

Excellus Health Plans, Inc
Excellus BCBS, Rochester Region

165 Court Street
Rochester, NY 14647

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

Rate Manual / Exhibit A
Effective January 1, 2015

Table of Contents

- I) Managed Care Large Group**
 - a) Index**
 - b) Outline of essential benefits, coverage, limitations, and exclusions**
 - c) Rate schedule**
 - 1) Factors**
- II) Commissions Schedule**
- III) Underwriting Guidelines**
- IV) Expected Medical Loss Ratios**
- V) Composition of Rating Regions**

Large Group (Managed Care)

Index

Upstate HMO-Rochester Operating Region

Index

HMO

1. EX-13; 3 Tier Drug Rider
2. EX-14; 3 Tier Oral Contraceptives Rider
3. EXC-8 Rev. 1, EXHP-160, EXR-215; Blue Choice [25, 30] Basic Contract
4. EXHP-11 Rev.1; Michelle's Law
5. EXHP-47; Drug Rider
6. EXHP-50; Drug Rider
7. EXHP-53; Mandate Rider
8. EXHP-69 Rev.1; Prescription Drug Rider
9. EXHP-70 Rev.1; Prescription Drug Rider
10. EXHP-76 Rev.2; Durable Medical Equipment and External Prosthetic Devices Rider
11. EXHP-79; Blue Card Language Rider
12. EXHP-84; Blue Card Language Rider
13. EXHP-85; Mandate Rider
14. EXHP-87; Mandate Rider
15. EXHP-89; Mandate Endorsement
16. EXHP-113; Prescription Drug Rider
17. EXHP-131, EXR-108; Prescription Drug Endorsement
18. EXHP-138; PPACA Health Care Reform Rider
19. EXHP-141; Weight Loss Services Language Change
20. EXHP-151; Mastectomy Care Rider
21. EXHP-176; Allowable Expense Rider
22. EXHP-187; Rider to Continue Coverage for Children Through Age 29
23. EXHP-189; Rider to Extend Temporary Continuation of Coverage
24. EXHP-191; Dependent Coverage through Age 29
25. EXHP-210; Autism Mandate
26. EXR-1; Domestic Partner Rider
27. EXR-70 Rev. 1; Hospice Care
28. EXR-71 Rev. 1; Vision Care Benefits
29. EXR-130; HMO 25 Hearing Aid (Language Clarification) Rider
30. IPA-662; Injectable Drug Rider
31. IPA-663; Pre and Post Natal Visit Fee Rider
32. IPA-667; Cancer Drug Rider
33. NYSHIP-12; Blue Choice Rider

**Outline of essential benefits, coverages, limitations,
and exclusions**

1. EX-13
3 Tier Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for generic/preferred brand/ and non-preferred drugs. Copayment options: (\$10/\$25/\$40), (\$2/\$12/\$35), (\$2/\$15/\$35), (\$5/\$15/\$30), (\$5/\$20/\$35), (\$5/\$20/\$40), (\$5/\$15/\$35). All applicable New York State mandated benefits are covered.
2. EX-14
3 Tier Oral Contraceptives Rider
Covers a 30 day supply of oral contraceptives with copayment options for generic/preferred brand/ and non-preferred drugs. Copayment options: (\$10/\$25/\$40), (\$2/\$12/\$35), (\$2/\$15/\$35), (\$5/\$15/\$30), (\$5/\$25/\$35), (\$5/\$20/\$40), (\$5/\$15/\$35).
3. EXC-8 Rev. 1, EXHP-160, EXR-215
Blue Choice [25, 30] Basic Contract
Inpatient Services, Skilled Nursing Facility and Maternity for Mother covered with a \$500 copayment per admission, [\$100; \$250, \$750, \$1000] copayment options are available. Newborn Nursery and Internal Prosthetic Devices are covered in full. [up to 60 days of Inpatient Hospital Physical Rehabilitation subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment]. Mental Health is covered subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment for up to 30 days [Large Group: unlimited days for biological illness and serious illness for children]. Chemical Dependency Detoxification and Rehabilitation are not covered. Services not covered are charges for special duty nurses, private room, blood (except for the treatment of hemophilia), non-medical items and custodial care. Facility Surgery subject to a [\$50; \$75] copayment. Diagnostic Laboratory and Pathology Services, Radiation, Chemotherapy Therapy, Hemodialysis, Mammography Screening, Pap Smears, and up to 60 days per calendar year for Chemical Dependency are subject to a [\$25, \$30] copayment. Diagnostic Imaging, Cardiac Rehabilitation and up to 30 visits per calendar year combined for related physical, occupational, and speech therapy are subject to a [\$40, \$50] copayment. Outpatient Mental Health is covered subject to a [\$40, \$50] copayment for up to 30 visits [Large Group: unlimited visits for biological illness and serious illness for children]. Pre-Admission Testing is covered in full. Inpatient Surgery covered at the lesser of: a \$200 Copayment or 20% of the Allowable Expense. Outpatient Surgery covered at [a \$40 Copayment; a \$50 Copayment; the lesser of: a \$200 Copayment or 20% of the Allowable Expense]. Office Surgery covered at the lesser of: a \$50 Copayment or 20% of the Allowable Expense. Maternity Care for a normal pregnancy covered at [\$25, \$30] Copayment per visit for pre-natal and post-natal care for the first 10 visits and the lesser of a \$200 copayment or 20% of the Allowable Expense. Complications of Pregnancy and Termination are covered at the lesser of a \$200 copayment or 20% of the Allowable Expense. Anesthesia, In-Hospital Medical Services, and Well Child and Immunizations are covered in full. Adult Routine Physical Exams, Adult Immunizations, Diagnostic Laboratory and Pathology Services, Diagnostic Imaging, Radiation Therapy, Chemotherapy, Hemodialysis, Mammography Screening, Gynecological Services, Prostate Cancer Screening, Bone Density Screening are subject to a [\$25, \$30] copayment. Additional Surgical Opinions, Chiropractic Care, Diagnostic Vision Exams, Diagnostic Hearing Exams, up to 30 visits per calendar year combined for related Physical, Occupational, and Speech Therapy are subject to a [\$40, \$50] copayment. Diagnostic Office Visits, Office Consultations, Allergy Testing and Treatment are subject a [\$25, \$30] Copayment for visits to a Primary Care Physician, and a [\$40, \$50] Copayment for visits to a Specialist. Hearing Aids coverage for up to two hearing aids every three years subject to a \$600 maximum for both hearing aids (not \$600 each) and subject to a [\$40, \$50] Copayment for each visit for a fitting. Pre-hospital Emergency Services and Transportation subject to a \$100 Copayment. Up to 40 Home Care visits per calendar year covered in full. Diabetic Supplies and Insulin for each 30-day supply, Diabetic education, and Diabetic durable medical equipment are subject to a [\$25, \$30] Copayment. Care for an Emergency Condition in the emergency room of a Hospital is subject to a [\$100, \$150] Copayment. Care for an Emergency Condition in a free standing urgent care center is subject to a \$50 Copayment. However, this Copayment will be waived if admitted to the Hospital as an inpatient within 24 hours of the emergency room visit.
4. EXHP-11 Rev.1
Michelle's Law
A full-time student covered under this Contract, Certificate or Group Plan who takes a leave of absence from an accredited institution of learning due to an illness or injury will continue to be covered under this Contract, Certificate or Group Plan for up to twelve months from the date of the leave of absence. However, in no event will a child be covered beyond the age at which coverage of children who are enrolled as full-time students terminates under the Contract, Certificate, Group Plan and/or applicable Rider(s). The medical necessity of the child's leave of absence must be certified by the child's attending physician and written documentation of the illness or injury must be submitted to us.
5. EXHP-47
Drug Rider
Covers retail or mail order prescription drugs with copayment options as follows: (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

6. EXHP-50
Drug Rider
Covers retail or mail order prescription drugs with coinsurance and deductible options as follows: (\$10 Tier 1 / \$25 Tier 2 / \$40 Tier 3), (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary) per calendar year. Coverage limited to pharmacies agreeing to participate in our limited panel network. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.
7. EXHP-53
Mandate Rider
Covers pre-hospital emergency services and land transportation.
8. EXHP-69 Rev.1
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$10/\$30/\$50), (\$7/\$50/\$100). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.
9. EXHP-70 Rev.1
Prescription Drug Rider
Extends the prescription drug benefits of the following underlying policy forms [to provide \$0 copay on generic drugs to covered dependent children under age 19; [and] to cover oral contraceptive prescription drugs used for contraceptive purposes and contraceptive devices in full]: Forms EX-13, EXHP-69, EXHP-66. Will be offered with the following prescription drug rider copayment options: (\$10 Tier 1 /\$25 Tier 2 /\$40 Tier 3),(\$10 Tier 1 /\$30 Tier 2 /\$50 Tier 3), (\$5 Tier 1 / \$15 Tier 2 /\$30 Tier 3), (\$5 Tier 1 / \$20 Tier 2 / \$35 Tier 3). Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.
10. EXHP-76 Rev.2
Durable Medical Equipment and External Prosthetic Devices Rider
This rider provides coverage for durable medical equipment and external prosthetic devices subject to a 50% coinsurance and a \$15,000 per member per calendar year maximum for external prosthetic devices.
11. EXHP-79
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
12. EXHP-84
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
13. EXHP-85
Mandate Rider
This rider adds infertility mandate benefits to Article 44 coverage.
14. EXHP-87
Mandate Rider
This rider adds bone density mandate benefits to Article 44 coverage. Specifically, this rider provides coverage for bone mineral density measurements and tests for the detection of osteoporosis.

