

State: New York **Filing Company:** New York State Catholic Health Plan
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO
Product Name: Individual Exchange Rate Filing
Project Name/Number: /

Filing at a Glance

Company: New York State Catholic Health Plan
Product Name: Individual Exchange Rate Filing
State: New York
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: Prior Approval Exchange Form & Rate Filing
Date Submitted: 06/13/2014
SERFF Tr Num: FCNY-129577910
SERFF Status: Assigned
State Tr Num: 2014060221
State Status:
Co Tr Num: 5
Implementation: 01/01/2015
Date Requested:
Author(s): 
Reviewer(s): 
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: New York Filing Company: New York State Catholic Health Plan
 TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
 Product Name: Individual Exchange Rate Filing
 Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: 7.1% Filing Status Changed: 06/16/2014
 State Status Changed:
 Deemer Date: Created By: [REDACTED]
 Submitted By: [REDACTED] Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related

PPACA Notes: null
 Include Exchange Intentions: No

Filing Description:
 This is a rate adjustment filing for 2015 for Fidelis' Individual Exchange standard plans. Fidelis offers no other Individual plans.

Company and Contact

Filing Contact Information

[REDACTED] [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED]

Filing Company Information

New York State Catholic Health Plan CoCode: 15018 State of Domicile: New York
 95-25 Queens Blvd. Group Code: Company Type:
 8th Floor Group Name: State ID Number:
 Rego Park, NY 11374 FEIN Number: 11-3153422
 [REDACTED]

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: PHSP
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

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an application, advertisement, administrative form, or is a group prefilling 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. SERFF # FCNY-129574899 State 2014060056

State: New York Filing Company: New York State Catholic Health Plan
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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: %
 Effective Date of Last Rate Revision: 01/01/2014
 Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
New York State Catholic Health Plan	Increase	7.100%	7.100%	\$14,817,010	37,977	\$208,818,431	22.500%	-2.900%

State: New York

Filing Company: New York State Catholic Health Plan

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manuals		Revised	Previous State Filing Number: 2013040094 Percent Rate Change Request: 7.1	Rate Manual 20140613.pdf, Rate Manual 20140613.xlsm,

SERFF Tracking #:

FCNY-129577910

State Tracking #:

2014060221

Company Tracking #:

5

State:

New York

Filing Company:

New York State Catholic Health Plan

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

Individual Exchange Rate Filing

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/

Attachment Rate Manual 20140613.xlsm is not a PDF document and cannot be reproduced here.

**New York State Catholic Health Plan, Inc. dba
Fidelis Care New York**

**Rate Manual - Individual
Effective Date: January 1, 2015**

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Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange

Albany

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$230.80	\$189.36	\$152.61	\$122.61	
Individual	\$560.20	\$459.62	\$370.42	\$297.60	\$171.53
Ind+Sp	\$1,120.41	\$919.23	\$740.83	\$595.20	\$343.07
Ind+Ch(ren)	\$952.35	\$781.35	\$629.71	\$505.92	\$291.61
Family	\$1,596.58	\$1,309.90	\$1,055.69	\$848.17	\$488.87

Buffalo

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$217.94	\$178.81	\$144.11	\$115.78	
Individual	\$528.98	\$434.00	\$349.77	\$281.02	\$161.97
Ind+Sp	\$1,057.97	\$868.00	\$699.55	\$562.03	\$323.95
Ind+Ch(ren)	\$899.27	\$737.80	\$594.61	\$477.73	\$275.35
Family	\$1,507.60	\$1,236.90	\$996.85	\$800.90	\$461.62

Long Island

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$245.61	\$201.51	\$162.40	\$130.48	
Individual	\$596.14	\$489.10	\$394.18	\$316.69	\$182.54
Ind+Sp	\$1,192.27	\$978.19	\$788.35	\$633.38	\$365.07
Ind+Ch(ren)	\$1,013.43	\$831.46	\$670.10	\$538.38	\$310.31
Family	\$1,698.99	\$1,393.92	\$1,123.40	\$902.57	\$520.23

MidHudson

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$257.50	\$211.26	\$170.26	\$136.79	
Individual	\$625.00	\$512.78	\$413.26	\$332.03	\$191.37
Ind+Sp	\$1,250.00	\$1,025.56	\$826.52	\$664.05	\$382.75
Ind+Ch(ren)	\$1,062.50	\$871.72	\$702.55	\$564.44	\$325.33
Family	\$1,781.25	\$1,461.42	\$1,177.80	\$946.27	\$545.41

Fidelis Care New York
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New York City

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$248.04	\$203.50	\$164.01	\$131.77	
Individual	\$602.03	\$493.93	\$398.07	\$319.82	\$184.34
Ind+Sp	\$1,204.05	\$987.86	\$796.14	\$639.64	\$368.68
Ind+Ch(ren)	\$1,023.45	\$839.68	\$676.72	\$543.70	\$313.38
Family	\$1,715.78	\$1,407.70	\$1,134.50	\$911.49	\$525.37

Rochester

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$232.26	\$190.56	\$153.57	\$123.39	
Individual	\$563.74	\$462.51	\$372.75	\$299.48	\$172.61
Ind+Sp	\$1,127.48	\$925.03	\$745.51	\$598.96	\$345.23
Ind+Ch(ren)	\$958.35	\$786.28	\$633.68	\$509.12	\$293.45
Family	\$1,606.65	\$1,318.17	\$1,062.35	\$853.52	\$491.95

Syracuse

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$233.47	\$191.55	\$154.38	\$124.03	
Individual	\$566.68	\$464.93	\$374.70	\$301.04	\$173.52
Ind+Sp	\$1,133.37	\$929.86	\$749.40	\$602.09	\$347.03
Ind+Ch(ren)	\$963.36	\$790.38	\$636.99	\$511.78	\$294.98
Family	\$1,615.05	\$1,325.05	\$1,067.90	\$857.98	\$494.52

UticaWatertown

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$230.32	\$188.96	\$152.29	\$122.35	
Individual	\$559.03	\$458.65	\$369.64	\$296.98	\$171.17
Ind+Sp	\$1,118.05	\$917.30	\$739.28	\$593.95	\$342.34
Ind+Ch(ren)	\$950.34	\$779.70	\$628.38	\$504.86	\$290.99
Family	\$1,593.22	\$1,307.15	\$1,053.47	\$846.38	\$487.84

Fidelis Care New York
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Includes Through Age 29 Rider

Albany

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$588.21	\$482.60	\$388.94	\$312.48
Ind+Sp	\$1,176.43	\$965.19	\$777.88	\$624.97
Ind+Ch(ren)	\$999.96	\$820.41	\$661.19	\$531.22
Family	\$1,676.41	\$1,375.40	\$1,108.47	\$890.58

Buffalo

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$555.43	\$455.70	\$367.26	\$295.07
Ind+Sp	\$1,110.86	\$911.40	\$734.52	\$590.14
Ind+Ch(ren)	\$944.23	\$774.69	\$624.34	\$501.62
Family	\$1,582.98	\$1,298.75	\$1,046.70	\$840.94

Long Island

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$625.94	\$513.55	\$413.89	\$332.53
Ind+Sp	\$1,251.89	\$1,027.10	\$827.77	\$665.05
Ind+Ch(ren)	\$1,064.10	\$873.04	\$703.60	\$565.29
Family	\$1,783.94	\$1,463.62	\$1,179.57	\$947.70

MidHudson

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$656.25	\$538.42	\$433.93	\$348.63
Ind+Sp	\$1,312.50	\$1,076.83	\$867.85	\$697.25
Ind+Ch(ren)	\$1,115.63	\$915.31	\$737.67	\$592.67
Family	\$1,870.31	\$1,534.49	\$1,236.69	\$993.59

Fidelis Care New York
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Rate Manual - Individual Exchange
Includes Through Age 29 Rider

New York City

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$632.13	\$518.63	\$417.97	\$335.81
Ind+Sp	\$1,264.26	\$1,037.25	\$835.95	\$671.62
Ind+Ch(ren)	\$1,074.62	\$881.66	\$710.56	\$570.88
Family	\$1,801.57	\$1,478.08	\$1,191.23	\$957.06

Rochester

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$591.92	\$485.64	\$391.39	\$314.45
Ind+Sp	\$1,183.85	\$971.28	\$782.78	\$628.91
Ind+Ch(ren)	\$1,006.27	\$825.59	\$665.37	\$534.57
Family	\$1,686.98	\$1,384.08	\$1,115.47	\$896.19

Syracuse

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$595.02	\$488.18	\$393.44	\$316.10
Ind+Sp	\$1,190.03	\$976.36	\$786.87	\$632.19
Ind+Ch(ren)	\$1,011.53	\$829.90	\$668.84	\$537.36
Family	\$1,695.80	\$1,391.31	\$1,121.29	\$900.88

UticaWatertown

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$586.98	\$481.58	\$388.12	\$311.83
Ind+Sp	\$1,173.95	\$963.16	\$776.24	\$623.65
Ind+Ch(ren)	\$997.86	\$818.69	\$659.80	\$530.10
Family	\$1,672.88	\$1,372.51	\$1,106.14	\$888.70

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Counties within each Rating Region

Albany Region

Albany
Columbia
Fulton
Greene
Montgomery
Rensselaer
Saratoga
Schenectady
Schoharie
Warren
Washington

Buffalo Region

Allegany
Cattaraugus
Chautauqua
Erie
Genesee
Niagara
Orleans
Wyoming

Long Island Region

Nassau
Suffolk

MidHudson Region

Delaware
Dutchess
Orange
Putnam
Sullivan
Ulster

New York City Region

Bronx
Kings
New York City
Queens
Richmond
Rockland
Westchester

Rochester Region

Livingston
Monroe
Ontario
Seneca
Wayne
Yates

Syracuse Region

Broome
Cayuga
Chemung
Cortland
Onondaga
Schuyler
Steuben
Tioga
Tompkins

Utica/Watertown Region

Chenango
Clinton
Essex
Franklin
Hamilton
Herkimer
Jefferson
Lewis
Madison
Oneida
Oswego
Otsego
St. Lawrence

**Fidelis Care New York
Rate Manual - Individual Exchange**

2014

Rate Table Reference	Marketing Name	Subscriber Contract	Schedule of Benefits
Platinum	Fidelis Care Platinum	FC-HBX-001-Platinum	Schedule of Benefits_FC-HBX-001-Platinum
Gold	Fidelis Care Gold	FC-HBX-001-Gold	Schedule of Benefits_FC-HBX-001-Gold
Silver	Fidelis Care Silver	FC-HBX-001-Silver	Schedule of Benefits_FC-HBX-001-Silver
Silver 250	Fidelis Care Silver 250	FC-HBX-001-Silver 250	Schedule of Benefits_FC-HBX-001-Silver 250
Silver 200	Fidelis Care Silver 200	FC-HBX-001-Silver 200	Schedule of Benefits_FC-HBX-001-Silver 200
Silver 150	Fidelis Care Silver 150	FC-HBX-001-Silver 150	Schedule of Benefits_FC-HBX-001-Silver 150
Bronze	Fidelis Care Bronze	FC-HBX-001-Bronze	Schedule of Benefits_FC-HBX-001-Bronze
Catastrophic	Fidelis Care Catastrophic Coverage	FC-HBX-001-Catastrophic	Schedule of Benefits_FC-HBX-001-Catastrophic
Platinum Child Only	Fidelis Care Platinum for Children	FC-HBX-001-Platinum (Child)	Schedule of Benefits_FC-HBX-001-Platinum (Child)
Gold Child Only	Fidelis Care Gold for Children	FC-HBX-001-Gold (Child)	Schedule of Benefits_FC-HBX-001-Gold (Child)
Silver Child Only	Fidelis Care Silver for Children	FC-HBX-001-Silver (Child)	Schedule of Benefits_FC-HBX-001-Silver (Child)
Bronze Child Only	Fidelis Care Bronze for Children	FC-HBX-001-Bronze (Child)	Schedule of Benefits_FC-HBX-001-Bronze (Child)

An American Indian who earns less than 300% of the federal poverty level can be on a Bronze, Silver, Gold or Platinum plan. There will be no cost-sharing.

Fidelis Care for Native American	FC-HBX-001-Native American	Schedule of Benefits_FC-HBX-001-Native American
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2015

Rate Table Reference	Marketing Name	Subscriber Contract	Schedule of Benefits
Platinum	Fidelis Care Platinum	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Platinum
Gold	Fidelis Care Gold	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Gold
Silver	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver
Silver 250	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver 250
Silver 200	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver 200
Silver 150	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver 150
Bronze	Fidelis Care Bronze	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Bronze
Catastrophic	Fidelis Care Catastrophic Coverage	Subscriber Contract_FC-HBX-003_2015_06162014-Catastrophic	Schedule of Benefits_FC-HBX-003_2015_06162014-Catastrophic
Platinum Child Only	Fidelis Care Platinum for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Platinum for Children
Gold Child Only	Fidelis Care Gold for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Gold for Children
Silver Child Only	Fidelis Care Silver for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Silver for Children
Bronze Child Only	Fidelis Care Bronze for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Bronze for Children

An American Indian who earns less than 300% of the federal poverty level can be on a Bronze, Silver, Gold or Platinum plan. There will be no cost-sharing.

Fidelis Care [Metal Tier]	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-[Metal Tier]-Zero
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An American Indian who earns more than 300% of the federal poverty level can be on a Bronze, Silver, Gold, or Platinum plan. There will be no cost-sharing at certain providers.

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
Deductible	\$0	\$600	\$2,000	\$3,000	\$6,600
Maximum Out-of-Pocket Includes the deductible	\$2,000	\$4,000	\$5,500	\$6,350	\$6,600
Cost Sharing Summary					
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	50% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing	0% cost sharing
PCP	\$15	\$25	\$30	50% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	50% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	50% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	50% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	50% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	50% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing

Fidelis Care New York
Effective January 1, 2015
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Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
INPATIENT HOSPITAL SERVICES					
Observation stay		ER copay per case		50% cost sharing	0% cost sharing
Hospital services - non-maternity		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Mental health/Behavioral health care		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Detoxification		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Substance abuse disorder services		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Skilled nursing facility		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Hospice (inpatient)		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES					
Facility charge - Emergency Room		ER copay per case		50% cost sharing	0% cost sharing
Physician charge - Emergency Room visit		\$0 copay per visit		50% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center		Urgent Care copay per visit		50% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit		\$0 copay per visit		50% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air		Ambulance copay per case		50% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES					
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters		Outpatient Facility-Surgery copay per case		50% cost sharing	0% cost sharing
Pre-admission/pre-operative testing		\$0 copay		50% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology		Specialist copay per visit		50% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay		50% cost sharing	0% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing	0% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing	0% cost sharing
Mental health/Behavioral health care		PCP copay per visit		50% cost sharing	0% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing	0% cost sharing
Home care		PCP copay per visit		50% cost sharing	0% cost sharing
Hospice		PCP copay per visit		50% cost sharing	0% cost sharing

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
PREVENTIVE & PRIMARY CARE SERVICES					
Allergy testing	OTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing apply				
Bone density testing	Otherwise the cost sharing indicated below applies to all services in this benefit service category.				
Cervical cytology					
Colonoscopy screening					
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Immunizations					
Mammography					
Prenatal maternity care					
Prostate cancer screening					
Routine exams					
Women's preventive health services					
PHYSICIAN/PROFESSIONAL SERVICES					
Inpatient hospital surgery - surgeon	Surgeon copay per case			50% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case			50% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies			50% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habitative	PT/OT/ST copay per visit			50% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit			50% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit			50% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)			50% cost sharing	0% cost sharing
In-hospital physician visits	\$0 copay per visit			50% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit			50% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit			50% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit			50% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit			50% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			50% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit			50% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit			50% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit			50% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit			50% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit			50% cost sharing	0% cost sharing

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
ADDITIONAL BENEFITS/SERVICES					
ABA treatment for Autism Spectrum Disorder		PCP copay per visit		50% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder		PCP copay per device		50% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies			50% cost sharing	0% cost sharing
Hearing evaluations/testing		Specialist copay per visit		50% cost sharing	0% cost sharing
Hearing aids		Hearing aid coinsurance cost sharing applies		50% cost sharing	0% cost sharing
Diabetic drugs and supplies		PCP copay per 30 days supply		50% cost sharing	0% cost sharing
Diabetic education and self-management		PCP copay per visit		50% cost sharing	0% cost sharing
Home care		PCP copay per visit		50% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.				
PEDIATRIC DENTAL SERVICES					
Dental office visit		PCP copay per visit		50% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES					
Eye exam visit		PCP copay per visit		50% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames			50% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies			50% cost sharing	0% cost sharing
PRESCRIPTION DRUGS					
Generic or Tier 1	\$10	\$10	\$10	\$10	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply					

