.69
155	Limited Pharmacy Formulary:	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)
156	OON Claims:	7.49	7.82	7.82	9.07	8.71	8.71	0.00	7.89	7.34	7.34
157	Population Adjustment Factor:	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003	1.003
158	Geographic Adjustment:	0.909	0.862	0.909	0.909	0.909	0.980	1.006	0.980	0.862	0.909
159	Align Network Weighting Factor:	1.000	0.900	0.100	1.000	1.000	1.000	1.000	1.000	0.900	0.100
160	Risk Margin:	1.0%	1.0%	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	1.21	1.21
162	1/1/2015 Small Group Medical PMPM:	261.64	248.14		262.23	253.59	269.12	231.88	230.79	199.27	
163	1/1/2015 Small Group Pharmacy PMPM:	49.58	44.81		48.18	45.82	49.93	42.92	39.24	30.99	
164	1/1/2015 Small Group Medical Single Rate:	316.51	300.19		317.23	306.78	325.57	280.51	279.20	241.06	
165	1/1/2015 Small Group Pharmacy Single Rate:	59.98	54.21		58.29	55.43	60.40	51.92	47.47	37.49	
166	Small Group MLR	86.5%	85.8%		86.5%	86.0%	86.8%	85.8%	85.6%	83.3%	

Tier Factors Region #2 - Age 26:

Tier Rates Region #2 - Age 26:

Small Group

			Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
			Silver Standard	Silver Align	Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align
173	Medical	Single	316.51	300.19	317.23	306.78	325.57	280.51	279.20	241.06
174		2 Person	633.02	600.38	634.46	613.56	651.14	561.02	558.40	482.12
175		Sub + Child(ren)	538.07	510.32	539.29	521.53	553.47	476.87	474.64	409.80
176		Family	902.05	855.54	904.11	874.32	927.87	799.45	795.72	687.02
178	Pharmacy	Single	59.98	54.21	58.29	55.43	60.40	51.92	47.47	37.49
179		2 Person	119.96	108.42	116.58	110.86	120.80	103.84	94.94	74.98
180		Sub + Child(ren)	101.97	92.16	99.09	94.23	102.68	88.26	80.70	63.73
181		Family	170.94	154.50	166.13	157.98	172.14	147.97	135.29	106.85

Tier Factors Region #2 - Age 30:

Tier Rates Region #2 - Age 30:

Small Group

			Silver	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
			Silver Standard	Silver Align	Silver POS 7100	Silver POS 8100	Silver POS 8100EX	Bronze Standard	Bronze POS 8100EX	Bronze Align
186	Medical	Single	318.22	301.81	318.94	308.44	327.33	282.02	280.71	242.36
187		2 Person	639.91	606.91	641.36	620.24	658.23	567.11	564.48	487.36
188		Sub + Child(ren)	543.90	515.85	545.13	527.19	559.47	482.03	479.79	414.24
189		Family	911.86	864.84	913.92	883.83	937.96	808.13	804.37	694.48
190	Pharmacy	Single	60.30	54.50	58.60	55.73	60.73	52.20	47.73	37.69
191		2 Person	121.26	109.59	117.84	112.07	122.12	104.97	95.98	75.79
192		Sub + Child(ren)	103.06	93.15	100.16	95.25	103.80	89.22	81.58	64.42
193		Family	172.79	156.17	167.92	159.69	174.02	149.58	136.77	108.00

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off Exchange
Exhibit 12 - Development Details
Rates Effective 1/1/2015

Total Single Rate Region #1 and #7:
AVs are for member.