15. EXHP-89
Mandate Endorsement
This Endorsement amends the rider or contract to which it attaches to by adding or replacing benefits for approved drugs and/or devices for the treatment of osteoporosis.
16. EXHP-113
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options as follows: \$7 Copayment for Generic Drugs.
17. EXHP-131, EXR-108
Prescription Drug Endorsement
This prescription drug endorsement changes the mail-order prescription drug copayment for a 61-90 day supply from three-times the 30 day copayment to two-times the 30 day copayment.
18. EXHP-138
PPACA Health Care Reform Rider
This Rider changes provisions in, or adds provisions to, your Contract or Certificate including any affected riders or endorsements thereto, as required by the federal Patient Protection and Affordable Care Act.
19. EXHP-141
Weight Loss Services Language Change
Language endorsement which revises the criteria of medical necessity as it pertains to excluded services associated with weight loss.
20. EXHP-151
Mastectomy Care Rider
This rider clarifies the language pertaining to Mastectomy Care. There is no benefit or rate impact associated with this clarification.
21. EXHP-176
Allowable Expense Rider
This Rider changes the Allowable Expense definition in your coverage. There is no rate impact as this rider merely more accurately describes UCR. There are no associated changes in fees and no associated changes in how our claims are currently adjudicated.
22. EXHP-187
Rider to Continue Coverage for Children Through Age 29
This Rider allows eligible children to continue coverage under your Contract or Certificate and any applicable Rider(s) thereto.
23. EXHP-189
Rider to Extend Temporary Continuation of Coverage
This Rider extends continued coverage available under your Contract or Certificate and any applicable Rider(s) thereto.
24. EXHP-191
Dependent Coverage through Age 29
Children Covered through age 29. If you selected other than individual coverage, your child will be eligible for coverage through the age of 29 years when the child: A. Is unmarried ;B. Is not, as an employee or member, insured by or eligible for coverage under any employee health benefit plan, whether insured or self-insured; and C. Lives, works or resides in the Enrollment Area for your Contract or Certificate.
25. EXHP-210
Autism Mandate
This rider provides mandated coverage for Autism related benefits.
26. EXR-1
Domestic Partner Rider
This rider adds coverage to your Contract, Certificate or Group Health Plan for domestic partners.
27. EXR-70 Rev. 1
Hospice Care
This rider adds coverage for up to 210 days per year for hospice services subject to a [\$100, \$250, \$500, \$750, \$1000] copayment to pay when services are begun.

28. EXR-71 Rev. 1
Vision Care Benefits

This rider adds coverage for a routine eye exam subject to a [\$40, \$50] Copayment [and up to \$60 for eyewear] once every two calendar years for adults and every year for children.
29. EXR-130
HMO 25 Hearing Aid (Language Clarification) Rider

Language endorsement which revises the hearing aid benefit language to specify that coverage is limited to covered dependents under the age of 19.
30. IPA-662
Injectable Drug Rider

This rider changes injectable drug coverage, allowing for one office visit copayment for the injectable drug and one office visit copayment for the visit to the outpatient department or to the professional provider's office. Only one copayment will apply to allergy injections, vaccinations, and injections for the treatment of diabetes.
31. IPA-663
Pre and Post Natal Visit Fee Rider

This rider changes the pre and post-natal visits from a \$25 copay for the first 10 visits with the remainder covered in full to a \$5 copay for the first 10 visits with the remainder covered in full.
32. IPA-667
Cancer Drug Rider

Drugs used in cancer treatment including chemotherapeutic agents and adjunctive medications purchased at the pharmacy currently covered in full will no longer be covered, but will be available under a rider. This exclusion does not apply to cancer treatment drugs that must be received in the outpatient department of a hospital or other facility or in the physician's office.
33. NYSHIP-12
Blue Choice Rider

Full-time Students covered until age 25. Inpatient care covered in full. Inpatient rehabilitation care for substance abuse and alcoholism: provides 30 days of care per person, per calendar year. Unlimited Inpatient Detoxification Care for Alcoholism or Drug Addiction is provided. No Calendar Year Maximum for Durable Medical Equipment, External Prosthetic Appliances and Orthotic Devices. PCP sick child visits to age 19, Mammography visits, routine GYN including Pap Smears, routine physicals and routine prostate cancer screening are subject to a \$5 copayment per visit.