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
Deductible	\$1,200	\$250	\$0	\$0
Maximum Out-of-Pocket Includes the deductible	\$5,200	\$2,000	\$1,000	\$0

Cost Sharing Summary

Inpatient Facility/SNF/Hospice	\$1,500 per admission	\$250 per admission	\$100 per admission	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$75	\$25	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$75	\$25	0% cost sharing
PCP	\$30	\$15	\$10	0% cost sharing
Specialist	\$50	\$35	\$20	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$30	\$25	\$15	0% cost sharing
ER	\$150	\$75	\$50	0% cost sharing
Ambulance	\$150	\$75	\$50	0% cost sharing
Urgent Care	\$70	\$50	\$30	0% cost sharing
DME/Medical supplies	25% cost sharing	10% cost sharing	5% cost sharing	0% cost sharing
Hearing aids	25% cost sharing	10% cost sharing	5% cost sharing	0% cost sharing
Eyewear	25% cost sharing	10% cost sharing	5% cost sharing	0% cost sharing

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
INPATIENT HOSPITAL SERVICES				
Observation stay	ER copay per case			0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #			0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #			0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #			0% cost sharing
Detoxification	Inpatient Facility copay per admission #			0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #			0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #			0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility			0% cost sharing
EMERGENCY MEDICAL SERVICES				
Facility charge - Emergency Room	ER copay per case			0% cost sharing
Physician charge - Emergency Room visit	\$0 copay per visit			0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit			0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit			0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case			0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES				
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case			0% cost sharing
Pre-admission/pre-operative testing	\$0 copay			0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit			0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit			0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay			0% cost sharing
Chemotherapy	PCP copay per visit			0% cost sharing
Radiation therapy	PCP copay per visit			0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit			0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			0% cost sharing
Substance abuse disorder services	PCP copay per visit			0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit			0% cost sharing
Home care	PCP copay per visit			0% cost sharing
Hospice	PCP copay per visit			0% cost sharing

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
PREVENTIVE & PRIMARY CARE SERVICES				
Allergy testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies.			
Bone density testing	Otherwise the cost sharing indicated below applies to all services in this benefit service category.			
Cervical cytology				
Colonoscopy screening				
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Immunizations				
Mammography				
Prenatal maternity care				
Prostate cancer screening				
Routine exams				
Women's preventive health services				
PHYSICIAN/PROFESSIONAL SERVICES				
Inpatient hospital surgery - surgeon	Surgeon copay per case			0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case			0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies			0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit			0% cost sharing
Additional surgical opinion	Specialist copay per visit			0% cost sharing
Second medical opinion for cancer	Specialist copay per visit			0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)			0% cost sharing
In-hospital physician visits	\$0 copay per visit			0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit			0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit			0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit			0% cost sharing
Allergy shots	PCP/Specialist copay per visit			0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			0% cost sharing

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
Substance abuse disorder services		PCP copay per visit		0% cost sharing
Chemotherapy		PCP copay per visit		0% cost sharing
Radiation therapy		PCP copay per visit		0% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		0% cost sharing
Chiropractic care		Specialist copay per visit		0% cost sharing

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	

ADDITIONAL BENEFITS/SERVICES

ABA treatment for Autism Spectrum Disorder		PCP copay per visit		0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder		PCP copay per device		0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies			0% cost sharing
Hearing evaluations/testing		Specialist copay per visit		0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies			0% cost sharing
Diabetic drugs and supplies		PCP copay per 30 days supply		0% cost sharing
Diabetic education and self-management		PCP copay per visit		0% cost sharing
Home care		PCP copay per visit		0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse.			

* Partial reimbursement for facility fees every six months if member attains at least 50 visits.

PEDIATRIC DENTAL SERVICES

Dental office visit		PCP copay per visit		0% cost sharing
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PEDIATRIC VISION SERVICES

Eye exam visit		PCP copay per visit		0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames			0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies			0% cost sharing

PRESCRIPTION DRUGS

Generic or Tier 1	\$10	\$9	\$6	0% cost sharing
Formulary Brand or Tier 2	\$35	\$20	\$15	0% cost sharing
Non-Formulary Brand or Tier 3	\$70	\$40	\$30	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply				

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Rating Instructions and Example

Instructions

- 1) Determine which tier is desired: Child Only, Individual, Individual+Spouse, Individual+Child(ren), or Family
- 2) Determine the rating region where the applicant lives
- 3) Determine which plan the applicant wants.
- 4) Determine if there is a child between the ages of 26 and up to 30 to be covered: If so, use the appropriate rate table with the rider included.
- 5) Look up the rate in the rate table.

Example:

An applicant lives in Erie county. The applicant wished to cover themselves, a 22-year old child and a 28 year-old child. The applicant desires a Silver plan.

- 1) The desired tier is Individual + Child(ren)
- 2) The rating region is Buffalo
- 3) The applicant wants a Silver plan
- 4) Since there is a child over the age of 26 but younger than 30, the family is eligible for the "Through Age 29" rider. Use the rate table labeled "Includes Through Age 29"
- 5) The rate is \$624.34 per month

The unsubsidized premium will be \$624.34 monthly.

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Marketing Rules and Underwriting Guidelines

These products are guaranteed issue and guaranteed renewable. There are only a few reasons where an applicant can be turned away.

These include:

- The applicant is no longer a resident of New York state or of Fidelis' service area.
- Non-payment of premium.

Fidelis Care New York
Effective January 1, 2015
Rate Manual - Individual Exchange
Expected Loss Ratio

Plan	Expected Loss Ratio
Platinum	88.6%
Gold	88.6%
Silver	88.6%
Bronze	88.6%
Catastrophic	81.7%
Platinum through Age 29	88.6%
Gold through Age 29	88.6%
Silver through Age 29	88.6%
Bronze through Age 29	88.6%

**Fidelis Care New York
Rate Manual - Individual Exchange
Marketplace Broker Program**

Fidelis will offer commissions to certain licensed insurance brokers. There are two programs.

Referrals:

The broker simply refers the individual to a Fidelis CAC who then assists the individual with enrollment. There is a per contract referral fee of up to \$75 for product referrals that enroll. This fee does not increase based on volume and is recouped if the individual dis-enrolls in the first 90 days. Fidelis services and completes the renewal. No renewal is paid to the broker and there are no on-going service expectations of broker.

Full Assistance:

In this program, the broker assists the individual with enrollment and renewal. A per contract payment of up to \$15 per month is paid to the broker for each of the first 12 months. A per contract payment of up to \$10 per month is paid to the broker for each of the second 12 months. This fee does not increase based on volume and is recouped if the individual dis-enrolls in the first 90 days.

State: New York

Filing Company:

New York State Catholic Health Plan

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: Individual Exchange Rate Filing

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	Fidelis DFS Actuarial Certification CY 2015.pdf Fidelis DFS Actuarial Memorandum CY 2015.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	Fidelis HHS Actuarial Certification CY 2015.pdf Fidelis HHS Actuarial Memorandum CY 2015.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculations
Comments:	We have attached the state's calculations of AV which we are using without adjustment. We applied the unadjusted stand-alone calculator to provide a value for the catastrophic plan.
Attachment(s):	Platinum Standard CY 2015.pdf Gold Standard CY 2015.pdf Silver Standard CY 2015.pdf Bronze Standard CY 2015.pdf Catastrophic CY 2015.pdf Silver 73 Standard CY 2015.pdf Silver 87 Standard CY 2015.pdf Silver 94 Standard CY 2015.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Exhibit 13.pdf Exhibit 13 - Narrative Summary.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	

State: New York **Filing Company:** New York State Catholic Health Plan
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: Individual Exchange Rate Filing
Project Name/Number: /

Attachment(s):	Exhibit 14A.pdf Exhibit 14A.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	Exhibit 15A.pdf Exhibit 15A.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	Exhibit 16.pdf Exhibit 16.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	Exhibit 18.pdf Exhibit 18.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	Exhibit 19.pdf Exhibit 19.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	Exhibit 20.pdf Exhibit 20.xlsx
Item Status:	
Status Date:	

State: New York **Filing Company:** New York State Catholic Health Plan
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: Individual Exchange Rate Filing
Project Name/Number: /

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	Exhibit 23.pdf Exhibit 23.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	Rate adjustment initial notice FOIA_06102014.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Redacted Documents for Web Posting
Comments:	Only Exhibit 11 and the actuarial certifications have redacted information. Both original and redacted versions of these exhibits are attached.
Attachment(s):	Exhibit 11 REDACTED.pdf Fidelis DFS Actuarial Certification CY 2015 REDACTED.pdf Fidelis HHS Actuarial Certification CY 2015 REDACTED.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	PM.QHP.Unified Rate Review Template.TMPL.v2.0.2.04152014.pdf PM.QHP.Unified Rate Review Template.TMPL.v2.0.2.04152014.xlsm PM.QHP.UnifiedRateReviewSubmission_v2.0.2_2014061194557.xml
Item Status:	
Status Date:	

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York**

**Individual Health Exchange – CY 2015
Actuarial Memorandum**

Purpose

New York State Catholic Health Plan, Inc., whose market name is Fidelis Care New York (“Fidelis”), is filing renewal rates for products on the Individual Health Exchange. These rates will be effective January 1, 2015.

Fidelis is only filing within the Exchange. Fidelis is filing each of the State-specified standard plans. Fidelis is filing in all eight regions.

Pricing Development of Index Rates and Premium Rates

As a new entrant to the Individual market in 2014, Fidelis does not have an experience period. Fidelis did calculate an Index rate for 2015. We used the following steps for our projection of rates. Throughout this actuarial memorandum, we use the term state loss ratio when claims exclude reinsurance premium and federal loss ratio when claims include reinsurance premium.

1. Fidelis established allowed costs for 2015 for the cost-sharing reduction Silver variation that its Family Health Plus (FHP) members would have. This is the “94%” plan for those with incomes between 138% and 150% of FPL.
2. Fidelis has FHP experience for calendar year 2013 with three months run-out plus completion. Fidelis also has a pricing model built by Milliman that approximates the utilization for the Silver 94% CSR plan. These two sources of utilization were blended. We used the 94% CSR plan as the basis since that most closely approximates the FHP utilization.
3. Using Milliman utilization trends, we were able to project 2015 utilization for the Silver 94% CSR plan.
4. We developed expected 2015 unit costs in collaboration with information and feedback from our provider contracting department.
5. Combining the utilization of Step 3 with the unit costs of Step 4, we were able to project allowed costs in 2015 for the 94% CSR plan.
6. As described in the section Actuarial Value (AV) Pricing Values, we performed a simulation on the experience of over 50,000 FHP members to arrive at relative net paid claim amounts for each plan and variation. These net paid claim amounts had no induced demand and no transitional reinsurance. We then applied the HHS induced demand factors to arrive at Fidelis’ AV Claims Pricing Values.

7. For each metal level plan (and variation), we applied the same adjustments to the allowed costs. We adjusted for the difference in the age/sex demographic of FHP versus the Exchange membership in the projection period (18% for the metal plans and -35% for the catastrophic), for the members' choice of plans based on their anticipated cost-sharing (3%), and for the expectation that the risk profile of the projection population would be higher than in the experience period (5%). These adjustments are described in the section Single Risk Pool/Index Rate. These did not vary by plan or region.
8. We applied the Claims Pricing Values of Step 6, HHS cost-sharing reimbursement estimates, and transitional reinsurance estimates to the allowed costs of Step 7 to arrive at net paid claims.
9. These claims were summed and then divided by the state target loss ratio (88.6% for the metal plans and 82.0% for the catastrophic plans) to arrive at the market-wide required premium rate pmpm. These claims do not include the reinsurance premium payable to HHS. This established the total premium that Fidelis requires.
10. Exhibit B1 shows the development of the average premium pmpm by plan. In this step, the claims include the reinsurance premium to be consistent with HHS rules. The loss ratios applied are federal loss ratios, chosen so that the total premium would tie to the required total premium of step 9.
11. Exhibit B2 show how the conversion factor and tier ratios were applied to the average plan premium pmpms.
12. Exhibit B3 shows final rates after the area factors were applied.

The instructions from the Department of Financial Services requests specific details of this development, which follow.

Benefits

Fidelis is providing the Essential Health Benefits as specified by the Department of Health (DOH). Fidelis is not making any substitutions.

Fidelis is only filing the State-specified standard metal and catastrophic plans. Our products are:

<u>Plan</u>	<u>Marketing Name</u>
Bronze Standard	Fidelis Care Bronze
Silver Standard	Fidelis Care Silver
Gold Standard	Fidelis Care Gold
Platinum Standard	Fidelis Care Platinum
Bronze Child Only	Fidelis Care Bronze for Children
Silver Child Only	Fidelis Care Silver for Children
Gold Child Only	Fidelis Care Gold for Children
Platinum Child Only	Fidelis Care Platinum for Children
Catastrophic	Fidelis Care Catastrophic Coverage

Fidelis is filing rates for these plans with and without the "make-available" rider allowing coverage to Age 30.

Effective July 1, 2014, mental health parity mandates coverage of certain services for residential treatment. We believe the cost of this benefit to be less than 0.1% and have increased costs accordingly.

Data Sources

The data sources were Fidelis' own FHP experience and commercial experience data provided by Milliman. The FHP data is germane since some of this population will be entering the Exchange. The Milliman data was necessary since Exchange membership will also come from the uninsured, group, and other individual plans.

Milliman's pricing model is based on Milliman's commercial Health Cost Guidelines (HCGs) which is adjusted for the Silver CSR (100%-150%) benefit design. The data that underlies the HCGs represents standard large group experience. We have increased Milliman's estimates by 5% to reflect utilization differences between the current large group market and the individual market post-2014.

This increase for utilization is subject to a large range of uncertainty. For example, Deloitte's State-sponsored study, "Impact of the Affordable Care Act on the New York Small Group and Non-Group Markets", provides estimates of 5% and 17% (Tables 2A and 2B) solely for the difference in small group and individual past-reform. Presumably there is some additional utilization between large group and small group and pre- and post-reform. We concluded that the estimate of 5% utilization increase from large group to individual is within the range of reasonableness.

This data was supplemented by pricing for additional benefits not included in this experience (e.g., gym benefit).

Utilization was trended to 2015 using factors supplied by Milliman. Annual utilization trend was set at 0.00% for inpatient, 2.00% for outpatient, 1.50% for professional.

Unit costs for 2015 were determined by consultation with our provider contracting department as to the relative costs of the new contracts versus Fidelis historical experience. There were disruptions to the network in 2014. One hospital went bankrupt. In its place, Fidelis added a number of hospitals in the mid-Hudson region. With the broader network, we expect to expand into counties in the mid-Hudson region not currently served by Fidelis.

In developing these costs for the 2014 rate year, Fidelis used its original FHP demographics. To date, the Exchange population is much older, and we expect claims costs to be 17% higher than what was priced in 2014 simply for age/sex.

For developing membership projections by region, we used the Exchange geography from the actual 2014 enrollment.

Actuarial Value (AV) Metal Values

We have used the State's metal value calculations as a default for the standard plans without adjustment.

We have attached pdf files of each output.

Actuarial Value (AV) Pricing Values

Fidelis does not have 2013 experience with either an individual or commercial product.

We developed pricing values by relying on experience from our FHP program. Given its focus on the poor, Fidelis anticipates that its ultimate 2015 membership will come directly from conversions of FHP members or similar members. Consequently, this utilization would seem to be the most pertinent.

We performed a simulation on over 50,000 members of FHP. We only included members with twelve months of exposure in the calendar year 2013, since government programs have somewhat higher turnover than commercial programs. This follows HHS's lead in establishing continuance tables for the actuarial value calculator.

For each member, we adjusted historic claim costs to approximate anticipated CY 2015 levels. This reflected both the anticipated new contracts (which are higher than FHP levels) and utilization trend.

We applied the cost-sharing of each metal level and cost-sharing variation to each member and summed the resulting claims. In order to make this tractable, we developed a benefit plan that had the same metal value as the State's standard plans, but featured only deductibles and coinsurance. The deductibles and out-of-pocket maximums were set equal to the State's standard plans. Cost-sharing reductions were calculated as part of the simulation. This resulted in expected cost relativities for each of the metal levels. The exact same member distribution and projected claims was used for each simulation.