	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold
	Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY
Standard/ NonStandard	Standard	Non-Standard	Non-Standard	Standard	Non-Standard	Non-Standard	Non-Standard
Availability	Both	Off Exchange	Off Exchange	Both	Off Exchange	Off Exchange	Off Exchange
INN Medical Paid at Full Coverage:	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
INN Medical Paid (w/ copay / coin only):	288.17	287.91	288.14	279.21	270.04	279.46	280.01
Pharmacy Paid (w/ copay / coin only):	84.75	85.01	85.72	85.29	82.17	81.07	85.29
Initial AV:	7.8%	7.8%	7.5%	9.9%	12.9%	10.8%	9.7%
First Dollar:	0.0%	0.0%	0.0%	0.0%	0.0%	500.00	0.0%
Deductible:	0.0%	0.0%	0.0%	600	0.0%	2,000	600
OOP Max:	2,000	6,600	6,600	4,000	6,600	5,000	4,000
Total AV (w/ First $, Ded, and OOP added):	5.5%	6.5%	6.3%	14.7%	9.5%	18.9%	14.6%
Induced Demand Factor:	0.968	0.963	0.964	0.916	0.946	0.891	0.916
Final INN Medical Paid:	287.89	283.43	284.29	245.72	269.38	227.30	246.12
Final INN Rx Paid:	82.10	80.82	81.07	70.07	76.82	64.82	70.18
$250 Wellness Allowance & HRA:	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
MSP Receipts 2012 and Prior	(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)
PPACA Insurer Tax:	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
Reinsurance Contribution:	3.09	3.09	3.09	3.09	3.09	3.09	3.09
Risk Adjustment Operational Fee:	0.08	0.08	0.08	0.08	0.08	0.08	0.08
Internal Admin:	42.16	42.16	42.16	40.68	40.68	40.68	40.68
Small Group - Region #1							
Reinsurance Recovery:	0.00	0.00	0.00	0.00	0.00	0.00	-63.48
Risk Adjustment - Payment / (Receipt):	6.69	6.69	6.69	6.69	6.69	6.69	6.69
Limited Pharmacy Formulary:	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)
OON Claims:	7.49	7.49	7.49	0.00	7.49	7.49	0.00
Population Adjustment Factor:	1.003	1.003	1.003	1.003	1.003	1.003	1.003
Geographic Adjustment:	1.185	1.387	1.080	1.258	1.197	1.080	1.258
Align Network Weighting Factor:	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%
Conversion Factor:	1.21	1.21	1.21	1.21	1.21	1.21	1.21
1/1/2015 Small Group Medical PMPM:	429.18	486.26	392.26	385.89	408.74	327.11	303.48
1/1/2015 Small Group Pharmacy PMPM:	95.07	110.50	84.98	85.21	89.18	66.39	85.36
1/1/2015 Small Group Medical Single Rate:	519.20	588.25	474.53	466.83	494.47	395.72	367.13
1/1/2015 Small Group Pharmacy Single Rate:	115.01	133.67	102.80	103.08	107.89	80.32	103.26
Small Group MLR	90.7%	91.7%	89.9%	90.1%	90.6%	88.3%	88.2%
Small Group - Region #7							
Reinsurance Recovery:	0.00	0.00		0.00	0.00		-63.48
Risk Adjustment - Payment / (Receipt):	6.69	6.69		6.69	6.69		6.69
Limited Pharmacy Formulary:	(6.41)	(6.41)		(6.41)	(6.41)		(6.41)
OON Claims:	7.49	7.49		0.00	7.49		0.00
Population Adjustment Factor:	1.003	1.003		1.003	1.003		1.003
Geographic Adjustment:	1.296	1.517		1.376	1.309		1.376
Align Network Weighting Factor:	1.000	1.000		1.000	1.000		1.000
Risk Margin:	1.0%	1.0%		1.0%	1.0%		1.0%
Conversion Factor:	1.21	1.21		1.21	1.21		1.21
1/1/2015 Small Group Medical PMPM:	464.02	526.45		416.78	441.77		326.65
1/1/2015 Small Group Pharmacy PMPM:	104.54	121.41		93.78	98.14		93.95
1/1/2015 Small Group Medical Single Rate:	561.34	636.86		504.20	534.43		395.16
1/1/2015 Small Group Pharmacy Single Rate:	126.46	146.87		113.45	118.72		113.65
Small Group MLR	91.3%	92.3%		90.8%	91.2%		89.0%