Rate schedule

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EX-13 (\$ 5/\$20/\$35)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$123.87 | \$133.05 | \$9.18 | 7.41% |
| Two Person | \$284.78 | \$305.88 | \$21.10 | 7.41% |
| Subscriber and Spouse | \$302.25 | \$324.65 | \$22.40 | 7.41% |
| Subscriber w/Child(ren) | \$257.66 | \$276.75 | \$19.09 | 7.41% |
| Subscriber w/ Children | \$312.08 | \$335.20 | \$23.12 | 7.41% |
| Family (4 Tier) | \$328.14 | \$352.46 | \$24.32 | 7.41% |
| Family (3 Tier) | \$326.71 | \$350.92 | \$24.21 | 7.41% |
| Family (2 Tier) | \$312.96 | \$336.15 | \$23.19 | 7.41% |
| 1. <u>EX-13 (\$10/\$25/\$40)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$99.50 | \$106.87 | \$7.37 | 7.41% |
| Two Person | \$228.74 | \$245.69 | \$16.95 | 7.41% |
| Subscriber and Spouse | \$242.78 | \$260.77 | \$17.99 | 7.41% |
| Subscriber w/Child(ren) | \$206.95 | \$222.29 | \$15.34 | 7.41% |
| Subscriber w/ Children | \$250.68 | \$269.26 | \$18.58 | 7.41% |
| Family (4 Tier) | \$263.61 | \$283.14 | \$19.53 | 7.41% |
| Family (3 Tier) | \$262.46 | \$281.91 | \$19.45 | 7.41% |
| Family (2 Tier) | \$251.37 | \$270.00 | \$18.63 | 7.41% |
| 1. <u>EX-13, EXR-108 (\$ 2/\$12/\$35)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$138.60 | \$148.87 | \$10.27 | 7.41% |
| Two Person | \$318.71 | \$342.33 | \$23.62 | 7.41% |
| Subscriber and Spouse | \$338.20 | \$363.26 | \$25.06 | 7.41% |
| Subscriber w/Child(ren) | \$288.31 | \$309.68 | \$21.37 | 7.41% |
| Subscriber w/ Children | \$349.19 | \$375.07 | \$25.88 | 7.41% |
| Family (4 Tier) | \$367.22 | \$394.43 | \$27.21 | 7.41% |
| Family (3 Tier) | \$365.59 | \$392.68 | \$27.09 | 7.41% |
| Family (2 Tier) | \$350.13 | \$376.07 | \$25.94 | 7.41% |
| 1. <u>EX-13, EXR-108 (\$ 2/\$15/\$35)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$136.96 | \$147.11 | \$10.15 | 7.41% |
| Two Person | \$314.89 | \$338.22 | \$23.33 | 7.41% |
| Subscriber and Spouse | \$334.17 | \$358.93 | \$24.76 | 7.41% |
| Subscriber w/Child(ren) | \$284.88 | \$305.99 | \$21.11 | 7.41% |
| Subscriber w/ Children | \$345.06 | \$370.63 | \$25.57 | 7.41% |
| Family (4 Tier) | \$362.81 | \$389.70 | \$26.89 | 7.41% |
| Family (3 Tier) | \$361.19 | \$387.95 | \$26.76 | 7.41% |
| Family (2 Tier) | \$345.88 | \$371.51 | \$25.63 | 7.41% |
| 1. <u>EX-13, EXR-108 (\$ 5/\$15/\$30)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$134.95 | \$144.95 | \$10.00 | 7.41% |
| Two Person | \$310.24 | \$333.22 | \$22.98 | 7.41% |
| Subscriber and Spouse | \$329.29 | \$353.69 | \$24.40 | 7.41% |
| Subscriber w/Child(ren) | \$280.70 | \$301.50 | \$20.80 | 7.41% |
| Subscriber w/ Children | \$340.02 | \$365.21 | \$25.19 | 7.41% |
| Family (4 Tier) | \$357.51 | \$384.00 | \$26.49 | 7.41% |
| Family (3 Tier) | \$355.95 | \$382.32 | \$26.37 | 7.41% |
| Family (2 Tier) | \$340.95 | \$366.22 | \$25.27 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EX-13, EXR-108 (\$ 5/\$15/\$35)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$129.39 | \$138.98 | \$9.59 | 7.41% |
| Two Person | \$297.61 | \$319.66 | \$22.05 | 7.41% |
| Subscriber and Spouse | \$315.71 | \$339.11 | \$23.40 | 7.41% |
| Subscriber w/Child(ren) | \$269.12 | \$289.06 | \$19.94 | 7.41% |
| Subscriber w/ Children | \$326.02 | \$350.18 | \$24.16 | 7.41% |
| Family (4 Tier) | \$342.87 | \$368.28 | \$25.41 | 7.41% |
| Family (3 Tier) | \$341.35 | \$366.65 | \$25.30 | 7.41% |
| Family (2 Tier) | \$326.91 | \$351.13 | \$24.22 | 7.41% |
| 1. <u>EX-13, EXR-108 (\$ 5/\$20/\$35)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$122.90 | \$132.01 | \$9.11 | 7.41% |
| Two Person | \$282.54 | \$303.48 | \$20.94 | 7.41% |
| Subscriber and Spouse | \$299.86 | \$322.08 | \$22.22 | 7.41% |
| Subscriber w/Child(ren) | \$255.62 | \$274.56 | \$18.94 | 7.41% |
| Subscriber w/ Children | \$309.61 | \$332.55 | \$22.94 | 7.41% |
| Family (4 Tier) | \$325.52 | \$349.64 | \$24.12 | 7.41% |
| Family (3 Tier) | \$324.10 | \$348.11 | \$24.01 | 7.41% |
| Family (2 Tier) | \$310.48 | \$333.49 | \$23.01 | 7.41% |
| 1. <u>EX-13, EXR-108 (\$ 5/\$20/\$40)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$117.45 | \$126.16 | \$8.71 | 7.42% |
| Two Person | \$270.06 | \$290.08 | \$20.02 | 7.41% |
| Subscriber and Spouse | \$286.61 | \$307.85 | \$21.24 | 7.41% |
| Subscriber w/Child(ren) | \$244.32 | \$262.42 | \$18.10 | 7.41% |
| Subscriber w/ Children | \$295.96 | \$317.89 | \$21.93 | 7.41% |
| Family (4 Tier) | \$311.20 | \$334.26 | \$23.06 | 7.41% |
| Family (3 Tier) | \$309.80 | \$332.76 | \$22.96 | 7.41% |
| Family (2 Tier) | \$296.72 | \$318.71 | \$21.99 | 7.41% |
| 1. <u>EX-13, EXR-108 (\$10/\$25/\$40)</u> | | | | |
| 3 Tier Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$98.70 | \$106.02 | \$7.32 | 7.42% |
| Two Person | \$226.91 | \$243.72 | \$16.81 | 7.41% |
| Subscriber and Spouse | \$240.81 | \$258.65 | \$17.84 | 7.41% |
| Subscriber w/Child(ren) | \$205.29 | \$220.50 | \$15.21 | 7.41% |
| Subscriber w/ Children | \$248.66 | \$267.08 | \$18.42 | 7.41% |
| Family (4 Tier) | \$261.49 | \$280.86 | \$19.37 | 7.41% |
| Family (3 Tier) | \$260.35 | \$279.65 | \$19.30 | 7.41% |
| Family (2 Tier) | \$249.34 | \$267.81 | \$18.47 | 7.41% |
| 2. <u>EX-14 (\$ 5/\$20/\$35)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.18 | \$5.56 | \$0.38 | 7.34% |
| Two Person | \$11.84 | \$12.72 | \$0.88 | 7.43% |
| Subscriber and Spouse | \$12.62 | \$13.56 | \$0.94 | 7.45% |
| Subscriber w/Child(ren) | \$10.77 | \$11.57 | \$0.80 | 7.43% |
| Subscriber w/ Children | \$12.98 | \$13.94 | \$0.96 | 7.40% |
| Family (4 Tier) | \$13.64 | \$14.65 | \$1.01 | 7.40% |
| Family (3 Tier) | \$13.62 | \$14.63 | \$1.01 | 7.42% |
| Family (2 Tier) | \$13.00 | \$13.96 | \$0.96 | 7.38% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 2. <u>EX-14 (\$10/\$25/\$40)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$4.14 | \$4.45 | \$0.31 | 7.49% |
| Two Person | \$9.50 | \$10.21 | \$0.71 | 7.47% |
| Subscriber and Spouse | \$10.10 | \$10.85 | \$0.75 | 7.43% |
| Subscriber w/Child(ren) | \$8.60 | \$9.24 | \$0.64 | 7.44% |
| Subscriber w/ Children | \$10.46 | \$11.24 | \$0.78 | 7.46% |
| Family (4 Tier) | \$10.97 | \$11.78 | \$0.81 | 7.38% |
| Family (3 Tier) | \$10.93 | \$11.74 | \$0.81 | 7.41% |
| Family (2 Tier) | \$10.50 | \$11.28 | \$0.78 | 7.43% |
| 2. <u>EX-14, EXR-108 (\$ 2/\$12/\$35)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.75 | \$6.17 | \$0.42 | 7.30% |
| Two Person | \$13.30 | \$14.29 | \$0.99 | 7.44% |
| Subscriber and Spouse | \$14.05 | \$15.09 | \$1.04 | 7.40% |
| Subscriber w/Child(ren) | \$11.97 | \$12.85 | \$0.88 | 7.35% |
| Subscriber w/ Children | \$14.57 | \$15.65 | \$1.08 | 7.41% |
| Family (4 Tier) | \$15.35 | \$16.49 | \$1.14 | 7.43% |
| Family (3 Tier) | \$15.25 | \$16.38 | \$1.13 | 7.41% |
| Family (2 Tier) | \$14.61 | \$15.69 | \$1.08 | 7.39% |
| 2. <u>EX-14, EXR-108 (\$ 2/\$15/\$35)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.72 | \$6.14 | \$0.42 | 7.34% |
| Two Person | \$13.12 | \$14.09 | \$0.97 | 7.39% |