This simulation is equivalent to applying different metal levels to the same continuance table (one that has 50,000 lines).

Consequently, there was no induced demand included in the results. Fidelis is applying the induced demand calculated by HHS for risk adjustment payment transfers:

	(a) Paid-to-Allowed Before Reinsurance	(b) Induced Demand	(c) = (b)/1.15 Rescaled Induced Demand	(a)*(c) Relativity with Induced Demand
Platinum	87.1%	1.15	1.000	87.1%
Gold	76.1%	1.08	0.939	71.4%
Silver	64.3%	1.03	0.896	57.6%
Bronze	53.2%	1.00	0.870	46.3%

The right-hand column gives final relativities used in pricing.

For the catastrophic plan, the AV pricing value was set to the product of

- relativity of the Bronze plan (0.463);
- the relativity of the metal values of the catastrophic to Bronze plans (.598/.620); and
- an age sex adjustment (0.65/1.18).

The result is 24.6%. This provides relativities for claims.

The pricing value for the "through 29" plans reflect an increment of 5%. This percentage is derived below and is the same as 2014.

Finally, these values are divided by the (federal) target loss ratio to arrive at the premium pricing.

Induced Demand

Fidelis carefully avoided including induced demand in its simulation to determine pricing values. Benefit plans were applied to the same set of member experience data without changes to the data for induced demand. After the simulation was performed, then the HHS induced demand factors were applied.

Single Risk Pool/Index Rate

For the Individual Pool, Fidelis first estimated allowed costs for the Exchange "Standard Silver 94% CSR" product in each of the 8 pricing regions for 2015. These were based on the actual FHP demographic adjusted to include children.

The resulting regional allowed amounts were then adjusted to account for a statewide change in demographics over FHP (18% for metal and -35% for catastrophic), adverse selection of benefit plans by members (3%), and a change in risk profile (5%).

These plans were also adjusted for induced demand or induced utilization. Since the base was the Exchange "Standard Silver 94% CSR" product, these are reductions. These are the product of HHS induced demand factors and HHS induced utilization factors (used for cost-sharing reduction plans in risk adjustment).

	Induced Demand * Induced Utilization Factor	Relative to Silver 94% CSR Utilization
Platinum	1.15	1.00
Gold	1.08	0.94
Silver	1.03	0.90
Bronze	1.00	0.87
Silver 94% CSR	1.15	1.00
Silver 87% CSR	1.15	1.00

Silver 73% CSR	1.03	0.90
Catastrophic	1.00	0.87

The same adjustments were made to each region. The resulting allowed amounts were summed and divided by projected member months to arrive at the Claims Index Rate.

Exhibit A shows the Index Rate, defined by HHS as “the EHB [essential health benefits] portion of projected allowed claims divided by all projected single risk pool lives”.

We then estimated net claims in each region by applying the pricing values, anticipated HHS cost-sharing reimbursements, and transitional reinsurance payments and recoveries. Both the cost-sharing reimbursements and the transitional reinsurance were calculated from the simulation described above. However the pricing values derived above did not include any transitional reinsurance payments and recoveries.

The net claims were summed to produce the State-wide net claims. This sum was divided by expected member-months to arrive at the Claims Index Rate pmpm.

Market-Wide Index Rate Adjustments

The Index rate Fidelis’ projected 2015 experience was aggregated into a single State-wide premium rate for the Individual pool. This was in turn disaggregated in accordance with HHS and DFS rules (Exhibit B).

- (a) Fidelis is only offering the State standard plans. We believe all benefits in these plans are essential health benefits. Effective July 1, 2014, mental health parity mandates coverage of certain services for residential treatment. We believe the cost of this benefit to be negligible (less than 0.1%).
- (b) There is no adjustment for provider contracts or medical management other than that described in the section on Data Sources.
- (c) Fidelis believes that its cost-containment and quality efforts are built into the base data and does not anticipate further savings.
- (d) Since Fidelis does not have individual experience, it built the demographic differences into its base data development. Fidelis believes that the 2015 demographic factor will be approximately 17% higher than the factor built into its 2014 rate. Fidelis believes that the demographic adjustments made in the base data should approximate the statewide pool.
- (e) Fidelis is assuming that there will be no effect on costs due to differences in the pool’s geographic distribution of members.
- (f) We estimated recoveries under the federal transitional reinsurance program as part of our simulation on the projected experience of 50,000 FHP members. HHS has set payments into the reinsurance program as \$44 per member per year or \$3.67 per member per month.

Recoveries from the transitional reinsurance program were calculated as a percentage of net claims (allowed – member cost-sharing - HHS cost-sharing reimbursements) using the federal payment parameters. This was done at each metal level and cost-sharing reduction variation. The total reinsurance was then calculated based on the percentage of membership at each plan and variation level. Note that it was assumed that there would be the same age/sex risk profile at each level.

Fidelis assumed that the risk adjustment program itself would be neutral to Fidelis (but there is adjustment across regions within Fidelis). Based on work performed by Milliman and the State's simulation, Fidelis believes that the general population may have a higher risk profile than the FHP experience population. Either the Fidelis Exchange population will approach the general population or Fidelis' Exchange population will remain lower risk than the general population. The first requires an adjustment to the base data; the second requires an explicit transfer payment or receipt. In either case, the effect on the Index rate should be approximately equivalent. We chose to increase the projected experience rather than add an explicit adjustment for risk score payments.

- (g) Fidelis had no direct data in the experience period. However, the blend of Fidelis FHP experience with Milliman projections should meet credibility standards.
- (h) Fidelis has assumed that there will be no Exchange user fees, as instructed.

We made an adjustment to the base data used to develop the market-wide Index to account for member selection of metal tiers. Since members have some sense of their future medical costs, they will choose the plan that minimizes premium plus out-of-pocket costs. We simulated letting members choose between benefit plans based on their experience, as if they had 100% foreknowledge of their medical situation. The results varied between 5% and 9%. Since members do not have absolute foreknowledge of their medical costs, we estimated an adjustment of a 3% increase in expense. This was done at the market-wide level.

The Individual pool Index rate was then adjusted at the plan level.

Plan-Level Adjustments

- (a) We applied the pricing values as described in the section Actuarial Values (AV) Pricing Values and illustrated in Exhibit B1.
- (b) Fidelis offers only one provider network and we do not anticipate this to affect costs by plan. Similarly, Fidelis treats all members according to need and we do not anticipate medical management differences by plan.
- (c) Fidelis does not anticipate differential improvement across plans due to cost containment or quality initiatives.
- (d) There are no other benefits offered other than the Essential Health Benefits.
- (e) All metal plans are priced to produce an 89.5% federal loss ratio with 10.5% retention. Although significant differences in administrative costs may emerge over time, Fidelis believes that 7.9% of premium is sufficient to cover gross administrative costs including

marketing fees and assessments as well as start-up and continuing operations. The catastrophic plan is priced to produce an 82.5% federal loss ratio. The catastrophic plan premium revenue is less than half that of the Bronze plan, but the plans have a similar actuarial value. It would be reasonable to assume that many of the administrative and sales costs are the same. To balance value with coverage of administrative costs, we chose a target loss ratio of 82.5%.

A further discussion of administrative costs is included below in the Administration section.

- (f) Fidelis does not offer out-of-network benefits.
- (g) Fidelis is not participating in the Healthy New York small group program.

Fidelis is also including 2.6% of premium as a margin for claims fluctuations or potential surplus.

Fidelis is including rates for the “make available” rider allowing coverage to Age 30. These rates are 5% higher than the base rates. Following departmental guidance, these were derived so as to be sufficient to cover the cost of the extra members. Specifically, we assumed that a member in this subset would cost 60% of an average member. Adding such a member would take an individual contract to an Individual+Child(ren) contract or leave an Individual+Child(ren) contract unchanged. In the first case, the change from 1 to 1.7 in tier ratio more than covers the cost of the additional member. We also assumed that 75% of the additional members would be added to Individual contracts. The resulting load is 5%, the same as in 2014.

Standardized Rating Regions

Fidelis’ is filing in all eight rating regions. The area factors are:

Pricing Region	Area Factor
Albany	0.951
Buffalo	0.898
Long Island	1.012
Mid-Hudson	1.061
New York City	1.022
Rochester	0.957
Syracuse	0.962
Utica/Watertown	0.949

These factors represent the same demography in each region, consistent with HHS instructions.

Claims Experience Data

Fidelis' data is based on a blending of FHP experience (some of whose membership will not qualify for Medicaid) and a Milliman model of a commercial population, adjusted for the individual market.

Standardized Census Tiers

Fidelis is using the State's tier ratios.

Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

These tier ratios allow a family to split into two tiers: Single and Single + Child(ren) and pay less total premium than as a family.

Exhibit C shows the development of the conversion factor. The distribution of contract types by tier comes from actual Fidelis Exchange enrollment.

Child Only Plans

Fidelis is offering one child-only product with each of its Standard metal plans, priced at 0.412 of the single rate. Fidelis will bill for no more than three children in a family.

HHS Rate Filing Requirements

Fidelis will comply with both HHS requirements and State requirements and has filled out Exhibit 18 consistent with its understanding of the Unified Rate Review Template. The same experience and projections underlie both exhibits although there are differences in definitions. For example, the Unified Rate Review Template includes reinsurance premium as claims and New York State includes reinsurance premium as administration.

Administration

The reconciliation below compares administrative costs for Fidelis' Family Health Plus with the anticipated percent of premium expenses for the Exchange in 2015. The 2013 amounts come from the Medicaid Managed Care Operating Report (MMCOR) due April 1, 2014 to the Department of Health. Page numbers are provided in the table.

This document contains proprietary and confidential information. Release would damage the competitive status of Fidelis Care New York. We request exemption from disclosure under FOIA or other laws and regulations.

		Family Health Plus		Exchange
Item	Source	Amount	Percentage of Premium CY 2013	Percentage of Premium CY 2015
Premium Revenue	page 39, Table 6	\$398,772,279		
Investment Income	page 39, Table 6	\$1,463,140	0.37%	0.40%
Allowable Administrative Costs	page 39, Table 6	\$19,549,523	4.90%	8.83%
Utilization Mgmt/ Quality Improvement	page 64, Table 22C	\$1,944,489	0.49%	0.50%
Facilitated Enrollment (Staff)	page 64, Table 22C	\$3,158,744		
Facilitated Enrollment (Expenses)	page 61, Table 22A	\$192,486		
Sales Subtotal		\$3,351,230	0.84%	2.60%
HHS Fees for PCORI & Risk Adjustment				0.07%
HHS Reinsurance Premium				0.98%
S332 Assessment				0.90%
Remainder		\$14,253,804	3.57%	3.78%

The difference in allowable administrative costs is driven by the HHS fees as well as the increase in expense for sales.

The percentage allowance for sales of 2.6% has not changed from 2014. It is greater than that required for FHP due to the increased outreach that will be necessary to reach membership targets. The 2.6% allocated for sales and marketing includes both internal efforts as well as broker commissions.

Using state rules where reinsurance premium is included as administration, Fidelis is anticipating 2.60% underwriting gain, gross administration of 8.83%, and 0.4% investment income. Under State rules, administration net of reinsurance premium will be 8.43%.

Fidelis is reducing total retention from 12.1% in 2014 to 11.43% in 2015.

Commission Schedule

Fidelis will offer two commission schedules. One is a simple referral schedule that pays the broker up to \$75 for each contract brought to Fidelis sales. The broker obtains the agreement of the contract-holder to be referred and Fidelis does the remaining enrollment functions.

The second schedule pays a fee of up to \$15 per contract per month for the first twelve months of eligibility and up to \$10 per contract per month for the second twelve months. The broker is expected to do most of the enrollment to earn the second schedule.

Either schedule provides for refunds to Fidelis if the contract holder lapses within 3 months.

We anticipate that 10% of our members will enroll through Brokers. Of these, 90% will be on the traditional commission schedule and 10% on the referral schedule. We expect persistency of 10.4 months. We expect that the monthly broker fee will average \$12.50 per member per month and the average referral fee will average \$62.50 per member. The cost spread over all members will be \$0.93 pmpm.

These schedules were previously approved in SERFF filing FCNY-129339766 with state tracking number 2013120119.

Return on Equity

Fidelis is a non-profit organization with a mission to finance health coverage for the poor. We have added 2.6% as an explicit underwriting margin apart from the investment income. The 2.6% was chosen for several reasons:

- It provides a risk margin appropriate to the uncertainty of the new insurance market;
- It is consistent with the amount allowed by HHS in its risk corridor calculation. It would be inappropriate to have a much smaller margin as this would effectively be relying on HHS to provide capital, since there would be a greater chance of loss and risk corridor reimbursement;
- Under Department of Health rules, Fidelis is expected to maintain 12.5% of revenue as a contingency reserve; and

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- Future growth (even if only due to medical inflation) will require growth in contingency reserves. For example, if there is 8% medical cost trend, contingency reserves grow by 1% of premium ($12.5\% \times 8\% = 1\%$).

The 0.4% of revenue for investment income was derived from Fidelis's 2013 MMCOR and is simply the net investment income divided by premium income. We are using this investment income to reduce the portion of premium going to administrative expenses by 0.4%.

Notes on State Exhibits

Since Fidelis does not have an experience period, Fidelis filled out the state's required exhibits to the best of its ability. Some notes are appropriate.

On Exhibit 13, the annual claims trend rate is calculated as the trend rate necessary to be consistent with the rate increase and target loss ratio. As such, it includes all assumptions about demography, benefits, secular trend for a stationary population, and provider disruption.

On Exhibit 18, the pmpms of row 76, line item 44, will not tie precisely to the HHS Unified Rating Review Template because of rounding.

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit A - Development of Index Rate

Projected CY 2015 Member Months

	Albany	Buffalo	Long Island	Mid-Hudson	New York City	Rochester	Syracuse	Utica / Watertown
Platinum	2,413	3,351	14,442	2,356	19,897	174	2,583	3,599
Gold	2,273	3,156	13,602	2,219	18,740	164	2,433	3,390
Silver	3,138	4,358	18,780	3,063	25,874	226	3,359	4,681
Bronze	8,447	11,730	50,551	8,245	69,644	609	9,042	12,598
Silver 94% CSR	4,076	5,661	24,396	3,979	33,611	294	4,364	6,080
Silver 87% CSR	10,505	14,589	62,876	10,255	86,625	757	11,247	15,670
Silver 73% CSR	3,881	5,389	23,224	3,788	31,996	280	4,154	5,788
Catastrophic	427	593	2,554	417	3,519	31	457	637
								711,257

Projected Allowed Claims PMPM

	Albany	Buffalo	Long Island	Mid-Hudson	New York City	Rochester	Syracuse	Utica / Watertown
Platinum	\$508.87	\$471.51	\$562.52	\$570.39	\$612.82	\$500.66	\$510.38	\$502.97
Gold	\$478.52	\$443.40	\$528.95	\$536.35	\$576.23	\$470.80	\$479.94	\$472.98
Silver	\$458.28	\$424.66	\$506.57	\$513.65	\$551.84	\$450.89	\$459.64	\$452.98
Bronze	\$443.11	\$410.61	\$489.79	\$496.63	\$533.55	\$435.96	\$444.42	\$437.98
Silver 94% CSR	\$508.87	\$471.51	\$562.52	\$570.39	\$612.82	\$500.66	\$510.38	\$502.97
Silver 87% CSR	\$508.87	\$471.51	\$562.52	\$570.39	\$612.82	\$500.66	\$510.38	\$502.97
Silver 73% CSR	\$458.28	\$424.66	\$506.57	\$513.65	\$551.84	\$450.89	\$459.64	\$452.98
Catastrophic	\$245.43	\$227.53	\$271.14	\$274.92	\$295.25	\$241.50	\$246.16	\$242.61
							Index Rate	\$532.50

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit B1 - Development of Preliminary Premium PMPM Rate