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off Exchange
Exhibit 12 - Development Details
Rates Effective 1/1/2015

Tier Factors Region #1 and #7 - Age 26:

Plan	Single	2 Person	Sub + Child(ren)	Family
All	1.0000	2.0000	1.7000	2.8500

Tier Factors Region #1 - Age 26:

Small Group

		Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold
		Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY
Medical	Single	519.20	588.25	474.53	466.83	494.47	395.72	367.13
	2 Person	1038.40	1176.50	949.06	933.66	988.94	791.44	734.26
	Sub + Child(ren)	882.64	1000.03	806.70	793.61	840.60	672.72	624.12
	Family	1479.72	1676.51	1352.41	1330.47	1409.24	1127.80	1046.32
Pharmacy	Single	115.01	133.67	102.80	103.08	107.89	80.32	103.26
	2 Person	230.02	267.34	205.60	206.16	215.78	160.64	206.52
	Sub + Child(ren)	195.52	227.24	174.76	175.24	183.41	136.54	175.54
	Family	327.78	380.96	292.98	293.78	307.49	228.91	294.29

Tier Factors Region #7 - Age 26:

Small Group

		Platinum	Platinum		Gold	Gold		Gold
		Platinum Standard	Platinum 266		Gold Standard	Gold HMO		Gold Healthy NY
Medical	Single	561.34	636.86		504.20	534.43		395.16
	2 Person	1122.68	1273.72		1008.40	1068.86		790.32
	Sub + Child(ren)	954.28	1082.66		857.14	908.53		671.77
	Family	1599.82	1815.05		1436.97	1523.13		1126.21
Pharmacy	Single	126.46	146.87		113.45	118.72		113.65
	2 Person	252.92	293.74		226.90	237.44		227.30
	Sub + Child(ren)	214.98	249.68		192.87	201.82		193.21
	Family	360.41	418.58		323.33	338.35		323.90

Tier Factors - Age 30:

Plan	Single	2 Person	Sub + Child(ren)	Family
All	1.0054	2.0109	1.7092	2.8655

Tier Factors Region #1 - Age 30:

Small Group

		Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold
		Platinum Standard	Platinum 266	Platinum 267	Gold Standard	Gold HMO	Gold Aqua	Gold Healthy NY
Medical	Single	522.00	591.43	477.09	469.35	497.14	397.86	369.11
	2 Person	1049.69	1189.31	959.38	943.82	999.70	800.06	742.24
	Sub + Child(ren)	892.20	1010.87	815.44	802.21	849.71	680.02	630.88
	Family	1495.79	1694.74	1367.10	1344.92	1424.55	1140.07	1057.68
Pharmacy	Single	115.63	134.39	103.36	103.64	108.47	80.75	103.82
	2 Person	232.52	270.24	207.85	208.41	218.12	162.38	208.77
	Sub + Child(ren)	197.63	229.70	176.66	177.14	185.40	138.02	177.45
	Family	331.34	385.09	296.18	296.98	310.82	231.39	297.50

Tier Factors Region #7 - Age 30:

Small Group

		Platinum	Platinum		Gold	Gold		Gold
		Platinum Standard	Platinum 266		Gold Standard	Gold HMO		Gold Healthy NY
Medical	Single	564.37	640.30		506.92	537.32		397.29
	2 Person	1134.89	1287.58		1019.37	1080.50		798.91
	Sub + Child(ren)	964.62	1094.40		866.43	918.39		679.05
	Family	1617.20	1834.78		1452.58	1539.69		1138.43
Pharmacy	Single	127.14	147.66		114.06	119.36		114.26
	2 Person	255.67	296.93		229.36	240.02		229.77
	Sub + Child(ren)	217.31	252.38		194.95	204.01		195.29
	Family	364.32	423.12		326.84	342.03		327.41

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off Exchange
Exhibit 12 - Development Details
Rates Effective 1/1/2015

Total Single Rate Region #1 and #7:
AVs are for member.