| Subscriber and Spouse | \$13.95 | \$14.99 | \$1.04 | 7.46% |
| Subscriber w/Child(ren) | \$11.89 | \$12.77 | \$0.88 | 7.40% |
| Subscriber w/ Children | \$14.41 | \$15.47 | \$1.06 | 7.36% |
| Family (4 Tier) | \$15.12 | \$16.24 | \$1.12 | 7.41% |
| Family (3 Tier) | \$15.07 | \$16.18 | \$1.11 | 7.37% |
| Family (2 Tier) | \$14.42 | \$15.49 | \$1.07 | 7.42% |
| 2. <u>EX-14, EXR-108 (\$ 5/\$15/\$30)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.61 | \$6.03 | \$0.42 | 7.49% |
| Two Person | \$12.89 | \$13.85 | \$0.96 | 7.45% |
| Subscriber and Spouse | \$13.68 | \$14.69 | \$1.01 | 7.38% |
| Subscriber w/Child(ren) | \$11.67 | \$12.53 | \$0.86 | 7.37% |
| Subscriber w/ Children | \$14.12 | \$15.16 | \$1.04 | 7.37% |
| Family (4 Tier) | \$14.88 | \$15.98 | \$1.10 | 7.39% |
| Family (3 Tier) | \$14.78 | \$15.87 | \$1.09 | 7.37% |
| Family (2 Tier) | \$14.18 | \$15.23 | \$1.05 | 7.40% |
| 2. <u>EX-14, EXR-108 (\$ 5/\$15/\$35)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.39 | \$5.79 | \$0.40 | 7.42% |
| Two Person | \$12.39 | \$13.31 | \$0.92 | 7.43% |
| Subscriber and Spouse | \$13.14 | \$14.11 | \$0.97 | 7.38% |
| Subscriber w/Child(ren) | \$11.21 | \$12.04 | \$0.83 | 7.40% |
| Subscriber w/ Children | \$13.60 | \$14.61 | \$1.01 | 7.43% |
| Family (4 Tier) | \$14.26 | \$15.32 | \$1.06 | 7.43% |
| Family (3 Tier) | \$14.22 | \$15.27 | \$1.05 | 7.38% |
| Family (2 Tier) | \$13.62 | \$14.63 | \$1.01 | 7.42% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 2. <u>EX-14, EXR-108 (\$ 5/\$20/\$35)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.09 | \$5.46 | \$0.37 | 7.27% |
| Two Person | \$11.75 | \$12.62 | \$0.87 | 7.40% |
| Subscriber and Spouse | \$12.46 | \$13.38 | \$0.92 | 7.38% |
| Subscriber w/Child(ren) | \$10.62 | \$11.40 | \$0.78 | 7.34% |
| Subscriber w/ Children | \$12.89 | \$13.85 | \$0.96 | 7.45% |
| Family (4 Tier) | \$13.53 | \$14.53 | \$1.00 | 7.39% |
| Family (3 Tier) | \$13.48 | \$14.48 | \$1.00 | 7.42% |
| Family (2 Tier) | \$12.92 | \$13.88 | \$0.96 | 7.43% |
| 2. <u>EX-14, EXR-108 (\$ 5/\$20/\$40)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$4.92 | \$5.29 | \$0.37 | 7.52% |
| Two Person | \$11.28 | \$12.11 | \$0.83 | 7.36% |
| Subscriber and Spouse | \$11.99 | \$12.87 | \$0.88 | 7.34% |
| Subscriber w/Child(ren) | \$10.22 | \$10.97 | \$0.75 | 7.34% |
| Subscriber w/ Children | \$12.32 | \$13.23 | \$0.91 | 7.39% |
| Family (4 Tier) | \$12.98 | \$13.94 | \$0.96 | 7.40% |
| Family (3 Tier) | \$12.93 | \$13.89 | \$0.96 | 7.42% |
| Family (2 Tier) | \$12.38 | \$13.30 | \$0.92 | 7.43% |
| 2. <u>EX-14, EXR-108 (\$10/\$25/\$40)</u> | | | | |
| 3 Tier Oral Contraceptives Rider | | | | |
| Group Remittance | | | | |
| Single | \$4.13 | \$4.44 | \$0.31 | 7.51% |
| Two Person | \$9.47 | \$10.18 | \$0.71 | 7.50% |
| Subscriber and Spouse | \$10.07 | \$10.82 | \$0.75 | 7.45% |
| Subscriber w/Child(ren) | \$8.58 | \$9.21 | \$0.63 | 7.34% |
| Subscriber w/ Children | \$10.38 | \$11.15 | \$0.77 | 7.42% |
| Family (4 Tier) | \$10.93 | \$11.74 | \$0.81 | 7.41% |
| Family (3 Tier) | \$10.86 | \$11.67 | \$0.81 | 7.46% |
| Family (2 Tier) | \$10.48 | \$11.26 | \$0.78 | 7.44% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| Blue Choice [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$430.42 | \$462.31 | \$31.89 | 7.41% |
| Two Person | \$990.00 | \$1,063.36 | \$73.36 | 7.41% |
| Subscriber and Spouse | \$1,050.23 | \$1,128.05 | \$77.82 | 7.41% |
| Subscriber w/Child(ren) | \$856.72 | \$920.20 | \$63.48 | 7.41% |
| Subscriber w/ Children | \$1,038.35 | \$1,115.29 | \$76.94 | 7.41% |
| Family (4 Tier) | \$1,092.78 | \$1,173.76 | \$80.98 | 7.41% |
| Family (3 Tier) | \$1,089.44 | \$1,170.17 | \$80.73 | 7.41% |
| Family (2 Tier) | \$1,042.37 | \$1,119.61 | \$77.24 | 7.41% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| Blue Choice [30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$413.58 | \$444.23 | \$30.65 | 7.41% |
| Two Person | \$951.29 | \$1,021.78 | \$70.49 | 7.41% |
| Subscriber and Spouse | \$1,009.15 | \$1,083.93 | \$74.78 | 7.41% |
| Subscriber w/Child(ren) | \$823.19 | \$884.19 | \$61.00 | 7.41% |
| Subscriber w/ Children | \$996.43 | \$1,070.26 | \$73.83 | 7.41% |
| Family (4 Tier) | \$1,048.53 | \$1,126.23 | \$77.70 | 7.41% |
| Family (3 Tier) | \$1,045.30 | \$1,122.76 | \$77.46 | 7.41% |
| Family (2 Tier) | \$1,000.12 | \$1,074.23 | \$74.11 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$1.52) | (\$1.64) | (\$0.12) | 7.89% |
| Two Person | (\$3.48) | (\$3.74) | (\$0.26) | 7.47% |
| Subscriber and Spouse | (\$3.72) | (\$3.99) | (\$0.27) | 7.26% |
| Subscriber w/Child(ren) | (\$3.04) | (\$3.26) | (\$0.22) | 7.24% |
| Subscriber w/ Children | (\$3.64) | (\$3.90) | (\$0.26) | 7.14% |
| Family (4 Tier) | (\$3.86) | (\$4.15) | (\$0.29) | 7.51% |
| Family (3 Tier) | (\$3.85) | (\$4.14) | (\$0.29) | 7.53% |
| Family (2 Tier) | (\$3.66) | (\$3.93) | (\$0.27) | 7.38% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$2.16 | \$2.32 | \$0.16 | 7.41% |
| Two Person | \$4.96 | \$5.33 | \$0.37 | 7.46% |
| Subscriber and Spouse | \$5.29 | \$5.68 | \$0.39 | 7.37% |
| Subscriber w/Child(ren) | \$4.31 | \$4.63 | \$0.32 | 7.42% |
| Subscriber w/ Children | \$5.41 | \$5.81 | \$0.40 | 7.39% |
| Family (4 Tier) | \$5.73 | \$6.15 | \$0.42 | 7.33% |
| Family (3 Tier) | \$5.67 | \$6.09 | \$0.42 | 7.41% |
| Family (2 Tier) | \$5.45 | \$5.85 | \$0.40 | 7.34% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$0.56) | (\$0.60) | (\$0.04) | 7.14% |
| Two Person | (\$1.29) | (\$1.38) | (\$0.09) | 6.98% |
| Subscriber and Spouse | (\$1.36) | (\$1.46) | (\$0.10) | 7.35% |
| Subscriber w/Child(ren) | (\$1.10) | (\$1.18) | (\$0.08) | 7.27% |
| Subscriber w/ Children | (\$1.34) | (\$1.44) | (\$0.10) | 7.46% |
| Family (4 Tier) | (\$1.40) | (\$1.50) | (\$0.10) | 7.14% |
| Family (3 Tier) | (\$1.40) | (\$1.50) | (\$0.10) | 7.14% |
| Family (2 Tier) | (\$1.34) | (\$1.44) | (\$0.10) | 7.46% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$5.66 | \$6.08 | \$0.42 | 7.42% |
| Two Person | \$12.92 | \$13.88 | \$0.96 | 7.43% |
| Subscriber and Spouse | \$13.80 | \$14.82 | \$1.02 | 7.39% |
| Subscriber w/Child(ren) | \$11.26 | \$12.09 | \$0.83 | 7.37% |
| Subscriber w/ Children | \$14.11 | \$15.15 | \$1.04 | 7.37% |
| Family (4 Tier) | \$14.90 | \$16.00 | \$1.10 | 7.38% |
| Family (3 Tier) | \$14.88 | \$15.98 | \$1.10 | 7.39% |
| Family (2 Tier) | \$14.20 | \$15.25 | \$1.05 | 7.39% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$0.87 | \$0.93 | \$0.06 | 6.90% |
| Two Person | \$2.04 | \$2.19 | \$0.15 | 7.35% |
| Subscriber and Spouse | \$2.15 | \$2.31 | \$0.16 | 7.44% |
| Subscriber w/Child(ren) | \$1.76 | \$1.89 | \$0.13 | 7.39% |
| Subscriber w/ Children | \$2.19 | \$2.36 | \$0.17 | 7.76% |
| Family (4 Tier) | \$2.34 | \$2.51 | \$0.17 | 7.26% |
| Family (3 Tier) | \$2.34 | \$2.51 | \$0.17 | 7.26% |
| Family (2 Tier) | \$2.19 | \$2.36 | \$0.17 | 7.76% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$3.50 | \$3.76 | \$0.26 | 7.43% |
| Two Person | \$8.04 | \$8.64 | \$0.60 | 7.46% |