	Membership Distribution	Projected Average PMPM Incurred Claims	Projected Reinsurance Recoveries	Projected Reinsurance Premiums	Index PMPM Claim Rate	Market wide AV Pricing Value	Plan AV Pricing Value	AV-Adjusted Claim Rate	Target Loss Ratio (Federal)	Preliminary Premium PMPM Rate
Platinum	6.82%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.87061	\$508.40	89.5%	\$568.05
Gold	6.40%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.71429	\$417.12	89.5%	\$466.05
Silver	61.14%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.57566	\$336.17	89.5%	\$375.60
Bronze	23.91%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.46250	\$270.08	89.5%	\$301.77
Catastrophic	1.21%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.24573	\$143.50	82.5%	\$173.94
Platinum to 29	0.05%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.91414	\$533.82	89.5%	\$596.45
Gold to 29	0.07%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.75000	\$437.97	89.5%	\$489.36
Silver to 29	0.29%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.60445	\$352.97	89.5%	\$394.39
Bronze to 29	0.11%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.48563	\$283.59	89.5%	\$316.86
Federal Claims Definition								\$335.10	89.461%	\$374.57
Remove Reinsurance Premiums								\$3.67		
State Claims Definition								\$331.43	88.481%	\$374.57

New York State Catholic Health Plan, Inc.

dba Fidelis Care New York

Exhibit B2 - Application of Conversion Factor and Tier Ratios

			0.412	1.000	2.000	1.700	2.850
	Preliminary Premium PMPM Rate	Conversion Factor	Child Only	Individual	Individual + Spouse	Individual + Child(ren)	Family
Platinum	\$568.05	1.037	\$242.70	\$589.07	\$1,178.14	\$1,001.41	\$1,678.84
Gold	\$466.05	1.037	\$199.12	\$483.30	\$966.59	\$821.60	\$1,377.40
Silver	\$375.60	1.037	\$160.47	\$389.50	\$779.00	\$662.15	\$1,110.08
Bronze	\$301.77	1.037	\$128.93	\$312.94	\$625.87	\$531.99	\$891.87
Catastrophic	\$173.94	1.037		\$180.37	\$360.74	\$306.63	\$514.06
Platinum to 29	\$596.45	1.037	\$254.83	\$618.52	\$1,237.04	\$1,051.49	\$1,762.78
Gold to 29	\$489.36	1.037	\$209.07	\$507.46	\$1,014.92	\$862.68	\$1,446.27
Silver to 29	\$394.39	1.037	\$168.50	\$408.98	\$817.95	\$695.26	\$1,165.59
Bronze to 29	\$316.86	1.037	\$135.38	\$328.58	\$657.17	\$558.59	\$936.46

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit B3 - Conversion of Statewide Rates to Regional Rates

Statewide

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$242.70	\$199.12	\$160.47	\$128.93					
Individual	\$589.07	\$483.30	\$389.50	\$312.94	\$180.37	\$618.52	\$507.46	\$408.98	\$328.58
Ind+Sp	\$1,178.14	\$966.59	\$779.00	\$625.87	\$360.74	\$1,237.04	\$1,014.92	\$817.95	\$657.17
Ind+Ch(ren)	\$1,001.41	\$821.60	\$662.15	\$531.99	\$306.63	\$1,051.49	\$862.68	\$695.26	\$558.59
Family	\$1,678.84	\$1,377.40	\$1,110.08	\$891.87	\$514.06	\$1,762.78	\$1,446.27	\$1,165.59	\$936.46

Albany (.951)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$230.80	\$189.36	\$152.61	\$122.61					
Individual	\$560.20	\$459.62	\$370.42	\$297.60	\$171.53	\$588.21	\$482.60	\$388.94	\$312.48
Ind+Sp	\$1,120.41	\$919.23	\$740.83	\$595.20	\$343.07	\$1,176.43	\$965.19	\$777.88	\$624.97
Ind+Ch(ren)	\$952.35	\$781.35	\$629.71	\$505.92	\$291.61	\$999.96	\$820.41	\$661.19	\$531.22
Family	\$1,596.58	\$1,309.90	\$1,055.69	\$848.17	\$488.87	\$1,676.41	\$1,375.40	\$1,108.47	\$890.58

Buffalo (.898)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$217.94	\$178.81	\$144.11	\$115.78					
Individual	\$528.98	\$434.00	\$349.77	\$281.02	\$161.97	\$555.43	\$455.70	\$367.26	\$295.07
Ind+Sp	\$1,057.97	\$868.00	\$699.55	\$562.03	\$323.95	\$1,110.86	\$911.40	\$734.52	\$590.14
Ind+Ch(ren)	\$899.27	\$737.80	\$594.61	\$477.73	\$275.35	\$944.23	\$774.69	\$624.34	\$501.62
Family	\$1,507.60	\$1,236.90	\$996.85	\$800.90	\$461.62	\$1,582.98	\$1,298.75	\$1,046.70	\$840.94

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit B3 - Conversion of Statewide Rates to Regional Rates**

Long Island (1.012)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$245.61	\$201.51	\$162.40	\$130.48					
Individual	\$596.14	\$489.10	\$394.18	\$316.69	\$182.54	\$625.94	\$513.55	\$413.89	\$332.53
Ind+Sp	\$1,192.27	\$978.19	\$788.35	\$633.38	\$365.07	\$1,251.89	\$1,027.10	\$827.77	\$665.05
Ind+Ch(ren)	\$1,013.43	\$831.46	\$670.10	\$538.38	\$310.31	\$1,064.10	\$873.04	\$703.60	\$565.29
Family	\$1,698.99	\$1,393.92	\$1,123.40	\$902.57	\$520.23	\$1,783.94	\$1,463.62	\$1,179.57	\$947.70

MidHudson (1.061)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$257.50	\$211.26	\$170.26	\$136.79					
Individual	\$625.00	\$512.78	\$413.26	\$332.03	\$191.37	\$656.25	\$538.42	\$433.93	\$348.63
Ind+Sp	\$1,250.00	\$1,025.56	\$826.52	\$664.05	\$382.75	\$1,312.50	\$1,076.83	\$867.85	\$697.25
Ind+Ch(ren)	\$1,062.50	\$871.72	\$702.55	\$564.44	\$325.33	\$1,115.63	\$915.31	\$737.67	\$592.67
Family	\$1,781.25	\$1,461.42	\$1,177.80	\$946.27	\$545.41	\$1,870.31	\$1,534.49	\$1,236.69	\$993.59

New York City (1.022)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$248.04	\$203.50	\$164.01	\$131.77					
Individual	\$602.03	\$493.93	\$398.07	\$319.82	\$184.34	\$632.13	\$518.63	\$417.97	\$335.81
Ind+Sp	\$1,204.05	\$987.86	\$796.14	\$639.64	\$368.68	\$1,264.26	\$1,037.25	\$835.95	\$671.62
Ind+Ch(ren)	\$1,023.45	\$839.68	\$676.72	\$543.70	\$313.38	\$1,074.62	\$881.66	\$710.56	\$570.88
Family	\$1,715.78	\$1,407.70	\$1,134.50	\$911.49	\$525.37	\$1,801.57	\$1,478.08	\$1,191.23	\$957.06

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit B3 - Conversion of Statewide Rates to Regional Rates**

Rochester (.957)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$232.26	\$190.56	\$153.57	\$123.39					
Individual	\$563.74	\$462.51	\$372.75	\$299.48	\$172.61	\$591.92	\$485.64	\$391.39	\$314.45
Ind+Sp	\$1,127.48	\$925.03	\$745.51	\$598.96	\$345.23	\$1,183.85	\$971.28	\$782.78	\$628.91
Ind+Ch(ren)	\$958.35	\$786.28	\$633.68	\$509.12	\$293.45	\$1,006.27	\$825.59	\$665.37	\$534.57
Family	\$1,606.65	\$1,318.17	\$1,062.35	\$853.52	\$491.95	\$1,686.98	\$1,384.08	\$1,115.47	\$896.19

Syracuse (.962)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$233.47	\$191.55	\$154.38	\$124.03					
Individual	\$566.68	\$464.93	\$374.70	\$301.04	\$173.52	\$595.02	\$488.18	\$393.44	\$316.10
Ind+Sp	\$1,133.37	\$929.86	\$749.40	\$602.09	\$347.03	\$1,190.03	\$976.36	\$786.87	\$632.19
Ind+Ch(ren)	\$963.36	\$790.38	\$636.99	\$511.78	\$294.98	\$1,011.53	\$829.90	\$668.84	\$537.36
Family	\$1,615.05	\$1,325.05	\$1,067.90	\$857.98	\$494.52	\$1,695.80	\$1,391.31	\$1,121.29	\$900.88

UticaWatertown (.949)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$230.32	\$188.96	\$152.29	\$122.35					
Individual	\$559.03	\$458.65	\$369.64	\$296.98	\$171.17	\$586.98	\$481.58	\$388.12	\$311.83
Ind+Sp	\$1,118.05	\$917.30	\$739.28	\$593.95	\$342.34	\$1,173.95	\$963.16	\$776.24	\$623.65
Ind+Ch(ren)	\$950.34	\$779.70	\$628.38	\$504.86	\$290.99	\$997.86	\$818.69	\$659.80	\$530.10
Family	\$1,593.22	\$1,307.15	\$1,053.47	\$846.38	\$487.84	\$1,672.88	\$1,372.51	\$1,106.14	\$888.70

**New York State Catholic Health Plan, Inc.
 dba Fidelis Care New York
 Exhibit C - Conversion Factor**

Tier	Child Only	Individual	Ind+Sp	Ind+Ch(ren)	Family
Members	608	18417	12234	1116	3607
Contracts	602	18417	6117	506	1031
Rate Ratios	0.412	1	2	1.7	2.85
Conversion Factor - Standard plans					1.037

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit D - Final Rates**

Albany

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$230.80	\$189.36	\$152.61	\$122.61	
Individual	\$560.20	\$459.62	\$370.42	\$297.60	\$171.53
Ind+Sp	\$1,120.41	\$919.23	\$740.83	\$595.20	\$343.07
Ind+Ch(ren)	\$952.35	\$781.35	\$629.71	\$505.92	\$291.61
Family	\$1,596.58	\$1,309.90	\$1,055.69	\$848.17	\$488.87

Buffalo

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$217.94	\$178.81	\$144.11	\$115.78	
Individual	\$528.98	\$434.00	\$349.77	\$281.02	\$161.97
Ind+Sp	\$1,057.97	\$868.00	\$699.55	\$562.03	\$323.95
Ind+Ch(ren)	\$899.27	\$737.80	\$594.61	\$477.73	\$275.35
Family	\$1,507.60	\$1,236.90	\$996.85	\$800.90	\$461.62

Long Island

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$245.61	\$201.51	\$162.40	\$130.48	
Individual	\$596.14	\$489.10	\$394.18	\$316.69	\$182.54
Ind+Sp	\$1,192.27	\$978.19	\$788.35	\$633.38	\$365.07
Ind+Ch(ren)	\$1,013.43	\$831.46	\$670.10	\$538.38	\$310.31
Family	\$1,698.99	\$1,393.92	\$1,123.40	\$902.57	\$520.23

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit D - Final Rates

MidHudson

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$257.50	\$211.26	\$170.26	\$136.79	
Individual	\$625.00	\$512.78	\$413.26	\$332.03	\$191.37
Ind+Sp	\$1,250.00	\$1,025.56	\$826.52	\$664.05	\$382.75
Ind+Ch(ren)	\$1,062.50	\$871.72	\$702.55	\$564.44	\$325.33
Family	\$1,781.25	\$1,461.42	\$1,177.80	\$946.27	\$545.41

New York City

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$248.04	\$203.50	\$164.01	\$131.77	
Individual	\$602.03	\$493.93	\$398.07	\$319.82	\$184.34
Ind+Sp	\$1,204.05	\$987.86	\$796.14	\$639.64	\$368.68
Ind+Ch(ren)	\$1,023.45	\$839.68	\$676.72	\$543.70	\$313.38
Family	\$1,715.78	\$1,407.70	\$1,134.50	\$911.49	\$525.37

Rochester

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$232.26	\$190.56	\$153.57	\$123.39	
Individual	\$563.74	\$462.51	\$372.75	\$299.48	\$172.61
Ind+Sp	\$1,127.48	\$925.03	\$745.51	\$598.96	\$345.23
Ind+Ch(ren)	\$958.35	\$786.28	\$633.68	\$509.12	\$293.45
Family	\$1,606.65	\$1,318.17	\$1,062.35	\$853.52	\$491.95

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit D - Final Rates

Syracuse

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$233.47	\$191.55	\$154.38	\$124.03	
Individual	\$566.68	\$464.93	\$374.70	\$301.04	\$173.52
Ind+Sp	\$1,133.37	\$929.86	\$749.40	\$602.09	\$347.03
Ind+Ch(ren)	\$963.36	\$790.38	\$636.99	\$511.78	\$294.98
Family	\$1,615.05	\$1,325.05	\$1,067.90	\$857.98	\$494.52

UticaWatertown

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$230.32	\$188.96	\$152.29	\$122.35	
Individual	\$559.03	\$458.65	\$369.64	\$296.98	\$171.17
Ind+Sp	\$1,118.05	\$917.30	\$739.28	\$593.95	\$342.34
Ind+Ch(ren)	\$950.34	\$779.70	\$628.38	\$504.86	\$290.99
Family	\$1,593.22	\$1,307.15	\$1,053.47	\$846.38	\$487.84

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit D - Final Rates
With Age 29 Rider

Albany

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only					
Individual	\$588.21	\$482.60	\$388.94	\$312.48	
Ind+Sp	\$1,176.43	\$965.19	\$777.88	\$624.97	
Ind+Ch(ren)	\$999.96	\$820.41	\$661.19	\$531.22	
Family	\$1,676.41	\$1,375.40	\$1,108.47	\$890.58	

Buffalo

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only					
Individual	\$555.43	\$455.70	\$367.26	\$295.07	
Ind+Sp	\$1,110.86	\$911.40	\$734.52	\$590.14	
Ind+Ch(ren)	\$944.23	\$774.69	\$624.34	\$501.62	
Family	\$1,582.98	\$1,298.75	\$1,046.70	\$840.94	

Long Island

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only					
Individual	\$625.94	\$513.55	\$413.89	\$332.53	
Ind+Sp	\$1,251.89	\$1,027.10	\$827.77	\$665.05	
Ind+Ch(ren)	\$1,064.10	\$873.04	\$703.60	\$565.29	
Family	\$1,783.94	\$1,463.62	\$1,179.57	\$947.70	

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit D - Final Rates
With Age 29 Rider

MidHudson

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only Individual	\$656.25	\$538.42	\$433.93	\$348.63	
Ind+Sp	\$1,312.50	\$1,076.83	\$867.85	\$697.25	
Ind+Ch(ren)	\$1,115.63	\$915.31	\$737.67	\$592.67	
Family	\$1,870.31	\$1,534.49	\$1,236.69	\$993.59	

New York City

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only Individual	\$632.13	\$518.63	\$417.97	\$335.81	
Ind+Sp	\$1,264.26	\$1,037.25	\$835.95	\$671.62	
Ind+Ch(ren)	\$1,074.62	\$881.66	\$710.56	\$570.88	
Family	\$1,801.57	\$1,478.08	\$1,191.23	\$957.06	

Rochester

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only Individual	\$591.92	\$485.64	\$391.39	\$314.45	
Ind+Sp	\$1,183.85	\$971.28	\$782.78	\$628.91	
Ind+Ch(ren)	\$1,006.27	\$825.59	\$665.37	\$534.57	
Family	\$1,686.98	\$1,384.08	\$1,115.47	\$896.19	

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit D - Final Rates
With Age 29 Rider

Syracuse

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only					
Individual	\$595.02	\$488.18	\$393.44	\$316.10	
Ind+Sp	\$1,190.03	\$976.36	\$786.87	\$632.19	
Ind+Ch(ren)	\$1,011.53	\$829.90	\$668.84	\$537.36	
Family	\$1,695.80	\$1,391.31	\$1,121.29	\$900.88	

UticaWatertown

	Platinum 29	Gold 29	Silver 29	Bronze 29	Catastrophic 29
Child Only					
Individual	\$586.98	\$481.58	\$388.12	\$311.83	
Ind+Sp	\$1,173.95	\$963.16	\$776.24	\$623.65	
Ind+Ch(ren)	\$997.86	\$818.69	\$659.80	\$530.10	
Family	\$1,672.88	\$1,372.51	\$1,106.14	\$888.70	

Quality Improvement Activities for the Health Exchange

Fidelis considers Care Management a core competency. As members are enrolled and receive welcome calls, Fidelis will reach out to newly enrolled members to complete a Health Risk Assessment and provide care management as needed. Care management would encompass:

- Case and disease management
- Utilization management
- Quality management
- Behavioral health utilization and case management
- Pharmacy management

Care Management includes:

- Identification of health care conditions (e.g. high blood pressure, diabetes, cancer, COPD)
- Coordination with the member's Primary Care Physician
- Identification of evidence-based interventions appropriate for the member
- Identification of any barriers to the interventions
- Member education
- Regular/interval reminders as appropriate
- Monitoring of care gaps and appropriate outreach to members and their providers

The Plan uses HEDIS measures to gauge provider adherence to clinical practice guidelines and nationally-recognized best practices. Quarterly report cards, identifying gaps in care for those members in need of a specific service or care intervention, are provided to the primary care physician. Providers are incentivized to provide Fidelis Care with claims or evidence from the medical record of their compliance with HEDIS measures. Clinical Reviewers and Provider Relations representatives make provider site visits to work collaboratively to improve health outcome and provide education as needed to the provider and/or staff on expectations of adherence to nationally recognized clinical guidelines and quality measures. The Plan's health and wellness activities emphasize preventive measures including annual wellness visits, vaccinations, nutrition, and fall prevention.