	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
	Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Standard/ NonStandard	Standard	Non-Standard	Non-Standard	Non-Standard	Standard	Non-Standard	Non-Standard
Availability	Both	Off Exchange	Off Exchange	Off Exchange	Both	Off Exchange	Off Exchange
INN Medical Paid at Full Coverage:	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
INN Medical Paid (w/ copay / coin only):	273.12	278.71	263.38	278.56	229.91	279.35	278.52
Pharmacy Paid (w/ copay / coin only):	85.24	84.65	81.66	77.05	78.65	84.10	84.11
Initial AV:	11.4%	10.1%	14.7%	12.1%	23.7%	10.1%	10.3%
First Dollar:	0.0%	0.0%	0.0%	500.00	0.0%	0.0%	0.0%
Deductible:	2,000	2,000	3,000	3,300	3,000	4,500	5,000
OOP Max:	5,500	6,450	6,600	6,600	6,350	6,450	6,450
Total AV (w/ First $, Ded, and OOP added):	23.7%	28.6%	22.3%	23.9%	35.4%	37.2%	40.6%
Induced Demand Factor:	0.870	0.850	0.876	0.869	0.831	0.827	0.820
Final INN Medical Paid:	208.99	190.96	213.98	208.01	168.81	163.31	153.30
Final INN Rx Paid:	59.60	54.46	61.02	59.32	48.14	46.57	43.72
$250 Wellness Allowance & HRA:	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
MSP Receipts 2012 and Prior	(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)
PPACA Insurer Tax:	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
Reinsurance Contribution:	3.09	3.09	3.09	3.09	3.09	3.09	3.09
Risk Adjustment Operational Fee:	0.08	0.08	0.08	0.08	0.08	0.08	0.08
Internal Admin:	37.37	37.37	37.37	37.37	34.79	34.79	34.79
Small Group - Region #1							
Reinsurance Recovery:	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Risk Adjustment - Payment / (Receipt):	6.69	6.69	6.69	6.69	6.69	6.69	6.69
Limited Pharmacy Formulary:	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)	(6.41)
OON Claims:	7.49	7.49	7.49	7.49	0.00	7.49	7.49
Population Adjustment Factor:	1.003	1.003	1.003	1.003	1.003	1.003	1.003
Geographic Adjustment:	1.185	1.080	1.080	1.080	1.258	1.080	1.080
Align Network Weighting Factor:	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%
Conversion Factor:	1.21	1.21	1.21	1.21	1.21	1.21	1.21
1/1/2015 Small Group Medical PMPM:	328.19	283.66	309.49	302.78	280.65	250.53	239.31
1/1/2015 Small Group Pharmacy PMPM:	66.26	54.00	61.37	59.46	55.19	44.56	41.36
1/1/2015 Small Group Medical Single Rate:	397.02	343.15	374.40	366.29	339.51	303.08	289.50
1/1/2015 Small Group Pharmacy Single Rate:	80.16	65.33	74.24	71.93	66.77	53.91	50.03
Small Group MLR	89.2%	87.5%	88.6%	88.3%	88.3%	86.8%	86.1%
Small Group - Region #7							
Reinsurance Recovery:	0.00				0.00		
Risk Adjustment - Payment / (Receipt):	6.69				6.69		
Limited Pharmacy Formulary:	(6.41)				(6.41)		
OON Claims:	7.49				0.00		
Population Adjustment Factor:	1.003				1.003		
Geographic Adjustment:	1.296				1.376		
Align Network Weighting Factor:	1.000				1.000		
Risk Margin:	1.0%				1.0%		
Conversion Factor:	1.21				1.21		
1/1/2015 Small Group Medical PMPM:	353.92				302.13		
1/1/2015 Small Group Pharmacy PMPM:	73.14				61.09		
1/1/2015 Small Group Medical Single Rate:	428.15				365.50		
1/1/2015 Small Group Pharmacy Single Rate:	88.48				73.90		
Small Group MLR	89.9%				89.1%		