| Subscriber and Spouse | \$8.55 | \$9.18 | \$0.63 | 7.37% |
| Subscriber w/Child(ren) | \$6.97 | \$7.49 | \$0.52 | 7.46% |
| Subscriber w/ Children | \$8.75 | \$9.40 | \$0.65 | 7.43% |
| Family (4 Tier) | \$9.17 | \$9.85 | \$0.68 | 7.42% |
| Family (3 Tier) | \$9.18 | \$9.86 | \$0.68 | 7.41% |
| Family (2 Tier) | \$8.82 | \$9.48 | \$0.66 | 7.48% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$0.85 | \$0.92 | \$0.07 | 8.24% |
| Two Person | \$1.99 | \$2.13 | \$0.14 | 7.04% |
| Subscriber and Spouse | \$2.10 | \$2.26 | \$0.16 | 7.62% |
| Subscriber w/Child(ren) | \$1.72 | \$1.85 | \$0.13 | 7.56% |
| Subscriber w/ Children | \$2.15 | \$2.31 | \$0.16 | 7.44% |
| Family (4 Tier) | \$2.25 | \$2.42 | \$0.17 | 7.56% |
| Family (3 Tier) | \$2.23 | \$2.40 | \$0.17 | 7.62% |
| Family (2 Tier) | \$2.15 | \$2.31 | \$0.16 | 7.44% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$0.82 | \$0.88 | \$0.06 | 7.32% |
| Two Person | \$1.88 | \$2.02 | \$0.14 | 7.45% |
| Subscriber and Spouse | \$2.02 | \$2.17 | \$0.15 | 7.43% |
| Subscriber w/Child(ren) | \$1.64 | \$1.76 | \$0.12 | 7.32% |
| Subscriber w/ Children | \$2.09 | \$2.25 | \$0.16 | 7.66% |
| Family (4 Tier) | \$2.18 | \$2.34 | \$0.16 | 7.34% |
| Family (3 Tier) | \$2.18 | \$2.34 | \$0.16 | 7.34% |
| Family (2 Tier) | \$2.09 | \$2.25 | \$0.16 | 7.66% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$3.10) | (\$3.33) | (\$0.23) | 7.42% |
| Two Person | (\$7.14) | (\$7.67) | (\$0.53) | 7.42% |
| Subscriber and Spouse | (\$7.56) | (\$8.12) | (\$0.56) | 7.41% |
| Subscriber w/Child(ren) | (\$6.18) | (\$6.64) | (\$0.46) | 7.44% |
| Subscriber w/ Children | (\$7.65) | (\$8.22) | (\$0.57) | 7.45% |
| Family (4 Tier) | (\$8.06) | (\$8.66) | (\$0.60) | 7.44% |
| Family (3 Tier) | (\$8.02) | (\$8.62) | (\$0.60) | 7.48% |
| Family (2 Tier) | (\$7.67) | (\$8.24) | (\$0.57) | 7.43% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$0.81 | \$0.87 | \$0.06 | 7.41% |
| Two Person | \$1.88 | \$2.02 | \$0.14 | 7.45% |
| Subscriber and Spouse | \$1.99 | \$2.13 | \$0.14 | 7.04% |
| Subscriber w/Child(ren) | \$1.62 | \$1.74 | \$0.12 | 7.41% |
| Subscriber w/ Children | \$1.99 | \$2.13 | \$0.14 | 7.04% |
| Family (4 Tier) | \$2.08 | \$2.23 | \$0.15 | 7.21% |
| Family (3 Tier) | \$2.08 | \$2.23 | \$0.15 | 7.21% |
| Family (2 Tier) | \$1.99 | \$2.13 | \$0.14 | 7.04% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$6.33) | (\$6.80) | (\$0.47) | 7.42% |
| Two Person | (\$14.60) | (\$15.68) | (\$1.08) | 7.40% |
| Subscriber and Spouse | (\$15.44) | (\$16.58) | (\$1.14) | 7.38% |
| Subscriber w/Child(ren) | (\$12.60) | (\$13.54) | (\$0.94) | 7.46% |
| Subscriber w/ Children | (\$15.47) | (\$16.61) | (\$1.14) | 7.37% |
| Family (4 Tier) | (\$16.29) | (\$17.50) | (\$1.21) | 7.43% |
| Family (3 Tier) | (\$16.21) | (\$17.41) | (\$1.20) | 7.40% |
| Family (2 Tier) | (\$15.52) | (\$16.67) | (\$1.15) | 7.41% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u> | | | | |
| Blue Choice [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$0.80 | \$0.86 | \$0.06 | 7.50% |
| Two Person | \$1.85 | \$1.99 | \$0.14 | 7.57% |
| Subscriber and Spouse | \$1.96 | \$2.10 | \$0.14 | 7.14% |
| Subscriber w/Child(ren) | \$1.60 | \$1.71 | \$0.11 | 6.87% |
| Subscriber w/ Children | \$1.92 | \$2.06 | \$0.14 | 7.29% |
| Family (4 Tier) | \$2.04 | \$2.19 | \$0.15 | 7.35% |
| Family (3 Tier) | \$2.03 | \$2.18 | \$0.15 | 7.39% |
| Family (2 Tier) | \$1.95 | \$2.09 | \$0.14 | 7.18% |
| 3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed Exclusion of Elective Sterilization:</u> | | | | |
| Blue Choice [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$430.18 | \$462.06 | \$31.88 | 7.41% |
| Two Person | \$989.51 | \$1,062.83 | \$73.32 | 7.41% |
| Subscriber and Spouse | \$1,049.66 | \$1,127.44 | \$77.78 | 7.41% |
| Subscriber w/Child(ren) | \$856.26 | \$919.71 | \$63.45 | 7.41% |
| Subscriber w/ Children | \$1,037.79 | \$1,114.69 | \$76.90 | 7.41% |
| Family (4 Tier) | \$1,092.22 | \$1,173.16 | \$80.94 | 7.41% |
| Family (3 Tier) | \$1,088.88 | \$1,169.56 | \$80.68 | 7.41% |
| Family (2 Tier) | \$1,041.83 | \$1,119.03 | \$77.20 | 7.41% |
| 4. <u>EXHP-11 Rev.1</u> | | | | |
| Michelle's Law | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 5. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$101.87 | \$109.42 | \$7.55 | 7.41% |
| Two Person | \$234.18 | \$251.53 | \$17.35 | 7.41% |
| Subscriber and Spouse | \$248.55 | \$266.97 | \$18.42 | 7.41% |
| Subscriber w/Child(ren) | \$211.88 | \$227.58 | \$15.70 | 7.41% |
| Subscriber w/ Children | \$256.73 | \$275.75 | \$19.02 | 7.41% |
| Family (4 Tier) | \$269.86 | \$289.86 | \$20.00 | 7.41% |
| Family (3 Tier) | \$268.66 | \$288.57 | \$19.91 | 7.41% |
| Family (2 Tier) | \$257.31 | \$276.37 | \$19.06 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 5. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$97.78 | \$105.02 | \$7.24 | 7.40% |
| Two Person | \$224.84 | \$241.50 | \$16.66 | 7.41% |
| Subscriber and Spouse | \$238.60 | \$256.28 | \$17.68 | 7.41% |
| Subscriber w/Child(ren) | \$203.41 | \$218.48 | \$15.07 | 7.41% |
| Subscriber w/ Children | \$246.47 | \$264.74 | \$18.27 | 7.41% |
| Family (4 Tier) | \$259.14 | \$278.34 | \$19.20 | 7.41% |
| Family (3 Tier) | \$257.94 | \$277.06 | \$19.12 | 7.41% |
| Family (2 Tier) | \$247.05 | \$265.36 | \$18.31 | 7.41% |
| 5. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$88.45 | \$95.00 | \$6.55 | 7.41% |
| Two Person | \$203.41 | \$218.48 | \$15.07 | 7.41% |
| Subscriber and Spouse | \$215.79 | \$231.78 | \$15.99 | 7.41% |
| Subscriber w/Child(ren) | \$183.95 | \$197.58 | \$13.63 | 7.41% |
| Subscriber w/ Children | \$222.86 | \$239.37 | \$16.51 | 7.41% |
| Family (4 Tier) | \$234.30 | \$251.66 | \$17.36 | 7.41% |
| Family (3 Tier) | \$233.29 | \$250.58 | \$17.29 | 7.41% |
| Family (2 Tier) | \$223.45 | \$240.01 | \$16.56 | 7.41% |
| 5. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$84.89 | \$91.18 | \$6.29 | 7.41% |
| Two Person | \$195.30 | \$209.78 | \$14.48 | 7.41% |
| Subscriber and Spouse | \$207.15 | \$222.50 | \$15.35 | 7.41% |
| Subscriber w/Child(ren) | \$176.57 | \$189.66 | \$13.09 | 7.41% |
| Subscriber w/ Children | \$214.03 | \$229.89 | \$15.86 | 7.41% |
| Family (4 Tier) | \$225.03 | \$241.71 | \$16.68 | 7.41% |
| Family (3 Tier) | \$223.97 | \$240.57 | \$16.60 | 7.41% |
| Family (2 Tier) | \$214.58 | \$230.48 | \$15.90 | 7.41% |
| 6. <u>EXHP- 50, EXR-108 (\$10/\$25/\$40 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$92.33 | \$99.17 | \$6.84 | 7.41% |
| Two Person | \$212.47 | \$228.21 | \$15.74 | 7.41% |
| Subscriber and Spouse | \$225.29 | \$241.98 | \$16.69 | 7.41% |
| Subscriber w/Child(ren) | \$192.05 | \$206.28 | \$14.23 | 7.41% |
| Subscriber w/ Children | \$232.83 | \$250.08 | \$17.25 | 7.41% |
| Family (4 Tier) | \$244.83 | \$262.97 | \$18.14 | 7.41% |
| Family (3 Tier) | \$243.70 | \$261.76 | \$18.06 | 7.41% |
| Family (2 Tier) | \$233.48 | \$250.78 | \$17.30 | 7.41% |
| 6. <u>EXHP- 50, EXR-108 (\$10/\$25/\$40 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$88.66 | \$95.23 | \$6.57 | 7.41% |