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York**

**Individual Health Exchange – CY 2015
Actuarial Memorandum for HHS**

Purpose

Fidelis Care New York (“Fidelis”) proposes changing rates for Individual products offered on New York’s Health Exchange commencing January 1, 2015. This actuarial memorandum and the accompanying certification demonstrate and attest compliance to the requirements of the Department of Health and Human Services. It may be inappropriate to use the information in this filing for other purposes.

Fidelis only offers Individual products and only within the Exchange. Fidelis is filing each of the State-specified standard metal plans and a catastrophic plan.

General Information

Company Legal Name: New York State Catholic Health Plan, Inc.
State: New York
HIOS Issuer ID: 25303
Market: Individual
Effective Date: January 1, 2015
Primary Contact Name: [REDACTED]
Primary Contact Telephone: [REDACTED]
Primary Contact E-mail: [REDACTED]

Proposed Rate Increases

The primary driver of the proposed rate increases is demography. For 2014, Fidelis assumed that the population entering the Exchange would be similar to its Family Health Plus (FHP) population. However, the enrolled population is distinctly older and we estimate that this will increase medical costs by 17%.

In addition, the Affordable Care Act provided for federal reimbursement of high-cost claims. This “transitional reinsurance” is phasing out from 2014 to 2016. Fidelis projects that this will increase medical costs by 2% to 3%.

Finally, Fidelis estimated that medical trend would have increased medical costs by 3% to 4% in a stable demographic environment.

The increase in demographic is partly offset by a reduction in the expected adverse selection in 2014.

Rate increases also vary by metal plan and region. The variation by plan is due to the recalculation of pricing values with a more recent year of experience.

The variation by region is a result of further contracting. Fidelis has a larger portion of its desired network under signed contracts than at this time last year. This permits more accurate rating. The effect of this varies by region. Also, Fidelis wishes to expand into a number of counties in 2015 and this has some upward effect on rates.

Experience Period Premium and Claims

For 2015, it would be typical to use experience data from 2013 and trend forward. However, until its entry into the Individual Exchange in 2014, Fidelis offered only Medicaid and Medicare plans. There was no existing individual or commercial business to price from. Premium rates were based on utilization assumptions and assumptions about 2015 per unit costs.

For the Unified Rate Review Template, experience data equal to the projected data was entered so as to pass validation without warnings or errors. There is no true experience data.

Benefit Categories

The count for inpatient hospital claims are given in admits. An inpatient hospital claim is identified by the UB-04 type of bill code.

The count for outpatient hospital claims are given in admits. An inpatient hospital claim is identified by the UB-04 type of bill code.

The count for professional claims is given in procedures. A professional claim was identified by the HCFA-1500 claim form and by a standard list of procedure codes.

Other includes home health, ambulance, DME and supplies, prosthetics, eyewear, and miscellaneous. These were identified by procedure or revenue codes. The count for other is given in units found on the claim line of the procedure.

The count for prescription drugs is given in scripts and are identified as claims that come from our pharmacy vendor.

Projection Factors

Fidelis does not have experience data: we built utilization by reviewing the data of a major consulting house and our own FHP product. We estimated unit costs by analyzing 2015 provider contracts. But this process did involve some projections as compared to 2014.

As indicated above, the population that actually enrolled in the Exchange in 2014 has an age/sex factor 17% higher than anticipated in the 2014 pricing. However, while older, we were

able to assume that much of the adverse selection that was projected for 2014 could now be reduced in 2015. That is, the population is older than projected, but not as sick as its age.

The demographic adjustments discussed above are part of the manual rate development. The factors themselves were derived from a pricing model of a national consulting house.

For 2015, there were small changes to the benefits. The deductible for the catastrophic plan increased, which lowered the rate. There was also a new federal interpretation of mental health parity that required coverage of certain residential services. This is an essential health benefit, but is a negligible increase.

Utilization was trended to 2015 using factors supplied by the consultant. Annual utilization trend was set at 0.00% for inpatient, 2.00% for outpatient, 1.50% for professional.

Credibility Manual Rate Adjustment

Fidelis blended data from its own Family Health Plus (FHP) experience and manual data provided by a prominent consulting firm.

Family Health Plus is a Medicaid waiver program for adults with income up to 150% of the federal poverty level. The FHP data is germane since some of this population will be entering the Exchange. The consultant data was necessary since Exchange membership will also come from the uninsured, group, and other individual plans.

The consultant data was increased by 5% to reflect utilization differences between the current large group market and the individual market post-2014. The consultant data was also adjusted for the demographic underlying the FHP experience.

For children, Fidelis relied on the consultant data.

This data was supplemented by pricing for additional benefits not included in this experience (e.g., a gym reimbursement wellness benefit).

Utilization was trended to 2015 using factors supplied by the consultant. Annual utilization trend was set at 0.00% for inpatient, 2.00% for outpatient, 1.50% for professional.

Unit costs for 2014 were determined by consultation with our provider contracting department as to the relative costs of the new contracts versus Fidelis historical experience.

Fidelis does not anticipate capitation in 2014. However, New York State charges a fee for Graduate Medical Education (GME). This was included directly in the expense.

Credibility of Experience

The manual rates were given 100% weight as Fidelis does not have prior experience.

Paid-to-Allowed Ratio

Fidelis performed a simulation on the experience of 50,000 FHP members to arrive at paid-to-allowed ratios for each plan and variation. This same simulation provided estimates of HHS cost-sharing reduction ratios and expected reinsurance recovery ratios as a percentage of paid claims by plan. Given the results of step 3 and an anticipated membership distribution, Fidelis calculated the total allowed claims, the total paid claims prior to reinsurance, and the total reinsurance recoveries. In this way, net reinsurance could be applied on a market-wide basis.

These paid-to-allowed ratios from the simulation had no induced demand (and no transitional reinsurance). These ratios were adjusted by the HHS induced demand factors to arrive at the AV pricing values (as opposed to the AV metal values).

The overall ratio of paid-to-allowed was derived by summing the projecting allowed and paid claims at the plan level. The paid amounts are net of member cost-sharing and HHS cost-sharing reimbursement. However, the paid claims have not been reduced for the transitional reinsurance recoveries minus payments.

Plan	Allowed Claims	Paid Claims	Projected Paid-to-Allowed
Platinum	\$27,684,735	\$24,113,405	87.1%
Gold	\$24,518,929	\$18,658,905	76.1%
Silver	\$32,420,059	\$20,846,098	64.3%
Bronze	\$84,373,119	\$44,886,500	53.2%
Silver 94% CSR	\$46,766,496	\$30,042,329	64.2%
Silver 87% CSR	\$120,529,884	\$77,485,408	64.3%
Silver 73% CSR	\$40,091,572	\$25,773,589	64.3%
Catastrophic	\$2,360,372	\$1,226,456	52.0%
Total	\$378,745,167	\$243,032,689	64.17%

The 64.17% is reasonably consistent with the membership-weighted metal values.

Plan	Member Months	Metal Value	Projected Paid-to-Allowed
Platinum	48,815	88.10%	87.1%
Gold	45,977	79.00%	76.1%
Silver	63,479	70.70%	64.3%
Bronze	170,866	62.00%	53.2%
Silver 94% CSR	82,461	70.70%	64.2%
Silver 87% CSR	212,524	70.70%	64.3%
Silver 73% CSR	78,500	70.70%	64.3%
Catastrophic	8,635	59.80%	52.0%
Total	711,257	70.21%	64.17%

Risk Adjustment and Reinsurance

Fidelis does not anticipate any charges or payments for risk adjustment.

In order to calculate reinsurance recoveries, Fidelis performed a simulation on the projected experience of 50,000 FHP members to arrive at relative net paid claim amounts for each plan and variation.

For each member, we adjusted historic claim costs to approximate anticipated CY 2015 levels. This reflected both the anticipated new contracts (which are higher than FHP levels) and utilization trend.

We applied the cost-sharing of each metal level and cost-sharing variation to each member and summed the resulting claims. In order to make this tractable, we developed a benefit plan that had the same actuarial value as New York State's standard plans, but featured only deductibles and coinsurance. The deductibles and out-of-pocket maximums were set equal to the State's standard plans. Cost-sharing reductions were calculated as part of the simulation. This resulted in expected cost relativities for each of the metal levels. The exact same member distribution and projected claims was used for each simulation.

This simulation is equivalent to applying different metal levels to the same continuance table (one that has 50,000 lines).

Consequently, there was no induced demand and no transitional reinsurance included in the results. Fidelis is applying the induced demand calculated by HHS for risk adjustment payment transfers.

Recoveries from the transitional reinsurance program were calculated as a percentage of net claims (allowed – member cost-sharing - HHS cost-sharing reimbursements) using the federal payment parameters to the simulation results. This was done at each metal level and cost-sharing reduction variation. The total reinsurance was then calculated by applying these percentages to the total projected claims at each plan and variation level. Note that it was assumed that there would be the same age/sex risk profile at each level.

For reinsurance payments, we used the \$3.67 per member per month established by HHS.

We then subtracted payments from recoveries to establish net recoveries. We then calculated the percentage of net recoveries over paid claims and applied this same percentage on a market-wide basis (to each plan and variation) to reduce the expected claims.

Non-Benefit Expenses and Profit & Risk

Fidelis estimates that the administrative expense load in 2015 will be similar to the administrative expense load experienced by the FHP line of business in 2012. The reconciliation below compares administrative costs for Fidelis' Family Health Plus with the anticipated percent of premium expenses for the Exchange in 2014. The 2013 amounts come from the Medicaid Managed Care Operating Report (MMCOR) due April 15, 2014 to the New York State Department of Health. Page numbers are provided in the table.

This table includes certain items considered as fees and assessments. Removing taxes and fees and the transitional reinsurance premium leaves 2.60% of premium for sales expense (internal and external), 0.50% for quality improvement activities, and 3.78% for all other administration for a total administrative expense load of 6.88%.

Item	Source	Amount	Percentage of Premium CY 2013	Percentage of Premium CY 2015
Premium Revenue	page 39, Table 6	\$398,772,279		
Investment Income	page 39, Table 6	\$1,463,140	0.37%	0.40%
Allowable Administrative Costs	page 39, Table 6	\$19,549,523	4.90%	8.83%
Utilization Mgmt/ Quality Improvement	page 64, Table 22C	\$1,944,489	0.49%	0.50%
Facilitated Enrollment (Staff)	page 64, Table 22C	\$3,158,744		
Facilitated Enrollment (Expenses)	page 61, Table 22A	\$192,486		
Sales Subtotal		\$3,351,230	0.84%	2.60%
HHS Fees for PCORI & Risk Adjustment				0.07%
HHS Reinsurance Premium				0.98%
S332 Assessment				0.90%
Remainder		\$14,253,804	3.57%	3.78%

Fidelis is targeting an explicit contribution to surplus and risk margin of 2.6%.

Fidelis is estimating taxes and fees at 0.98% of premium. There is a New York State assessment of 0.9% (estimated from a discussion with the State). There are no New York exchange user fees. Fidelis is estimating the fee for risk adjustment at \$0.08 pmpm and the PCORI fee at \$0.17 pmpm, which total to 0.08% of premium.

Projected Loss Ratio

For pricing purposes, Fidelis is anticipating a loss ratio of 89.5%.

For minimum loss ratio testing purposes, Fidelis projects a loss ratio of 95.3% under the federal methodology. This meets the minimum threshold of 80%.

Numerator	
Incurred Claims	\$243,032,689
Expenditures on Improving Quality	\$13,308,534
Remove New York GME	(\$5,947,358)
Transitional Reinsurance Receipts	<u>(\$7,304,190)</u>
	\$243,089,674
Denominator	
Earned Premiums	\$266,170,670
Taxes and Fees	(\$2,580,463)
Remove New York GME	(\$5,947,358)
Reinsurance Payments	<u>(\$2,610,313)</u>
	\$255,032,536
Projected Loss Ratio	95.3%

For federal loss ratio purposes, Graduate Medical Education is considered an assessment, although for New York State it is a claim.

Note that New York State also has a loss ratio test, simply incurred claims (including transitional reinsurance recoveries) over premiums. The minimum is 82%. Since incurred claims minus reinsurance recoveries over premium is 88.6%, Fidelis meets the state requirement.

Index Rate

Fidelis is not covering any benefits that are not part of the Essential Health Benefits package.

As a new entrant to the Individual market in 2014, Fidelis did not have the 2013 experience period that would normally be used. Fidelis did calculate an Index rate for 2015, using the following steps.

1. Fidelis established allowed pmpm costs for 2015 for a base plan based on Family Health Plus experience and a consultant's data. This was done for each region.
2. Fidelis applied adjustments to the allowed pmpm costs. We adjusted for the expectation of a increased age/sex demographic in the projection period, for the members' choice of metal levels, and for the expectation that the risk profile of the projection population would be higher than the initially established costs. These were the same for every plan.
3. These allowed pmpm claims had no induced demand. We then applied the HHS induced demand and induced utilization factors to arrive at projected allowed pmpm claims by plan.
4. For the catastrophic plan, there was an additional multiplication for the expected age/sex difference between the catastrophic plan and the rest of the pool.
5. The result is allowed claims for each plan and for each region.

6. Fidelis applied its expected 2015 membership distribution by plan and region to the allowed costs by plan and region to develop an Index rate pmpm of \$532.50.

Fidelis calculated a projected incurred claims rate of \$341.69 (prior to reinsurance). This differs by a small amount from the Unified Rating Review Template (URRT) because of rounding.

Market Adjusted Index Rate

Fidelis made no adjustments for risk adjustment, assuming that this would be \$0. Fidelis also used \$0 for exchange fees, since New York is not charging any fees.

Fidelis used \$3.67 pmpm as a reinsurance premium, per HHS regulation. Fidelis calculated reinsurance recoveries using the simulation on 40,000 FHP members discussed above. The result was \$10.27, leaving a net recovery of \$6.60. The market-wide projected incurred claims were reduced by \$6.60 to \$335.10.

Plan Adjusted Index Rates

For each plan, Fidelis calculated the ratio of the plan actuarial pricing value to the market wide-actuarial pricing value. This ratio was applied to the incurred claims value of \$335.10. The result was divided by the target loss ratio (using the federal definition of claims with reinsurance premium as a claims addition). The target loss ratio for metal plans was 89.50% and for the catastrophic plan was 82.50%.

The catastrophic plan premium revenue is less than half that of the Bronze plan, but the plans have a similar actuarial value. It would be reasonable to assume that many of the administrative and sales costs are the same. To balance value with coverage of administrative costs, we chose a target loss ratio of 82.5% for the catastrophic plan.

The result is a statewide premium pmpm for each plan.

We note that the catastrophic plan's actuarial value is a unique in that it includes consideration of the special eligibility categories. This is discussed below in the section on AV Pricing Values.

Consumer Adjusted Premium Rate Development

New York is a community-rating state that does not allow rates to vary by age. Once the statewide premium pmpm for each plan is established, Fidelis applies a conversion factor and tier ratios to develop statewide rates. The conversion factor is developed on a statewide basis using recent actual demographics. The tier ratios are established by the state of New York. The tier ratios are:

Child Only	0.412
Individual	1.000
Individual+Ch(ren)	1.700
Individual+Spouse	2.000
Family	2.850

Fidelis then applies area factors to these statewide rates to arrive at final rates provided to the consumer. The area factors correspond to the state’s eight rating regions. They are calculated assuming the same demography in each region. The region factors weight to 1.