HealthNow New York Inc.
2015 New York State Exchange Rate Submission: Group Off Exchange
Exhibit 12 - Development Details
Rates Effective 1/1/2015

Tier Factors Region #1 and #7 - Age 26:

Tier Factors Region #1 - Age 26:

Small Group

		Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
		Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Medical	Single	397.02	343.15	374.40	366.29	339.51	303.08	289.50
	2 Person	794.04	686.30	748.80	732.58	679.02	606.16	579.00
	Sub + Child(ren)	674.93	583.36	636.48	622.69	577.17	515.24	492.15
	Family	1131.51	977.98	1067.04	1043.93	967.60	863.78	825.08
Pharmacy	Single	80.16	65.33	74.24	71.93	66.77	53.91	50.03
	2 Person	160.32	130.66	148.48	143.86	133.54	107.82	100.06
	Sub + Child(ren)	136.27	111.06	126.21	122.28	113.51	91.65	85.05
	Family	228.46	186.19	211.58	205.00	190.29	153.64	142.59

Tier Factors Region #7 - Age 26:

Small Group

		Silver				Bronze		
		Silver Standard				Bronze Standard		
Medical	Single	428.15				365.50		
	2 Person	856.30				731.00		
	Sub + Child(ren)	727.86				621.35		
	Family	1220.23				1041.68		
Pharmacy	Single	88.48				73.90		
	2 Person	176.96				147.80		
	Sub + Child(ren)	150.42				125.63		
	Family	252.17				210.62		

Tier Factors - Age 30:

Tier Factors Region #1 - Age 30:

Small Group

		Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze
		Silver Standard	Silver HDHP-HSA 269	Silver Transitional	Silver Aqua	Bronze Standard	Bronze HDHP-HSA 268	Bronze HDHP-HSA 270
Medical	Single	399.16	345.00	376.42	368.27	341.34	304.72	291.06
	2 Person	802.67	693.76	756.94	740.55	686.40	612.76	585.29
	Sub + Child(ren)	682.24	589.67	643.38	629.45	583.42	520.83	497.48
	Family	1143.79	988.60	1078.63	1055.28	978.11	873.18	834.03
Pharmacy	Single	80.59	65.68	74.64	72.32	67.13	54.20	50.30
	2 Person	162.06	132.08	150.09	145.43	134.99	108.99	101.15
	Sub + Child(ren)	137.74	112.26	127.57	123.61	114.74	92.64	85.97
	Family	230.93	188.21	213.88	207.23	192.36	155.31	144.13

Tier Factors Region #7 - Age 30:

Small Group

		Silver				Bronze		
		Silver Standard				Bronze Standard		
Medical	Single	430.46				367.47		
	2 Person	865.61				738.95		
	Sub + Child(ren)	735.74				628.08		
	Family	1233.48				1052.99		
Pharmacy	Single	88.96				74.30		
	2 Person	178.89				149.41		
	Sub + Child(ren)	152.05				126.99		
	Family	254.91				212.91		

HealthNow New York Inc.
2015 New York State Public Exchange Rate Submission: Group Off 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: Group Off 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 POS 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. ▸ 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. ▸ 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. ▸ 3.5% on next $500,000 annualized premium. ▸ 2% on next $250,000 annualized premium. ▸ 1% on next $1.5 million annualized premium. ▸ 0.5% on balance. 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** 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. 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. **Administrative Services Contract (ASC)** 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: Cumulative New Contracts / PEPM* Rate on All Direct Business 0 – 24 / $0 25 – 149 / $3.75 150+ / $7.50 ▸ 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. ▸ 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. ▸ New contracts in 2011-2013 will carry forward to 2014. ▸ Payment will occur on a quarterly basis. ▸ 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 POS 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. ▸ 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. ▸ 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. ▸ 3.5% on next $500,000 annualized premium. ▸ 2% on next $250,000 annualized premium. ▸ 1% on next $1.5 million annualized premium. ▸ 0.5% on balance. 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** 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. 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. **Administrative Services Contract (ASC)** 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: Cumulative New Contracts / PEPM* Rate on All Direct Business 0 – 24 / $0 25 – 149 / $3.75 150+ / $7.50 ▸ 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. ▸ 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. ▸ New contracts in 2011-2013 will carry forward to 2014. ▸ Payment will occur on a quarterly basis. ▸ 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