| Two Person | \$203.89 | \$219.00 | \$15.11 | 7.41% |
| Subscriber and Spouse | \$216.35 | \$232.38 | \$16.03 | 7.41% |
| Subscriber w/Child(ren) | \$184.42 | \$198.09 | \$13.67 | 7.41% |
| Subscriber w/ Children | \$223.42 | \$239.97 | \$16.55 | 7.41% |
| Family (4 Tier) | \$234.91 | \$252.32 | \$17.41 | 7.41% |
| Family (3 Tier) | \$233.86 | \$251.19 | \$17.33 | 7.41% |
| Family (2 Tier) | \$223.97 | \$240.57 | \$16.60 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 6. <u>EXHP- 50, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$95.09 | \$102.13 | \$7.04 | 7.40% |
| Two Person | \$218.63 | \$234.83 | \$16.20 | 7.41% |
| Subscriber and Spouse | \$232.01 | \$249.21 | \$17.20 | 7.41% |
| Subscriber w/Child(ren) | \$197.78 | \$212.43 | \$14.65 | 7.41% |
| Subscriber w/ Children | \$239.62 | \$257.38 | \$17.76 | 7.41% |
| Family (4 Tier) | \$251.98 | \$270.65 | \$18.67 | 7.41% |
| Family (3 Tier) | \$250.88 | \$269.47 | \$18.59 | 7.41% |
| Family (2 Tier) | \$240.31 | \$258.12 | \$17.81 | 7.41% |
| 6. <u>EXHP- 50, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$91.28 | \$98.04 | \$6.76 | 7.41% |
| Two Person | \$209.89 | \$225.44 | \$15.55 | 7.41% |
| Subscriber and Spouse | \$222.72 | \$239.22 | \$16.50 | 7.41% |
| Subscriber w/Child(ren) | \$189.88 | \$203.95 | \$14.07 | 7.41% |
| Subscriber w/ Children | \$230.10 | \$247.15 | \$17.05 | 7.41% |
| Family (4 Tier) | \$241.94 | \$259.87 | \$17.93 | 7.41% |
| Family (3 Tier) | \$240.82 | \$258.66 | \$17.84 | 7.41% |
| Family (2 Tier) | \$230.68 | \$247.77 | \$17.09 | 7.41% |
| 6. <u>EXHP- 50, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$84.75 | \$91.03 | \$6.28 | 7.41% |
| Two Person | \$194.95 | \$209.40 | \$14.45 | 7.41% |
| Subscriber and Spouse | \$206.80 | \$222.12 | \$15.32 | 7.41% |
| Subscriber w/Child(ren) | \$176.28 | \$189.35 | \$13.07 | 7.41% |
| Subscriber w/ Children | \$213.58 | \$229.41 | \$15.83 | 7.41% |
| Family (4 Tier) | \$224.58 | \$241.22 | \$16.64 | 7.41% |
| Family (3 Tier) | \$223.53 | \$240.09 | \$16.56 | 7.41% |
| Family (2 Tier) | \$214.15 | \$230.02 | \$15.87 | 7.41% |
| 6. <u>EXHP- 50, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$81.38 | \$87.41 | \$6.03 | 7.41% |
| Two Person | \$187.26 | \$201.14 | \$13.88 | 7.41% |
| Subscriber and Spouse | \$198.57 | \$213.28 | \$14.71 | 7.41% |
| Subscriber w/Child(ren) | \$169.26 | \$181.80 | \$12.54 | 7.41% |
| Subscriber w/ Children | \$205.20 | \$220.41 | \$15.21 | 7.41% |
| Family (4 Tier) | \$215.75 | \$231.74 | \$15.99 | 7.41% |
| Family (3 Tier) | \$214.74 | \$230.65 | \$15.91 | 7.41% |
| Family (2 Tier) | \$205.64 | \$220.88 | \$15.24 | 7.41% |
| 7. <u>EXHP- 53</u> | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 8. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$92.69 | \$99.56 | \$6.87 | 7.41% |
| Two Person | \$213.05 | \$228.83 | \$15.78 | 7.41% |
| Subscriber and Spouse | \$226.15 | \$242.90 | \$16.75 | 7.41% |
| Subscriber w/Child(ren) | \$192.78 | \$207.07 | \$14.29 | 7.41% |
| Subscriber w/ Children | \$233.50 | \$250.80 | \$17.30 | 7.41% |
| Family (4 Tier) | \$245.52 | \$263.71 | \$18.19 | 7.41% |
| Family (3 Tier) | \$244.44 | \$262.56 | \$18.12 | 7.41% |
| Family (2 Tier) | \$234.12 | \$251.46 | \$17.34 | 7.41% |
| 8. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$88.96 | \$95.55 | \$6.59 | 7.41% |
| Two Person | \$204.60 | \$219.76 | \$15.16 | 7.41% |
| Subscriber and Spouse | \$217.07 | \$233.16 | \$16.09 | 7.41% |
| Subscriber w/Child(ren) | \$185.03 | \$198.74 | \$13.71 | 7.41% |
| Subscriber w/ Children | \$224.25 | \$240.87 | \$16.62 | 7.41% |
| Family (4 Tier) | \$235.80 | \$253.28 | \$17.48 | 7.41% |
| Family (3 Tier) | \$234.75 | \$252.15 | \$17.40 | 7.41% |
| Family (2 Tier) | \$224.84 | \$241.50 | \$16.66 | 7.41% |
| 8. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$68.67 | \$73.76 | \$5.09 | 7.41% |
| Two Person | \$157.87 | \$169.57 | \$11.70 | 7.41% |
| Subscriber and Spouse | \$167.56 | \$179.98 | \$12.42 | 7.41% |
| Subscriber w/Child(ren) | \$142.83 | \$153.41 | \$10.58 | 7.41% |
| Subscriber w/ Children | \$173.04 | \$185.86 | \$12.82 | 7.41% |
| Family (4 Tier) | \$181.93 | \$195.41 | \$13.48 | 7.41% |
| Family (3 Tier) | \$181.11 | \$194.53 | \$13.42 | 7.41% |
| Family (2 Tier) | \$173.49 | \$186.35 | \$12.86 | 7.41% |
| 8. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$65.94 | \$70.82 | \$4.88 | 7.40% |
| Two Person | \$151.58 | \$162.81 | \$11.23 | 7.41% |
| Subscriber and Spouse | \$160.88 | \$172.80 | \$11.92 | 7.41% |
| Subscriber w/Child(ren) | \$137.16 | \$147.33 | \$10.17 | 7.41% |
| Subscriber w/ Children | \$166.10 | \$178.41 | \$12.31 | 7.41% |
| Family (4 Tier) | \$174.68 | \$187.62 | \$12.94 | 7.41% |
| Family (3 Tier) | \$173.89 | \$186.77 | \$12.88 | 7.41% |
| Family (2 Tier) | \$166.60 | \$178.95 | \$12.35 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$25/\$40 w/oral cif and \$0 Generic Copay to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$109.96 | \$118.11 | \$8.15 | 7.41% |
| Two Person | \$252.82 | \$271.55 | \$18.73 | 7.41% |
| Subscriber and Spouse | \$268.28 | \$288.16 | \$19.88 | 7.41% |
| Subscriber w/Child(ren) | \$228.70 | \$245.65 | \$16.95 | 7.41% |
| Subscriber w/ Children | \$277.06 | \$297.59 | \$20.53 | 7.41% |
| Family (4 Tier) | \$291.31 | \$312.89 | \$21.58 | 7.41% |
| Family (3 Tier) | \$290.03 | \$311.52 | \$21.49 | 7.41% |
| Family (2 Tier) | \$277.83 | \$298.42 | \$20.59 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$25/\$40 w/oral cif)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$107.99 | \$115.99 | \$8.00 | 7.41% |
| Two Person | \$248.41 | \$266.82 | \$18.41 | 7.41% |
| Subscriber and Spouse | \$263.51 | \$283.03 | \$19.52 | 7.41% |
| Subscriber w/Child(ren) | \$224.63 | \$241.28 | \$16.65 | 7.41% |
| Subscriber w/ Children | \$272.18 | \$292.34 | \$20.16 | 7.41% |
| Family (4 Tier) | \$286.25 | \$307.46 | \$21.21 | 7.41% |
| Family (3 Tier) | \$284.96 | \$306.08 | \$21.12 | 7.41% |
| Family (2 Tier) | \$272.92 | \$293.14 | \$20.22 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$25/\$40) with \$0 Copay on Generic up to age 19</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$100.49 | \$107.94 | \$7.45 | 7.41% |
| Two Person | \$231.02 | \$248.14 | \$17.12 | 7.41% |
| Subscriber and Spouse | \$245.19 | \$263.35 | \$18.16 | 7.41% |
| Subscriber w/Child(ren) | \$209.01 | \$224.50 | \$15.49 | 7.41% |
| Subscriber w/ Children | \$253.17 | \$271.93 | \$18.76 | 7.41% |
| Family (4 Tier) | \$266.21 | \$285.94 | \$19.73 | 7.41% |
| Family (3 Tier) | \$265.05 | \$284.69 | \$19.64 | 7.41% |
| Family (2 Tier) | \$253.83 | \$272.63 | \$18.80 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$30/\$50 w/oral cif and \$0 Generic Copay to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$96.70 | \$103.87 | \$7.17 | 7.41% |
| Two Person | \$222.35 | \$238.82 | \$16.47 | 7.41% |
| Subscriber and Spouse | \$235.96 | \$253.44 | \$17.48 | 7.41% |