The development from projected incurred claims to final consumer adjusted premium rates is shown in exhibits attached to the end of this memorandum

AV Metal Values

Fidelis used the AV metal values calculated by New York State’s actuary using the “stand-alone” actuarial value calculator.

AV Pricing Values

Fidelis’s standard reference plan is the New York State Platinum product. This encompasses both the New York State Platinum Standard Plan and the corresponding child-only plan. The actuarial pricing values were obtained by using a simulation as described above, and then applying the HHS induced demand relativities. Note the child-only versions received the same relativity, but were then adjusted so that the child-only product was 0.412 times the Individual tier. The factor of .412 is prescribed by the state.

	(a) Paid-to-Allowed Before Reinsurance	(b) Induced Demand	(c) = (b)/1.15 Rescaled Induced Demand	(a)*(c) Relativity with Induced Demand
Platinum	87.1%	1.15	1.000	87.1%
Gold	76.1%	1.08	0.939	71.4%
Silver	64.3%	1.03	0.896	57.6%
Bronze	53.2%	1.00	0.870	46.3%

For the catastrophic plan, the AV pricing value was set to the product of

- relativity of the Bronze plan (0.463);
- the relativity of the metal values of the catastrophic to Bronze plans (.598/.620); and
- an age sex adjustment (0.65/1.18).

The result is 24.6%.

Membership Projections

Fidelis currently has 50,000 individual members. Fidelis anticipates declines the rest of 2014 with the close of open enrollment and disenrollment due to premium lapse. However, Fidelis

believes that the individual marketplace will expand with the next open enrollment and Fidelis will grow proportionally. Fidelis developed membership projections by plan based on its current distribution plus its history of having served Medicaid and near-poor members. Typically, these individuals will not be able to afford the richer metal levels. In addition, a fraction of the current Family Health Plus population (which includes parents up to 150% of the Federal Poverty Level) will not be eligible for Medicaid and will enter the Exchange with a Silver cost-sharing reduction plan.

Consequently, the membership projection is heavily weighted towards the Bronze and Silver plans and Silver variations.

Benefit Level	Federal Poverty Level	Projected Distribution
Platinum		6.9%
Gold		6.5%
Silver 94% CSR	to 150%	11.6%
Silver 87% CSR	150% to 200%	29.9%
Silver 73% CSR	200% to 250%	11.0%
Silver		8.9%
Bronze		24.0%
Catastrophic		1.2%
		100.0%

Warnings and Notes on Unified Rate Review Template

There were no warnings in the Unified Rate Review Template. Note that rounding occurs in various portions of the template that does not occur in the actual development of the rates. Nonetheless, this should not be so large as to mislead reviewers.

Since Fidelis does not have an experience period, we used the projection period as the experience period in the template.

In Section II of Worksheet 2, the components of premium increase reflect all changes to costs, including changes in assumed age and changes in geographic distribution as well as what is usually considered secular trend.

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit 1 - Development of Preliminary Premium PMPM Rate

	Membership Distribution	Projected Average PMPM Incurred Claims	Projected Reinsurance Recoveries	Projected Reinsurance Premiums	Index PMPM Claim Rate	Market wide AV Pricing Value	Plan AV Pricing Value	AV-Adjusted Claim Rate	Target Loss Ratio (Federal)	Preliminary Premium PMPM Rate
Platinum	6.82%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.87061	\$508.40	89.5%	\$568.05
Gold	6.40%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.71429	\$417.12	89.5%	\$466.05
Silver	61.14%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.57566	\$336.17	89.5%	\$375.60
Bronze	23.91%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.46250	\$270.08	89.5%	\$301.77
Catastrophic	1.21%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.24573	\$143.50	82.5%	\$173.94
Platinum to 29	0.05%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.91414	\$533.82	89.5%	\$596.45
Gold to 29	0.07%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.75000	\$437.97	89.5%	\$489.36
Silver to 29	0.29%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.60445	\$352.97	89.5%	\$394.39
Bronze to 29	0.11%	\$341.69	(\$10.27)	\$3.67	\$335.10	0.57383	0.48563	\$283.59	89.5%	\$316.86
Federal Claims Definition								\$335.10	89.461%	\$374.57
Remove Reinsurance Premiums								\$3.67		
State Claims Definition								\$331.43	88.481%	\$374.57

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York**

Exhibit 2 - Application of Conversion Factor and Tier Ratios

			0.412	1.000	2.000	1.700	2.850
	Preliminary Premium PMPM Rate	Conversion Factor	Child Only	Individual	Individual + Spouse	Individual + Child(ren)	Family
Platinum	\$568.05	1.037	\$242.70	\$589.07	\$1,178.14	\$1,001.41	\$1,678.84
Gold	\$466.05	1.037	\$199.12	\$483.30	\$966.59	\$821.60	\$1,377.40
Silver	\$375.60	1.037	\$160.47	\$389.50	\$779.00	\$662.15	\$1,110.08
Bronze	\$301.77	1.037	\$128.93	\$312.94	\$625.87	\$531.99	\$891.87
Catastrophic	\$173.94	1.037		\$180.37	\$360.74	\$306.63	\$514.06
Platinum to 29	\$596.45	1.037	\$254.83	\$618.52	\$1,237.04	\$1,051.49	\$1,762.78
Gold to 29	\$489.36	1.037	\$209.07	\$507.46	\$1,014.92	\$862.68	\$1,446.27
Silver to 29	\$394.39	1.037	\$168.50	\$408.98	\$817.95	\$695.26	\$1,165.59
Bronze to 29	\$316.86	1.037	\$135.38	\$328.58	\$657.17	\$558.59	\$936.46

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit 3 - Conversion of Statewide Rates to Regional Rates

Statewide

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$242.70	\$199.12	\$160.47	\$128.93					
Individual	\$589.07	\$483.30	\$389.50	\$312.94	\$180.37	\$618.52	\$507.46	\$408.98	\$328.58
Ind+Sp	\$1,178.14	\$966.59	\$779.00	\$625.87	\$360.74	\$1,237.04	\$1,014.92	\$817.95	\$657.17
Ind+Ch(ren)	\$1,001.41	\$821.60	\$662.15	\$531.99	\$306.63	\$1,051.49	\$862.68	\$695.26	\$558.59
Family	\$1,678.84	\$1,377.40	\$1,110.08	\$891.87	\$514.06	\$1,762.78	\$1,446.27	\$1,165.59	\$936.46

Albany (.951)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$230.80	\$189.36	\$152.61	\$122.61					
Individual	\$560.20	\$459.62	\$370.42	\$297.60	\$171.53	\$588.21	\$482.60	\$388.94	\$312.48
Ind+Sp	\$1,120.41	\$919.23	\$740.83	\$595.20	\$343.07	\$1,176.43	\$965.19	\$777.88	\$624.97
Ind+Ch(ren)	\$952.35	\$781.35	\$629.71	\$505.92	\$291.61	\$999.96	\$820.41	\$661.19	\$531.22
Family	\$1,596.58	\$1,309.90	\$1,055.69	\$848.17	\$488.87	\$1,676.41	\$1,375.40	\$1,108.47	\$890.58

Buffalo (.898)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$217.94	\$178.81	\$144.11	\$115.78					
Individual	\$528.98	\$434.00	\$349.77	\$281.02	\$161.97	\$555.43	\$455.70	\$367.26	\$295.07
Ind+Sp	\$1,057.97	\$868.00	\$699.55	\$562.03	\$323.95	\$1,110.86	\$911.40	\$734.52	\$590.14
Ind+Ch(ren)	\$899.27	\$737.80	\$594.61	\$477.73	\$275.35	\$944.23	\$774.69	\$624.34	\$501.62
Family	\$1,507.60	\$1,236.90	\$996.85	\$800.90	\$461.62	\$1,582.98	\$1,298.75	\$1,046.70	\$840.94

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York**

Exhibit 3 - Conversion of Statewide Rates to Regional Rates

Long Island (1.012)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$245.61	\$201.51	\$162.40	\$130.48					
Individual	\$596.14	\$489.10	\$394.18	\$316.69	\$182.54	\$625.94	\$513.55	\$413.89	\$332.53
Ind+Sp	\$1,192.27	\$978.19	\$788.35	\$633.38	\$365.07	\$1,251.89	\$1,027.10	\$827.77	\$665.05
Ind+Ch(ren)	\$1,013.43	\$831.46	\$670.10	\$538.38	\$310.31	\$1,064.10	\$873.04	\$703.60	\$565.29
Family	\$1,698.99	\$1,393.92	\$1,123.40	\$902.57	\$520.23	\$1,783.94	\$1,463.62	\$1,179.57	\$947.70

MidHudson (1.061)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$257.50	\$211.26	\$170.26	\$136.79					
Individual	\$625.00	\$512.78	\$413.26	\$332.03	\$191.37	\$656.25	\$538.42	\$433.93	\$348.63
Ind+Sp	\$1,250.00	\$1,025.56	\$826.52	\$664.05	\$382.75	\$1,312.50	\$1,076.83	\$867.85	\$697.25
Ind+Ch(ren)	\$1,062.50	\$871.72	\$702.55	\$564.44	\$325.33	\$1,115.63	\$915.31	\$737.67	\$592.67
Family	\$1,781.25	\$1,461.42	\$1,177.80	\$946.27	\$545.41	\$1,870.31	\$1,534.49	\$1,236.69	\$993.59

New York City (1.022)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$248.04	\$203.50	\$164.01	\$131.77					
Individual	\$602.03	\$493.93	\$398.07	\$319.82	\$184.34	\$632.13	\$518.63	\$417.97	\$335.81
Ind+Sp	\$1,204.05	\$987.86	\$796.14	\$639.64	\$368.68	\$1,264.26	\$1,037.25	\$835.95	\$671.62
Ind+Ch(ren)	\$1,023.45	\$839.68	\$676.72	\$543.70	\$313.38	\$1,074.62	\$881.66	\$710.56	\$570.88
Family	\$1,715.78	\$1,407.70	\$1,134.50	\$911.49	\$525.37	\$1,801.57	\$1,478.08	\$1,191.23	\$957.06

New York State Catholic Health Plan, Inc.
dba Fidelis Care New York
Exhibit 3 - Conversion of Statewide Rates to Regional Rates

Rochester (.957)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$232.26	\$190.56	\$153.57	\$123.39					
Individual	\$563.74	\$462.51	\$372.75	\$299.48	\$172.61	\$591.92	\$485.64	\$391.39	\$314.45
Ind+Sp	\$1,127.48	\$925.03	\$745.51	\$598.96	\$345.23	\$1,183.85	\$971.28	\$782.78	\$628.91
Ind+Ch(ren)	\$958.35	\$786.28	\$633.68	\$509.12	\$293.45	\$1,006.27	\$825.59	\$665.37	\$534.57
Family	\$1,606.65	\$1,318.17	\$1,062.35	\$853.52	\$491.95	\$1,686.98	\$1,384.08	\$1,115.47	\$896.19

Syracuse (.962)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$233.47	\$191.55	\$154.38	\$124.03					
Individual	\$566.68	\$464.93	\$374.70	\$301.04	\$173.52	\$595.02	\$488.18	\$393.44	\$316.10
Ind+Sp	\$1,133.37	\$929.86	\$749.40	\$602.09	\$347.03	\$1,190.03	\$976.36	\$786.87	\$632.19
Ind+Ch(ren)	\$963.36	\$790.38	\$636.99	\$511.78	\$294.98	\$1,011.53	\$829.90	\$668.84	\$537.36
Family	\$1,615.05	\$1,325.05	\$1,067.90	\$857.98	\$494.52	\$1,695.80	\$1,391.31	\$1,121.29	\$900.88

UticaWatertown (.949)

	Platinum	Gold	Silver	Bronze	Catastrophic	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only	\$230.32	\$188.96	\$152.29	\$122.35					
Individual	\$559.03	\$458.65	\$369.64	\$296.98	\$171.17	\$586.98	\$481.58	\$388.12	\$311.83
Ind+Sp	\$1,118.05	\$917.30	\$739.28	\$593.95	\$342.34	\$1,173.95	\$963.16	\$776.24	\$623.65
Ind+Ch(ren)	\$950.34	\$779.70	\$628.38	\$504.86	\$290.99	\$997.86	\$818.69	\$659.80	\$530.10
Family	\$1,593.22	\$1,307.15	\$1,053.47	\$846.38	\$487.84	\$1,672.88	\$1,372.51	\$1,106.14	\$888.70

*****STANDARD PLATINUM PLAN (4-23-2014)*****

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?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.28%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.12%

Metal Tier:

Platinum

*****STANDARD GOLD PLAN (4-23-2014)*****

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?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
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	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.12%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.22%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

79.05%

Gold

*****STANDARD SILVER PLAN (4-23-2014)*****

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?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
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	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.69%

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?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

61.99%

Bronze

User Inputs for Plan Parameters

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% , Insurer's Cost Share)			
OOP Maximum (\$)			
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	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 59.76%
 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? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,200.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$5,200.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	95.57%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	92.34%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.99%

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? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$2,000.00		
OOP Maximum if Separate (\$)			

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.83%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	94.60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$9.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

86.66%

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

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	98.48%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	97.76%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$6.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.43%

Platinum

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company	<u>New York State Catholic Health Plan, Inc. dba Fidelis Care New York</u>
NAIC Code:	<u>15018</u>
SERFF Tra	<u>FCNY-129577910</u>
Market Segment:	<u>Individuals On Exchange</u>

- 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 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	\$542.34	\$448.88	\$366.60	\$289.72	\$169.91
2015 Premium Rates	\$603.99	\$495.54	\$399.37	\$320.86	\$176.13

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	7.10%

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

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

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

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

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

	2013	2014	2015
Annual Claim Trend Rates	N/A	N/A	8.18%
Expense Ratios	N/A	9.40%	8.43%
Pre Tax Profit Ratios	N/A	3.00%	3.00%

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

Fidelis Care New York
New York State of Health – Individual Exchange Products
Narrative Summary of Requested Rate Changes Effective January 1, 2015

You recently received a letter from Fidelis outlining our annual proposed premium rate adjustment filing(s) with the New York State Department of Financial Services (DFS). This Narrative Summary is designed to provide a plain-language summary of the reasons for the rate adjustment. This Summary will remain posted on our website, for a minimum of 30 calendar days from the date of our letter. Please review this information carefully and contact us or DFS, as indicated in our letter, with questions within 30 days.

The Components of Your Premium Rate

The components of Fidelis' (or any insurer's) annual premium are medical costs, administrative expenses, and profit.

Medical costs include physician fees, inpatient and outpatient costs, and pharmacy costs. Medical costs also include certain New York State assessments, called "HCRA" and "GME". These assessments are considered medical costs because they fund medical education and compensate medical providers for providing unpaid care to the poor.

These costs are partially offset by temporary reinsurance provided under the Affordable Care Act. This reinsurance reimburses insurers for covering members' catastrophic health expenses. However, the Affordable Care Act is phasing out this reimbursement.

Under New York state law, at least 82 cents of each premium dollar is to be paid toward medical costs. Fidelis anticipates paying over 88 cents of each premium dollar.

Some examples of administrative expenses are:

- Fees including assessments to fund the DFS, assessments to fund risk equalization among insurers, and assessments to fund operations of the Exchange;
- Maintenance of computer systems to comply with the demands of rapidly changing health care requirements;
- costs for improving health, including consumer education and web-based consumer support tools, promotion of wellness, and programs for managing chronic and complex medical conditions;
- maintaining the provider network as well as measuring quality and efficiency of providers; and
- Operating costs for items such as processing claims, correspondence and appeals, answering members' questions and providing customer service.

Fidelis anticipates that 3 cents of every premium dollar will go to profit.

The information furnished herein constitutes proprietary, confidential and sensitive financial information pertaining to Fidelis Care New York ("Fidelis") that is exempt from FOIA disclosure pursuant to 5 U.S.C. § 552(b)(4). Accordingly, any release of the information contained herein would cause substantial harm to Fidelis and would provide a competitive advantage to its competitors. Fidelis respectfully requests that none of the financial information submitted herein be released by DFS pursuant to a FOIA request before June 13, 2014 without first providing Fidelis an opportunity to oppose any such FOIA request.

Why are rates changing?

Each year, Fidelis is required to review its experience and determine whether a change in premium rates is necessary. Fidelis files suggested premium rates with the DFS in order for DFS to evaluate the request.

When deciding how to change premium rates, Fidelis assesses its recent experience and current situation, and estimates how much medical costs will change in the future.