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BlueShield
of Northeastern New York

2014 Enhanced Broker Commission Schedule and Bonus Program

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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. ▸ 2% HMO of monthly paid premium.
Experience Rated	▸ 4% of first $250,000 annualized premium. ▸ 4.5% on next $500,000 annualized premium. ▸ 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. 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. ▸ 3.5% on next $15,000 annualized premium. ▸ 2% on next $25,000+ annualized premium. ▸ 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. ▸ 2% HMO. ▸ 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. ***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. ***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.*

BlueShield of Northeastern New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

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BlueShield of Northeastern New York

2014 Standard Broker Commission Schedule and Bonus Program

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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. ▸ 2% HMO of monthly paid premium.
Experience Rated	▸ 4% of first $250,000 annualized premium. ▸ 4.5% on next $500,000 annualized premium. ▸ 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. 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. ▸ 3.5% on next $15,000 annualized premium. ▸ 2% on next $25,000+ annualized premium. ▸ 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. ▸ 2% HMO. ▸ 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. ***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. ***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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healthy changes
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BlueShield
of Northeastern New York

BlueShield of Northeastern New York is a division of HealthNow New York Inc., an independent licensee of the BlueCross BlueShield Association.

Confidential Information: This information is proprietary and confidential and should not be shared with outside parties.

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** • **Schedule E** • **Schedule F** • **Schedule K-1** • **Schedule 1065**	• **Schedule 1120 C** • **Schedule 1120 E** • **Schedule 1120 S** • **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 50 or Fewer Eligible Employees	Large Group Community Rated 51+ Eligible Employees	Large Group Experience Rated 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 *(Some product types not available in all markets)*	HMO POS EPO PPO	HMO[a] POS EPO PPO Traditional 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

Article 44 – HMO[a]

BlueShield –Blue Shield of Northeastern 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** • **Schedule E** • **Schedule F** • **Schedule K-1** • **Schedule 1065**	• **Schedule 1120 C** • **Schedule 1120 E** • **Schedule 1120 S** • **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 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.

[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 BlueShield Representative prior to the initial enrollment in order to qualify the group's ability to meet BlueShield Group Eligibility Requirements.

1.3 The employees of a multiple location group within the BlueShield service area may be combined to determine the size of the group. Employees in locations outside of the BlueShield service area will be counted in determining group size if they are eligible for BlueShield coverage. If requested, a multiple location group purchasing coverage can enroll only the employees who reside within the 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 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 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
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(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 50 or Fewer Eligible Employees	Large Group Community Rated 51+ Eligible Employees	Large Group Experience Rated 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 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 BlueShield products. A second open enrollment period (special open enrollment) may be permitted with the prior approval of 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 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 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 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) BlueShield 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 *(Some product types not available in all markets)*	HMO POS EPO PPO	HMO[a] POS EPO PPO Traditional 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 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

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**
4.0	**Chambers of Commerce/Association Groups (Small Group Only)**	**5**
5.0	**Group Participation, Location, and Contribution Requirements**	**5**
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8.0	**Transition from Community Rating to Experience Rating (Large Group Only)**	**8**
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10.0	**General Group Renewal**	**8**

Terms and Abbreviations

Article 43 – Trad, PPO, EPO, POS

Article 44 – HMO[a]

EPO – Exclusive Provider Organization

HealthNow – HealthNow New York, Inc.

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.

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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.

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- 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.
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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.

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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.

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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.

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(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 50 or Fewer Eligible Employees	Large Group Community Rated 51+ Eligible Employees	Large Group Experience Rated 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 *(Some product types not available in all markets)*	HMO POS EPO PPO	HMO[a] POS EPO PPO Traditional 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