| Subscriber w/Child(ren) | \$201.14 | \$216.05 | \$14.91 | 7.41% |
| Subscriber w/ Children | \$243.67 | \$261.73 | \$18.06 | 7.41% |
| Family (4 Tier) | \$256.22 | \$275.21 | \$18.99 | 7.41% |
| Family (3 Tier) | \$255.14 | \$274.05 | \$18.91 | 7.41% |
| Family (2 Tier) | \$244.33 | \$262.44 | \$18.11 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$30/\$50 w/oral cif)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$95.51 | \$102.59 | \$7.08 | 7.41% |
| Two Person | \$219.63 | \$235.90 | \$16.27 | 7.41% |
| Subscriber and Spouse | \$233.03 | \$250.30 | \$17.27 | 7.41% |
| Subscriber w/Child(ren) | \$198.64 | \$213.36 | \$14.72 | 7.41% |
| Subscriber w/ Children | \$240.70 | \$258.53 | \$17.83 | 7.41% |
| Family (4 Tier) | \$253.11 | \$271.87 | \$18.76 | 7.41% |
| Family (3 Tier) | \$252.00 | \$270.68 | \$18.68 | 7.41% |
| Family (2 Tier) | \$241.33 | \$259.22 | \$17.89 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$5/\$15/\$30 with \$0 Generic Copay to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$136.12 | \$146.21 | \$10.09 | 7.41% |
| Two Person | \$312.99 | \$336.18 | \$23.19 | 7.41% |
| Subscriber and Spouse | \$332.13 | \$356.74 | \$24.61 | 7.41% |
| Subscriber w/Child(ren) | \$283.13 | \$304.11 | \$20.98 | 7.41% |
| Subscriber w/ Children | \$342.99 | \$368.41 | \$25.42 | 7.41% |
| Family (4 Tier) | \$360.64 | \$387.37 | \$26.73 | 7.41% |
| Family (3 Tier) | \$359.06 | \$385.66 | \$26.60 | 7.41% |
| Family (2 Tier) | \$343.95 | \$369.44 | \$25.49 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 9. <u>EXHP- 70 Rev.1, EXR-108 (\$5/\$20/\$35 with \$0 Generic Copay to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$125.07 | \$134.34 | \$9.27 | 7.41% |
| Two Person | \$287.59 | \$308.90 | \$21.31 | 7.41% |
| Subscriber and Spouse | \$305.19 | \$327.80 | \$22.61 | 7.41% |
| Subscriber w/Child(ren) | \$260.16 | \$279.44 | \$19.28 | 7.41% |
| Subscriber w/ Children | \$315.12 | \$338.47 | \$23.35 | 7.41% |
| Family (4 Tier) | \$331.35 | \$355.90 | \$24.55 | 7.41% |
| Family (3 Tier) | \$329.89 | \$354.34 | \$24.45 | 7.41% |
| Family (2 Tier) | \$316.02 | \$339.44 | \$23.42 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108, EXHP-91 (\$10/\$25/\$40 with \$0 Generic Copay to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$104.68 | \$112.43 | \$7.75 | 7.40% |
| Two Person | \$240.66 | \$258.50 | \$17.84 | 7.41% |
| Subscriber and Spouse | \$255.40 | \$274.33 | \$18.93 | 7.41% |
| Subscriber w/Child(ren) | \$217.71 | \$233.84 | \$16.13 | 7.41% |
| Subscriber w/ Children | \$263.74 | \$283.29 | \$19.55 | 7.41% |
| Family (4 Tier) | \$277.36 | \$297.91 | \$20.55 | 7.41% |
| Family (3 Tier) | \$276.11 | \$296.57 | \$20.46 | 7.41% |
| Family (2 Tier) | \$264.45 | \$284.05 | \$19.60 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108, EXHP-91 (\$5/\$15/\$30 with \$0 Generic Copay to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$141.76 | \$152.26 | \$10.50 | 7.41% |
| Two Person | \$326.01 | \$350.17 | \$24.16 | 7.41% |
| Subscriber and Spouse | \$345.91 | \$371.54 | \$25.63 | 7.41% |
| Subscriber w/Child(ren) | \$294.88 | \$316.73 | \$21.85 | 7.41% |
| Subscriber w/ Children | \$357.32 | \$383.79 | \$26.47 | 7.41% |
| Family (4 Tier) | \$375.68 | \$403.52 | \$27.84 | 7.41% |
| Family (3 Tier) | \$374.04 | \$401.76 | \$27.72 | 7.41% |
| Family (2 Tier) | \$358.25 | \$384.80 | \$26.55 | 7.41% |
| 9. <u>EXHP- 70 Rev.1, EXR-108, EXHP-91 (\$5/\$20/\$35 with \$0 Copay on Generic up to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$130.27 | \$139.93 | \$9.66 | 7.42% |
| Two Person | \$299.55 | \$321.74 | \$22.19 | 7.41% |
| Subscriber and Spouse | \$317.88 | \$341.43 | \$23.55 | 7.41% |
| Subscriber w/Child(ren) | \$270.97 | \$291.05 | \$20.08 | 7.41% |
| Subscriber w/ Children | \$328.26 | \$352.58 | \$24.32 | 7.41% |
| Family (4 Tier) | \$345.18 | \$370.75 | \$25.57 | 7.41% |
| Family (3 Tier) | \$343.67 | \$369.14 | \$25.47 | 7.41% |
| Family (2 Tier) | \$329.19 | \$353.59 | \$24.40 | 7.41% |
| 10. <u>EXHP- 76 Rev.2</u> | | | | |
| Durable Medical Equipment and External Prosthetic Devices Rider | | | | |
| Group Remittance | | | | |
| Single | \$4.87 | \$5.23 | \$0.36 | 7.39% |
| Two Person | \$11.15 | \$11.98 | \$0.83 | 7.44% |
| Subscriber and Spouse | \$11.88 | \$12.76 | \$0.88 | 7.41% |
| Subscriber w/Child(ren) | \$9.68 | \$10.40 | \$0.72 | 7.44% |
| Subscriber w/ Children | \$12.23 | \$13.14 | \$0.91 | 7.44% |
| Family (4 Tier) | \$12.85 | \$13.80 | \$0.95 | 7.39% |
| Family (3 Tier) | \$12.81 | \$13.76 | \$0.95 | 7.42% |
| Family (2 Tier) | \$12.27 | \$13.18 | \$0.91 | 7.42% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--------------------------|-----------------------------|---------------------------|----------------|-------------------|
| HMO | | | | |
| 11. EXHP- 79 | | | | |
| Blue Card Language Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 12. EXHP- 84 | | | | |
| Blue Card Language Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 13. EXHP- 85 | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 14. EXHP- 87 | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 15. EXHP- 89 | | | | |
| Mandate Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 16. <u>EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$20.30 | \$21.80 | \$1.50 | 7.39% |
| Two Person | \$46.68 | \$50.14 | \$3.46 | 7.41% |
| Subscriber and Spouse | \$49.53 | \$53.20 | \$3.67 | 7.41% |
| Subscriber w/Child(ren) | \$42.22 | \$45.35 | \$3.13 | 7.41% |
| Subscriber w/ Children | \$51.15 | \$54.94 | \$3.79 | 7.41% |
| Family (4 Tier) | \$53.79 | \$57.78 | \$3.99 | 7.42% |
| Family (3 Tier) | \$53.56 | \$57.53 | \$3.97 | 7.41% |
| Family (2 Tier) | \$51.32 | \$55.13 | \$3.81 | 7.42% |
| 16. <u>EXHP-113, EXR-108 (\$7 Generic w/o Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$19.48 | \$20.93 | \$1.45 | 7.44% |
| Two Person | \$44.76 | \$48.08 | \$3.32 | 7.42% |
| Subscriber and Spouse | \$47.53 | \$51.06 | \$3.53 | 7.43% |
| Subscriber w/Child(ren) | \$40.53 | \$43.53 | \$3.00 | 7.40% |
| Subscriber w/ Children | \$49.09 | \$52.73 | \$3.64 | 7.41% |
| Family (4 Tier) | \$51.61 | \$55.44 | \$3.83 | 7.42% |
| Family (3 Tier) | \$51.38 | \$55.19 | \$3.81 | 7.42% |
| Family (2 Tier) | \$49.19 | \$52.84 | \$3.65 | 7.42% |
| 17. <u>EXHP-131, EXR-108</u> | | | | |
| Prescription Drug Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$6.31 | \$6.78 | \$0.47 | 7.45% |
| Two Person | \$14.49 | \$15.56 | \$1.07 | 7.38% |
| Subscriber and Spouse | \$15.25 | \$16.38 | \$1.13 | 7.41% |
| Subscriber w/Child(ren) | \$51.00 | \$54.78 | \$3.78 | 7.41% |
| Subscriber w/ Children | \$62.31 | \$66.93 | \$4.62 | 7.41% |
| Family (4 Tier) | \$65.58 | \$70.43 | \$4.85 | 7.40% |
| Family (3 Tier) | \$65.37 | \$70.21 | \$4.84 | 7.40% |
| Family (2 Tier) | \$62.55 | \$67.18 | \$4.63 | 7.40% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.09 | \$0.01 | 12.50% |
| Two Person | \$0.21 | \$0.22 | \$0.01 | 4.76% |
| Subscriber and Spouse | \$0.22 | \$0.23 | \$0.01 | 4.55% |
