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

-- for Individual Medical Plans

Company Name Independent Health Benefits Corporation
NAIC Code: 47034
SERFF Tracking # NDPD-129588074
Market Segment: Individuals Off Exchange

1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.

2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.

3) Market segment refers to Individual plans.

4) The requested percentage rate change reflects the expected change in premium rates that would apply to the contract holder on that contract holder's next rate change date for each contract 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

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	2 - Buffalo Area			5.45%	6.07%	5.45%
Individual	01/01/15	Bronze	2 - Buffalo Area	Standard Bronze	Standard Bronze	6.27%	6.89%	6.27%
Individual	01/01/15	Gold	2 - Buffalo Area	Standard Gold	Standard Gold	5.12%	5.75%	5.13%
Individual	01/01/15	Silver	2 - Buffalo Area	Standard Silver	Standard Silver	3.82%	4.43%	3.82%
Individual	01/01/15	Platinum	2 - Buffalo Area	FlexFit Platinum Option 6	FlexFit Platinum	4.13%	4.74%	4.13%
Individual	01/01/15	Silver	2 - Buffalo Area	iDirect Silver Option 1	iDirect Silver	3.58%	4.19%	3.58%
Individual	01/01/15	Catastrophic	2 - Buffalo Area	Standard Catastrophic	Standard Catastrophic	11.22%	11.22%	11.22%
Individual	01/01/15	Bronze	2 - Buffalo Area	Choice Plus Bronze Option 1	Choice Plus Bronze	-3.22%	-2.65%	-3.22%
Individual	01/01/15	Gold	2 - Buffalo Area	Choice Plus Gold Option 6	Choice Plus Gold	-2.33%	-1.76%	-2.33%
Individual	01/01/15	Silver	2 - Buffalo Area	iDirect Silver Option 1	iDirect Silver	3.58%	4.19%	3.58%