Having recently completed this evaluation, Fidelis is requesting the premium increases that appear in the attached Exhibit 13. If approved, the increases will be added to the 2014 premium starting January 1, 2015.

However, it is important to note that your premium increase or decrease will probably differ from the letter you received. Most Fidelis members receive premium subsidies from the Federal government. These subsidies depend on income and family situation as well as the premium rates for other insurers.

Fidelis' rate filing is driven by three primary considerations:

1. The age of the population that chose to enter the Individual market;
2. Higher medical costs and utilization; and
3. Shrinking federal reimbursement for catastrophic claims.

When Fidelis entered the New York State of Health in 2014, we assumed that membership would reflect the population in existing plans. In fact, the population that entered the Individual market with Fidelis and with other carriers is older than anticipated. The older population alone would require a 17% rate increase.

In preparation for 2014, Fidelis estimated claim costs in each region of New York. In 2015, in certain regions, Fidelis will provide a broader provider network and consequently incur greater costs.

As part of the Affordable Care Act, the federal government will pay for a portion of the costs for very expensive "catastrophic" cases. However, the law specifies that less is to be paid in 2015 than 2014. The result is that insurers will have to pay for these additional costs. This requires a 2% increase.

Final Rate Increase

Please be aware that your final renewal premium increase for 2015 may be different than the percentages listed in Exhibit 13. The Superintendent of Financial Services may approve (as requested), modify or deny the proposed rate adjustment. Your final premium will account for the rate adjustment actually approved by the New York State DFS, as well as premium subsidies provided by the federal government.

The information furnished herein constitutes proprietary, confidential and sensitive financial information pertaining to Fidelis Care New York ("Fidelis") that is exempt from FOIA disclosure pursuant to 5 U.S.C. § 552(b)(4). Accordingly, any release of the information contained herein would cause substantial harm to Fidelis and would provide a competitive advantage to its competitors. Fidelis respectfully requests that none of the financial information submitted herein be released by DFS pursuant to a FOIA request before June 13, 2014 without first providing Fidelis an opportunity to oppose any such FOIA request.

EXHIBIT 14A

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

-- for Individual Medical Plans

Company Name: New York State Catholic Health Plan, Inc. dba Fidelis Care New York
NAIC Code: 15018
SERFF Tracking #: FCNY-129577910
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 rates that would apply to the contract holder on that contract holder's next rate change date for each contract holder within the indicated combination of metal level, rating region, and product name.
- 5) The product name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with DFS). A separate row is to be used for each combination of metal level, rating region and product name.
- 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 shown in the Rating Region column. If the rate change range information differs by rating region, then separate rows need to be used for each rating region the insurer uses. Rating region names used on this exhibit are to use the standard rating region names developed by DFS (e.g., Albany Area, Buffalo Area, etc.).
- 7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes benefit designs included in this rate filing which have no actual members.
- 9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that metal level, and rating region, including any applicable riders. This includes plan designs included in this rate filing which have no actual members.
- 10) The weighted average percentage should be developed based on annualized premium volume or membership for that metal level, and rating region, including any applicable riders.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	Albany	Fidelis Care Platinum	Fidelis Care Platinum	10.71%	10.71%	10.71%
Individual	01/01/15	Platinum	Albany	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	10.71%	10.71%	10.71%
Individual	01/01/15	Platinum	Buffalo	Fidelis Care Platinum	Fidelis Care Platinum	5.76%	5.76%	5.76%
Individual	01/01/15	Platinum	Buffalo	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	5.76%	5.76%	5.76%
Individual	01/01/15	Platinum	Long Island	Fidelis Care Platinum	Fidelis Care Platinum	11.94%	11.94%	11.94%
Individual	01/01/15	Platinum	Long Island	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	11.93%	11.93%	11.93%
Individual	01/01/15	Platinum	Mid-Hudson	Fidelis Care Platinum	Fidelis Care Platinum	22.48%	22.48%	22.48%
Individual	01/01/15	Platinum	Mid-Hudson	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	22.48%	22.48%	22.48%
Individual	01/01/15	Platinum	New York City	Fidelis Care Platinum	Fidelis Care Platinum	4.31%	4.31%	4.31%
Individual	01/01/15	Platinum	New York City	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	4.30%	4.30%	4.30%
Individual	01/01/15	Platinum	Syracuse	Fidelis Care Platinum	Fidelis Care Platinum	12.22%	12.22%	12.22%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Platinum	Syracuse	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	12.22%	12.22%	12.22%
Individual	01/01/15	Platinum	Utica/Watertown	Fidelis Care Platinum	Fidelis Care Platinum	12.00%	12.00%	12.00%
Individual	01/01/15	Platinum	Utica/Watertown	Fidelis Care Platinum with Dependent Age 29	Fidelis Care Platinum with Dependent Age 29	12.00%	12.00%	12.00%
Individual	01/01/15	Gold	Albany	Fidelis Care Gold	Fidelis Care Gold	9.74%	9.74%	9.74%
Individual	01/01/15	Gold	Albany	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	9.74%	9.74%	9.74%
Individual	01/01/15	Gold	Buffalo	Fidelis Care Gold	Fidelis Care Gold	4.83%	4.83%	4.83%
Individual	01/01/15	Gold	Buffalo	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	4.83%	4.83%	4.83%
Individual	01/01/15	Gold	Long Island	Fidelis Care Gold	Fidelis Care Gold	10.96%	10.96%	10.96%
Individual	01/01/15	Gold	Long Island	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	10.96%	10.96%	10.96%
Individual	01/01/15	Gold	Mid-Hudson	Fidelis Care Gold	Fidelis Care Gold	21.41%	21.41%	21.41%
Individual	01/01/15	Gold	Mid-Hudson	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	21.41%	21.41%	21.41%
Individual	01/01/15	Gold	New York City	Fidelis Care Gold	Fidelis Care Gold	3.40%	3.40%	3.40%
Individual	01/01/15	Gold	New York City	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	3.40%	3.40%	3.40%
Individual	01/01/15	Gold	Rochester	Fidelis Care Gold	Fidelis Care Gold	11.37%	11.37%	11.37%
Individual	01/01/15	Gold	Syracuse	Fidelis Care Gold	Fidelis Care Gold	11.24%	11.24%	11.24%
Individual	01/01/15	Gold	Syracuse	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	11.24%	11.24%	11.24%
Individual	01/01/15	Gold	Utica/Watertown	Fidelis Care Gold	Fidelis Care Gold	11.02%	11.02%	11.02%
Individual	01/01/15	Gold	Utica/Watertown	Fidelis Care Gold with Dependent Age 29	Fidelis Care Gold with Dependent Age 29	11.02%	11.02%	11.02%
Individual	01/01/15	Silver	Albany	Fidelis Care Silver	Fidelis Care Silver	8.29%	8.29%	8.29%
Individual	01/01/15	Silver	Albany	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	8.29%	8.29%	8.29%
Individual	01/01/15	Silver	Buffalo	Fidelis Care Silver	Fidelis Care Silver	3.45%	3.45%	3.45%
Individual	01/01/15	Silver	Buffalo	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	3.45%	3.45%	3.45%
Individual	01/01/15	Silver	Long Island	Fidelis Care Silver	Fidelis Care Silver	9.49%	9.49%	9.49%
Individual	01/01/15	Silver	Long Island	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	9.49%	9.49%	9.49%
Individual	01/01/15	Silver	Mid-Hudson	Fidelis Care Silver	Fidelis Care Silver	19.81%	19.81%	19.81%
Individual	01/01/15	Silver	Mid-Hudson	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	19.81%	19.81%	19.81%
Individual	01/01/15	Silver	New York City	Fidelis Care Silver	Fidelis Care Silver	2.03%	2.03%	2.03%
Individual	01/01/15	Silver	New York City	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	2.03%	2.03%	2.03%
Individual	01/01/15	Silver	Rochester	Fidelis Care Silver	Fidelis Care Silver	9.90%	9.90%	9.90%
Individual	01/01/15	Silver	Rochester	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	9.90%	9.90%	9.90%
Individual	01/01/15	Silver	Syracuse	Fidelis Care Silver	Fidelis Care Silver	9.77%	9.77%	9.77%
Individual	01/01/15	Silver	Syracuse	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	9.77%	9.77%	9.77%
Individual	01/01/15	Silver	Utica/Watertown	Fidelis Care Silver	Fidelis Care Silver	9.56%	9.56%	9.56%
Individual	01/01/15	Silver	Utica/Watertown	Fidelis Care Silver with Dependent Age 29	Fidelis Care Silver with Dependent Age 29	9.56%	9.56%	9.56%

EXHIBIT 14A

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or Catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Bronze	Albany	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	10.09%	10.09%	10.09%
Individual	01/01/15	Bronze	Albany	Fidelis Care Bronze	Fidelis Care Bronze	10.09%	10.09%	10.09%
Individual	01/01/15	Bronze	Buffalo	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	5.17%	5.17%	5.17%
Individual	01/01/15	Bronze	Buffalo	Fidelis Care Bronze	Fidelis Care Bronze	5.17%	5.17%	5.17%
Individual	01/01/15	Bronze	Long Island	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	11.31%	11.31%	11.31%
Individual	01/01/15	Bronze	Long Island	Fidelis Care Bronze	Fidelis Care Bronze	11.31%	11.31%	11.31%
Individual	01/01/15	Bronze	Mid-Hudson	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	21.80%	21.80%	21.80%
Individual	01/01/15	Bronze	Mid-Hudson	Fidelis Care Bronze	Fidelis Care Bronze	21.81%	21.81%	21.81%
Individual	01/01/15	Bronze	New York City	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	3.73%	3.73%	3.73%
Individual	01/01/15	Bronze	New York City	Fidelis Care Bronze	Fidelis Care Bronze	3.73%	3.73%	3.73%
Individual	01/01/15	Bronze	Rochester	Fidelis Care Bronze	Fidelis Care Bronze	11.73%	11.73%	11.73%
Individual	01/01/15	Bronze	Syracuse	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	11.60%	11.60%	11.60%
Individual	01/01/15	Bronze	Syracuse	Fidelis Care Bronze	Fidelis Care Bronze	11.60%	11.60%	11.60%
Individual	01/01/15	Bronze	Utica/Watertown	Fidelis Care Bronze with Dependent Age 29	Fidelis Care Bronze with Dependent Age 29	11.38%	11.38%	11.38%
Individual	01/01/15	Bronze	Utica/Watertown	Fidelis Care Bronze	Fidelis Care Bronze	11.38%	11.38%	11.38%
Individual	01/01/15	Catastrophic	Albany	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	3.05%	3.05%	3.05%
Individual	01/01/15	Catastrophic	Buffalo	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	-1.56%	-1.56%	-1.56%
Individual	01/01/15	Catastrophic	Long Island	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	4.20%	4.20%	4.20%
Individual	01/01/15	Catastrophic	Mid-Hudson	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	14.01%	14.01%	14.01%
Individual	01/01/15	Catastrophic	New York City	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	-2.91%	-2.91%	-2.91%
Individual	01/01/15	Catastrophic	Rochester	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	4.57%	4.57%	4.57%
Individual	01/01/15	Catastrophic	Syracuse	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	4.46%	4.46%	4.46%
Individual	01/01/15	Catastrophic	Utica/Watertown	Fidelis Care Catastrophic Coverage	Fidelis Care Catastrophic Coverage	4.25%	4.25%	4.25%

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

Company Name: New York State Catholic Health Plan, Inc. dba Fidelis Care New York
 NAIC Code: 15018
 SERFF Tracking #: FCNY-129577910
 Market Segment: Individuals On Exchange

Instructions:

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

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level (or Catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts	Number of (*) with Requested Percentage Rate Change at Renewal													
								5/31/2014	Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher		
Individual	1/1/2015	Platinum	Albany	10.7%	\$631,501	112	74						112								
Individual	1/1/2015	Platinum	Buffalo	5.8%	\$689,384	124	102					124									
Individual	1/1/2015	Platinum	Long Island	11.9%	\$3,807,755	644	436					644									
Individual	1/1/2015	Platinum	Mid-Hudson	22.5%	\$1,205,941	220	134								220						
Individual	1/1/2015	Platinum	New York City	4.3%	\$6,535,699	1,013	734				1,013										
Individual	1/1/2015	Platinum	Rochester	12.3%	\$2,481	1	1														
Individual	1/1/2015	Platinum	Syracuse	12.2%	\$692,303	122	95														
Individual	1/1/2015	Platinum	Utica/Watertown	12.0%	\$1,203,028	210	161														
Individual	1/1/2015	Gold	Albany	9.7%	\$764,513	157	112						157								
Individual	1/1/2015	Gold	Buffalo	4.8%	\$970,914	209	148				209										
Individual	1/1/2015	Gold	Long Island	11.0%	\$3,634,348	742	484						742								
Individual	1/1/2015	Gold	Mid-Hudson	21.4%	\$1,033,466	222	138								222						
Individual	1/1/2015	Gold	New York City	3.4%	\$4,966,142	912	669				912										
Individual	1/1/2015	Gold	Rochester	11.4%	\$19,935	4	3														
Individual	1/1/2015	Gold	Syracuse	11.2%	\$854,988	180	134														
Individual	1/1/2015	Gold	Utica/Watertown	11.0%	\$1,014,986	217	153							217							
Individual	1/1/2015	Silver	Albany	8.3%	\$6,384,224	1,588	1,240					1,588									
Individual	1/1/2015	Silver	Buffalo	3.4%	\$9,353,609	2,359	1,821				2,359										
Individual	1/1/2015	Silver	Long Island	9.5%	\$44,464,691	10,564	7,854					10,564									
Individual	1/1/2015	Silver	Mid-Hudson	19.8%	\$6,254,958	1,565	1,109								1,565						
Individual	1/1/2015	Silver	New York City	2.0%	\$50,454,737	10,970	7,954				10,970										
Individual	1/1/2015	Silver	Rochester	9.9%	\$459,660	117	96								117						
Individual	1/1/2015	Silver	Syracuse	9.8%	\$7,985,340	1,998	1,528								1,998						
Individual	1/1/2015	Silver	Utica/Watertown	9.6%	\$10,351,830	2,608	2,053							2,608							
Individual	1/1/2015	Bronze	Albany	10.1%	\$1,014,806	330	241								330						
Individual	1/1/2015	Bronze	Buffalo	5.2%	\$1,818,911	616	466						616								
Individual	1/1/2015	Bronze	Long Island	11.3%	\$12,064,377	3,680	2,865							3,680							
Individual	1/1/2015	Bronze	Mid-Hudson	21.8%	\$1,563,261	512	366									512					
Individual	1/1/2015	Bronze	New York City	3.7%	\$23,324,940	6,504	5,198				6,504										
Individual	1/1/2015	Bronze	Rochester	11.7%	\$49,369	18	15								18						
Individual	1/1/2015	Bronze	Syracuse	11.6%	\$1,660,384	534	402								534						
Individual	1/1/2015	Bronze	Utica/Watertown	11.4%	\$2,103,307	678	531								678						
Individual	1/1/2015	Catastrophic	Albany	3.0%	\$25,968	13	13					13									
Individual	1/1/2015	Catastrophic	Buffalo	-1.6%	\$69,107	35	34	35													
Individual	1/1/2015	Catastrophic	Long Island	4.2%	\$191,307	91	89				91										
Individual	1/1/2015	Catastrophic	Mid-Hudson	14.0%	\$79,964	40	37						40								
Individual	1/1/2015	Catastrophic	New York City	-2.9%	\$1,047,344	460	453	460													
Individual	1/1/2015	Catastrophic	Rochester	4.6%	\$1,981	1	1								1						
Individual	1/1/2015	Catastrophic	Syracuse	4.5%	\$49,833	25	25								25						
Individual	1/1/2015	Catastrophic	Utica/Watertown	4.3%	\$17,141	9	8								9						
Market Segment Total:				7.1%	#####	50,404	37,977		495	0	22,106	17,772	7,512	1,565	954	0	0	0	0	0	0

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

Company Name: New York State Catholic Health Plan, Inc. dba Fidelis Care New York
 NAIC Code: 15018
 SERFF Number: FCNY-129577910
 Market Segment : Individuals On Exchange

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

Line #	General	Bronze Standard	Bronze Child Only	Silver Standard	Silver Child Only	Gold Standard	Gold Child Only	Platinum Standard	Platinum Child Only	Catastrophic	Bronze Standard w	Silver Standard w	Gold Standard w	Platinum Standard w
1	Product*													
2	Product ID*	25303NY001	25303NY005	25303NY002	25303NY006	25303NY003	25303NY007	25303NY004	25303NY008	25303NY009	25303NY011	25303NY014	25303NY017	25303NY020
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Gold	Gold	Platinum	Platinum	Catastrophic	Bronze	Silver	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	1	1	1	1	1	1	1	1	1	1	1	1	1
5	AV Pricing Value (total, risk pool experience based)*	0	0	1	1	1	1	1	1	0	0	1	1	1
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	Fidelis Care Bronze	Fidelis Care Bronze for	Fidelis Care Silver	Fidelis Care Silver for	Fidelis Care Gold	Fidelis Care Gold for	Fidelis Care Platinum	Fidelis Care Platinum for	Fidelis Care Catastrophic	Fidelis Care Bronze with	Fidelis Care Silver with	Fidelis Care Silver with	Fidelis Care Silver with
8	HIOS Plan ID*	5303NY001000	5303NY005000	5303NY002000	5303NY006000	5303NY003000	5303NY007000	5303NY004000	5303NY008000	5303NY009000	5303NY011000	5303NY014000	5303NY017000	5303NY020000
9	Exchange Plan?*	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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

Experience Period Index Rate

10A	Incurred Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	243,032,689												
10B	Member-Months for Latest Experience Period	711,257												
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	341.69												
11	Average Pricing Actuarial Value reflected in experience period	0.574												
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	595.46												

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.000												
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 adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000												
18	Post/Pre ACA: Impact on risk pool of changes in expected covered membership risk characteristics **	1.000												
19	Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]	1.000												
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.000												
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.000												
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.970												
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)	1.000												
25	Other 1 (specify)	1.000												
26	Other 2 (specify)	1.000												
27	Other 3 (specify)	1.000												
28	Impact of Market Wide Adjustments (product L13 through L27)	0.970												

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	0.532	0.532	0.643	0.643	0.761	0.761	0.871	0.871	0.283	0.558	0.675	0.799	0.914
30	Pricing actuarial value (only the induced demand factor) #	0.870	0.870	0.896	0.896	0.939	0.939	1.000	1.000	0.870	0.870	0.896	0.939	1.000

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

Company Name: New York State Catholic Health Plan, Inc. dba Fidelis Care New York
 NAIC Code: 15018
 SERFF Number: FCNY-129577910
 Market Segment : Individuals On Exchange

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

Line #	General	Bronze Standard	Bronze Child Only	Silver Standard	Silver Child Only	Gold Standard	Gold Child Only	Platinum Standard	Platinum Child Only	Catastrophic	Bronze Standard w	Silver Standard w	Gold Standard w	Platinum Standard w
1	Product*													
2	Product ID*	25303NY001	25303NY005	25303NY002	25303NY006	25303NY003	25303NY007	25303NY004	25303NY008	25303NY009	25303NY011	25303NY014	25303NY017	25303NY020
3	Metal Level (or catastrophic)*	Bronze	Bronze	Silver	Silver	Gold	Gold	Platinum	Platinum	Catastrophic	Bronze	Silver	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	1	1	1	1	1	1	1	1	1	1	1	1	1
5	AV Pricing Value (total, risk pool experience based)*	0	0	1	1	1	1	1	1	0	0	1	1	1
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
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
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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
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
36	Administrative costs (excluding Exchange user fees and profits)	1.095	1.095	1.095	1.095	1.095	1.095	1.095	1.095	1.188	1.095	1.095	1.095	1.095
37	Profit/Contribution to surplus margins	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031
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
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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
41	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
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
43	Impact of Plan Level Adjustments (product L29 through L42)	0.522	0.522	0.650	0.650	0.806	0.806	0.983	0.983	0.301	0.548	0.662	0.846	1.032

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)	301.47	301.47	375.23	375.23	465.59	465.59	567.49	567.49	173.76	316.54	393.99	488.87	595.86
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[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change
[Plan Name and HIOS ID]

Dear [Name]:

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

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

Proposed Premium Rate Change

Your current monthly premium is: \$_____.

If approved, the proposed monthly premium is: \$_____.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

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

Why We Are Requesting a Rate Change

Each year, Fidelis Care is required to review its experience and determine whether a change in premium rates is necessary. Having recently completed this evaluation, Fidelis Care is requesting DFS approval of the premium increases that appear in in this

The information furnished herein constitutes proprietary, confidential and sensitive financial information pertaining to Fidelis Care New York ("Fidelis") that is exempt from FOIA disclosure pursuant to 5 U.S.C. § 552(b)(4). Accordingly, any release of the information contained herein would cause substantial harm to Fidelis and would provide a competitive advantage to its competitors. Fidelis respectfully requests that none of the financial information submitted herein be released by DFS pursuant to a FOIA request before June 13, 2014 without first providing Fidelis an opportunity to oppose any such FOIA request.

notice. If approved, the increases will be added to the 2014 premium starting January 1, 2015.

Your premium increase or decrease will probably differ. Most Fidelis members receive premium subsidies from the Federal government. These subsidies depend on income and family situation as well as the premium rates for other insurers.

Fidelis Care's rate filing is driven by three primary considerations:

1. The age of the population that chose to enter the Individual market was older, and consequently more costly, than anticipated;
2. In certain regions, Fidelis will provide a broader provider network and consequently incur greater costs; and
3. The federal government will pay for a portion of the costs for very expensive "catastrophic" cases. However, the law specifies that less is to be paid in 2015 than 2014. The result is that insurers will have to pay for these additional costs.

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 Fidelis Care for additional information at:

Fidelis Care
95-25 Queens Boulevard
Rego Park, Queens 11374
1-888-FIDELIS
<http://www.fideliscare.org>

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 New York State Catholic Health Plan (Fidelis Care)

The information furnished herein constitutes proprietary, confidential and sensitive financial information pertaining to Fidelis Care New York ("Fidelis") that is exempt from FOIA disclosure pursuant to 5 U.S.C. § 552(b)(4). Accordingly, any release of the information contained herein would cause substantial harm to Fidelis and would provide a competitive advantage to its competitors. Fidelis respectfully requests that none of the financial information submitted herein be released by DFS pursuant to a FOIA request before June 13, 2014 without first providing Fidelis an opportunity to oppose any such FOIA request.

2. The name of your plan, which is [Plan Name]
3. Indicate you have individual coverage
4. Your HIOS identification number, which is [HIOS ID]

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

Plain English Summary of Rate Change

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

Fidelis Care website: <http://www.fideliscare.org>

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,

Brian Cummings

Vice President, Member Services & Enrollment

The information furnished herein constitutes proprietary, confidential and sensitive financial information pertaining to Fidelis Care New York ("Fidelis") that is exempt from FOIA disclosure pursuant to 5 U.S.C. § 552(b)(4). Accordingly, any release of the information contained herein would cause substantial harm to Fidelis and would provide a competitive advantage to its competitors. Fidelis respectfully requests that none of the financial information submitted herein be released by DFS pursuant to a FOIA request before June 13, 2014 without first providing Fidelis an opportunity to oppose any such FOIA request.

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York**

I, [REDACTED], am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and a Fellow of the Conference of Consulting Actuaries.

To the best of my knowledge and based on the information and data available to me, I certify that

(a) The submission 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 incorporated into the rate tables meets the minimum requirement of the State of New York;

(d) The benefits are reasonable in relation to the premiums charged; and

(e) The rates are not unfairly discriminatory.

REDACTED

June 12, 2014

[REDACTED]

**New York State Catholic Health Plan, Inc.
dba Fidelis Care New York**

I, [REDACTED], am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and a Fellow of the Conference of Consulting Actuaries.

To the best of my knowledge and based on the information and data available to me, I certify that 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 to be covered; and
- d. Neither excessive nor deficient.

While premium rates were developed in a different manner, I certify that plan level rates can be generated with the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2).

I certify that 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.

I certify that 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. The pdf files taken from the stand-alone actuarial calculator are an attachment to this certification and the actuarial memorandum.

REDACTED

June 12, 2014

[REDACTED]

Unified Rate Review v2.0.2

Company Legal Name: **New York State Catholic Health** State: **NY**
 HIOS Issuer ID: **25303** Market: **Individual**
 Effective Date of Rate Change(s): **1/1/2015**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period:	1/1/2015	to	12/31/2015
	<u>Experience Period</u>		
	<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>
Premiums (net of MLR Rebate) in Experience Period:	\$266,153,456	\$374.20	100.00%
Incurred Claims in Experience Period	\$243,032,689	341.69	91.31%
Allowed Claims:	\$378,745,167	532.50	142.30%
Index Rate of Experience Period		\$533.00	
Experience Period Member Months	711,257		

Section II: Allowed Claims, PMPM basis

	Experience Period	Projection Period:	1/1/2015	to	12/31/2015	Mid-point to Mid-point, Experience to Projection:	0 months							
	<u>on Actual Experience Allowed</u>	<u>Adj't. from Experience to Projection Period</u>	<u>Annualized Trend Factors</u>		<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>						
Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk				Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM
Inpatient Hospital	Admits	83.60	\$15,606.60	\$108.73	Morbidity	Other	Cost	Util	83.60	\$15,606.60	\$108.73	83.60	\$15,606.60	\$108.73
Outpatient Hospital	Visits	2,855.22	428.51	101.96	1.000	1.000	1.000	1.000	2,855.22	428.51	101.96	2855.22	428.51	101.96
Professional	Services	21,957.99	108.87	199.21	1.000	1.000	1.000	1.000	21,957.99	108.87	199.21	21957.99	108.87	199.21
Other Medical	Services	46,772.06	6.81	26.53	1.000	1.000	1.000	1.000	46,772.06	6.81	26.53	46772.06	6.81	26.53
Capitation	Benefit Period	12,000.00	11.36	11.36	1.000	1.000	1.000	1.000	12,000.00	11.36	11.36	12000.00	11.36	11.36
Prescription Drug	Prescriptions	15,437.20	65.85	84.72	1.000	1.000	1.000	1.000	15,437.20	65.85	84.72	15437.20	65.85	84.72
Total				\$532.50								\$532.50		\$532.50

Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	0.00%	100.00%	After Credibility	Projected Period Totals
	Paid to Allowed Average Factor in Projection Period			\$532.50	\$378,745,167
	Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			0.642	
	Projected Risk Adjustments PMPM			\$341.87	\$243,154,397
	Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			0.00	0
	Projected ACA reinsurance recoveries, net of rein prem, PMPM			\$341.87	\$243,154,397
	Projected Incurred Claims			6.60	4,693,877
	Administrative Expense Load			\$335.27	\$238,460,521
	Profit & Risk Load		6.88%	25.76	18,319,932
	Taxes & Fees		2.60%	9.73	6,923,230
	Single Risk Pool Gross Premium Avg. Rate, PMPM		0.97%	3.62	2,574,400
	Index Rate for Projection Period			\$374.38	\$266,278,083
	% increase over Experience Period			\$532.50	
	% Increase, annualized:			0.05%	
	Projected Member Months			#DIV/0!	711,257

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.

OK		P	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	\$378,745,167		Total Allowed Claims (TAC)	\$378,745,167	\$83,458,003	\$512,316	\$237,149,757	\$1,455,593	\$24,102,843	\$147,507	\$27,319,522	\$167,311	\$2,360,372	\$402,801	\$1,202,662	\$268,579	\$197,902	
		Claims Information	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	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%	
			Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
			Allowed Claims which are not the issuer's obligation:	\$135,712,478	\$39,058,345	\$239,764	\$84,711,046	\$519,945	\$5,760,579	\$35,254	\$3,524,218	\$21,583	\$1,133,917	\$188,511	\$429,597	\$64,190	\$25,529	
			Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
			Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
OK	\$243,032,689			Total Incurred claims, payable with issuer funds	\$243,032,689	\$44,399,658	\$272,552	\$152,438,711	\$935,648	\$18,342,263	\$112,253	\$23,795,304	\$145,728	\$1,226,456	\$214,290	\$773,065	\$204,389	\$172,373
				Net Amt of Rein	\$4,693,876.76	\$978,110.78	\$6,004.24	\$2,987,279.89	\$18,335.52	\$311,026.70	\$1,903.46	\$394,299.58	\$2,414.78	-\$31,690.45	\$4,720.74	\$15,149.44	\$3,465.78	\$2,856.30
				Net Amt of Risk Adj	\$0.00													
OK	\$ 341.69			Incurred Claims PMPM	\$341.69	\$264.87	\$110.43	\$355.68	\$148.30	\$409.03	\$170.08	\$497.96	\$207.00	\$142.03	\$278.66	\$373.46	\$432.11	\$530.38
OK	\$ 532.50		Allowed Claims PMPM	\$532.50	\$497.88	\$207.58	\$553.33	\$230.72	\$537.49	\$223.50	\$571.71	\$237.66	\$273.35	\$523.80	\$581.00	\$567.82	\$608.93	
			EHB portion of Allowed Claims, PMPM	\$532.50	\$497.88	\$207.58	\$553.33	\$230.72	\$537.49	\$223.50	\$571.71	\$237.66	\$273.35	\$523.80	\$581.00	\$567.82	\$608.93	

Section IV: Projected (12 months following effective date)

Warning Alert	Wsht 1 Total	Plan ID (Standard Component ID):	Total	25303NY0010001	25303NY0050001	25303NY0020001	25303NY0060001	25303NY0030001	25303NY0070001	25303NY0040001	25303NY0080001	25303NY0090001	25303NY0110001	25303NY0140001	25303NY0170001	25303NY0200001
OK	\$ 374.38	Plan Adjusted Index Rate	\$374.20	\$304.01	\$126.75	\$378.38	\$157.77	\$469.52	\$195.23	\$572.31	\$237.91	\$175.31	\$319.83	\$397.30	\$496.02	\$609.57
OK	711,257	Member Months	711,257	167,627	2,468	428,588	6,309	44,843	660	47,786	704	8,635	769	2,070	473	325
OK	\$266,278,083	Total Premium (TP)	\$266,153,456	\$50,959,916	\$312,823	\$162,170,889	\$995,383	\$21,054,893	\$128,854	\$27,348,345	\$167,488	\$1,513,767	\$245,952	\$822,420	\$234,616	\$198,111
		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%
		state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
OK	378,745,167	Total Allowed Claims (TAC)	\$378,745,167	\$83,458,003	\$512,316	\$237,149,757	\$1,455,593	\$24,102,843	\$147,507	\$27,319,522	\$167,311	\$2,360,372	\$402,801	\$1,202,662	\$268,579	\$197,902
		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%
		state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		Allowed Claims which are not the issuer's obligation	\$135,712,478	\$39,058,345	\$239,764	\$84,711,046	\$519,945	\$5,760,579	\$35,254	\$3,524,218	\$21,583	\$1,133,917	\$188,511	\$429,597	\$64,190	\$25,529
		Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$40,070,461	\$0	\$0	\$39,626,283	\$243,221	\$0	\$0	\$0	\$0	\$0	\$0	\$200,957	\$0	\$0
		Portion of above payable by HHS on behalf of insured person, as %	29.53%	0.00%	0.00%	46.78%	46.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	46.78%	0.00%	0.00%
OK	238,460,521	Total Incurred claims, payable with issuer funds	\$243,032,689	\$44,399,658	\$272,552	\$152,438,711	\$935,648	\$18,342,263	\$112,253	\$23,795,304	\$145,728	\$1,226,456	\$214,290	\$773,065	\$204,389	\$172,373
OK	4,693,877	Net Amt of Rein	\$4,693,877	\$978,111	\$6,004	\$2,987,280	\$18,336	\$311,027	\$1,903	\$394,300	\$2,415	-\$31,690	\$4,721	\$15,149	\$3,466	\$2,856
		Net Amt of Risk Adj	\$0													
OK	\$ 335.27	Incurred Claims PMPM	\$341.69	\$264.87	\$110.43	\$355.68	\$148.30	\$409.03	\$170.08	\$497.96	\$207.00	\$142.03	\$278.66	\$373.46	\$432.11	\$530.38
OK	\$ 532.50	Allowed Claims PMPM	\$532.50	\$497.88	\$207.58	\$553.33	\$230.72	\$537.49	\$223.50	\$571.71	\$237.66	\$273.35	\$523.80	\$581.00	\$567.82	\$608.93
		EHB portion of Allowed Claims, PMPM	\$532.50	\$497.88	\$207.58	\$553.33	\$230.72	\$537.49	\$223.50	\$571.71	\$237.66	\$273.35	\$523.80	\$581.00	\$567.82	\$608.93