| Subscriber w/Child(ren) | \$38.72 | \$41.59 | \$2.87 | 7.41% |
| Subscriber w/ Children | \$47.32 | \$50.82 | \$3.50 | 7.40% |
| Family (4 Tier) | \$49.80 | \$53.49 | \$3.69 | 7.41% |
| Family (3 Tier) | \$49.65 | \$53.33 | \$3.68 | 7.41% |
| Family (2 Tier) | \$47.50 | \$51.02 | \$3.52 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25; Exclusion of Elective Sterilization]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$6.30 | \$6.77 | \$0.47 | 7.46% |
| Two Person | \$14.48 | \$15.55 | \$1.07 | 7.39% |
| Subscriber and Spouse | \$15.25 | \$16.38 | \$1.13 | 7.41% |
| Subscriber w/Child(ren) | \$50.98 | \$54.76 | \$3.78 | 7.41% |
| Subscriber w/ Children | \$62.29 | \$66.91 | \$4.62 | 7.42% |
| Family (4 Tier) | \$65.55 | \$70.41 | \$4.86 | 7.41% |
| Family (3 Tier) | \$65.34 | \$70.18 | \$4.84 | 7.41% |
| Family (2 Tier) | \$62.52 | \$67.15 | \$4.63 | 7.41% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25; Exclusion of Elective Sterilization]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.09 | \$0.01 | 12.50% |
| Two Person | \$0.21 | \$0.22 | \$0.01 | 4.76% |
| Subscriber and Spouse | \$0.22 | \$0.23 | \$0.01 | 4.55% |
| Subscriber w/Child(ren) | \$38.70 | \$41.57 | \$2.87 | 7.42% |
| Subscriber w/ Children | \$47.29 | \$50.79 | \$3.50 | 7.40% |
| Family (4 Tier) | \$49.76 | \$53.45 | \$3.69 | 7.42% |
| Family (3 Tier) | \$49.62 | \$53.30 | \$3.68 | 7.42% |
| Family (2 Tier) | \$47.48 | \$51.00 | \$3.52 | 7.41% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$6.90 | \$7.41 | \$0.51 | 7.39% |
| Two Person | \$15.87 | \$17.04 | \$1.17 | 7.37% |
| Subscriber and Spouse | \$16.69 | \$17.93 | \$1.24 | 7.43% |
| Subscriber w/Child(ren) | \$50.67 | \$54.43 | \$3.76 | 7.42% |
| Subscriber w/ Children | \$61.82 | \$66.40 | \$4.58 | 7.41% |
| Family (4 Tier) | \$65.06 | \$69.88 | \$4.82 | 7.41% |
| Family (3 Tier) | \$64.86 | \$69.67 | \$4.81 | 7.42% |
| Family (2 Tier) | \$62.06 | \$66.66 | \$4.60 | 7.41% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$37.04 | \$39.79 | \$2.75 | 7.42% |
| Subscriber w/ Children | \$45.21 | \$48.56 | \$3.35 | 7.41% |
| Family (4 Tier) | \$47.58 | \$51.11 | \$3.53 | 7.42% |
| Family (3 Tier) | \$47.43 | \$50.95 | \$3.52 | 7.42% |
| Family (2 Tier) | \$45.37 | \$48.73 | \$3.36 | 7.41% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.05 | \$0.06 | \$0.01 | 20.00% |
| Two Person | \$0.12 | \$0.13 | \$0.01 | 8.33% |
| Subscriber and Spouse | \$0.14 | \$0.15 | \$0.01 | 7.14% |
| Subscriber w/Child(ren) | \$0.11 | \$0.12 | \$0.01 | 9.09% |
| Subscriber w/ Children | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Family (4 Tier) | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Family (3 Tier) | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Family (2 Tier) | \$0.15 | \$0.17 | \$0.02 | 13.33% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.05 | \$0.06 | \$0.01 | 20.00% |
| Two Person | \$0.12 | \$0.13 | \$0.01 | 8.33% |
| Subscriber and Spouse | \$0.14 | \$0.15 | \$0.01 | 7.14% |
| Subscriber w/Child(ren) | \$0.11 | \$0.12 | \$0.01 | 9.09% |
| Subscriber w/ Children | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Family (4 Tier) | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Family (3 Tier) | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Family (2 Tier) | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| 18. <u>EXHP-138 WPS [EXC-8[Blue Choice 25]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.21 | \$0.22 | \$0.01 | 4.76% |
| Two Person | \$0.48 | \$0.52 | \$0.04 | 8.33% |
| Subscriber and Spouse | \$0.50 | \$0.54 | \$0.04 | 8.00% |
| Subscriber w/Child(ren) | \$0.42 | \$0.45 | \$0.03 | 7.14% |
| Subscriber w/ Children | \$0.50 | \$0.54 | \$0.04 | 8.00% |
| Family (4 Tier) | \$0.52 | \$0.56 | \$0.04 | 7.69% |
| Family (3 Tier) | \$0.52 | \$0.56 | \$0.04 | 7.69% |
| Family (2 Tier) | \$0.50 | \$0.54 | \$0.04 | 8.00% |
| 18. <u>EXHP-138 WPS [EXC-8[Blue Choice 30]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.23 | \$0.24 | \$0.01 | 4.35% |
| Two Person | \$0.52 | \$0.56 | \$0.04 | 7.69% |
| Subscriber and Spouse | \$0.56 | \$0.60 | \$0.04 | 7.14% |
| Subscriber w/Child(ren) | \$0.46 | \$0.50 | \$0.04 | 8.70% |
| Subscriber w/ Children | \$0.56 | \$0.60 | \$0.04 | 7.14% |
| Family (4 Tier) | \$0.58 | \$0.62 | \$0.04 | 6.90% |
| Family (3 Tier) | \$0.58 | \$0.62 | \$0.04 | 6.90% |
| Family (2 Tier) | \$0.56 | \$0.60 | \$0.04 | 7.14% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$2 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.15 | \$0.17 | \$0.02 | 13.33% |
| Two Person | \$0.35 | \$0.38 | \$0.03 | 8.57% |
| Subscriber and Spouse | \$0.37 | \$0.40 | \$0.03 | 8.11% |
| Subscriber w/Child(ren) | \$0.31 | \$0.33 | \$0.02 | 6.45% |
| Subscriber w/ Children | \$0.37 | \$0.40 | \$0.03 | 8.11% |
| Family (4 Tier) | \$0.39 | \$0.42 | \$0.03 | 7.69% |
| Family (3 Tier) | \$0.38 | \$0.41 | \$0.03 | 7.89% |
| Family (2 Tier) | \$0.37 | \$0.40 | \$0.03 | 8.11% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.39 | \$0.42 | \$0.03 | 7.69% |
| Two Person | \$0.91 | \$0.97 | \$0.06 | 6.59% |
| Subscriber and Spouse | \$0.96 | \$1.03 | \$0.07 | 7.29% |
| Subscriber w/Child(ren) | \$0.79 | \$0.85 | \$0.06 | 7.59% |
| Subscriber w/ Children | \$0.95 | \$1.02 | \$0.07 | 7.37% |
| Family (4 Tier) | \$0.99 | \$1.06 | \$0.07 | 7.07% |
| Family (3 Tier) | \$0.99 | \$1.06 | \$0.07 | 7.07% |
| Family (2 Tier) | \$0.95 | \$1.02 | \$0.07 | 7.37% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.55 | \$0.59 | \$0.04 | 7.27% |
| Two Person | \$1.26 | \$1.35 | \$0.09 | 7.14% |
| Subscriber and Spouse | \$1.33 | \$1.43 | \$0.10 | 7.52% |
| Subscriber w/Child(ren) | \$1.09 | \$1.17 | \$0.08 | 7.34% |
| Subscriber w/ Children | \$1.31 | \$1.40 | \$0.09 | 6.87% |
| Family (4 Tier) | \$1.39 | \$1.49 | \$0.10 | 7.19% |
| Family (3 Tier) | \$1.38 | \$1.48 | \$0.10 | 7.25% |
| Family (2 Tier) | \$1.32 | \$1.42 | \$0.10 | 7.58% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.78 | \$0.84 | \$0.06 | 7.69% |
| Two Person | \$1.78 | \$1.91 | \$0.13 | 7.30% |
| Subscriber and Spouse | \$1.89 | \$2.03 | \$0.14 | 7.41% |
| Subscriber w/Child(ren) | \$1.54 | \$1.66 | \$0.12 | 7.79% |
| Subscriber w/ Children | \$1.87 | \$2.01 | \$0.14 | 7.49% |
| Family (4 Tier) | \$1.97 | \$2.11 | \$0.14 | 7.11% |
| Family (3 Tier) | \$1.96 | \$2.10 | \$0.14 | 7.14% |
| Family (2 Tier) | \$1.87 | \$2.01 | \$0.14 | 7.49% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$2.18 | \$2.34 | \$0.16 | 7.34% |
| Two Person | \$5.01 | \$5.39 | \$0.38 | 7.58% |
| Subscriber and Spouse | \$5.31 | \$5.71 | \$0.40 | 7.53% |
| Subscriber w/Child(ren) | \$4.33 | \$4.65 | \$0.32 | 7.39% |
| Subscriber w/ Children | \$5.25 | \$5.64 | \$0.39 | 7.43% |
| Family (4 Tier) | \$5.52 | \$5.93 | \$0.41 | 7.43% |
| Family (3 Tier) | \$5.50 | \$5.91 | \$0.41 | 7.45% |
| Family (2 Tier) | \$5.25 | \$5.64 | \$0.39 | 7.43% |
| 19. <u>EXHP-141</u> | | | | |
| Weight Loss Services Language Change | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 20. <u>EXHP-151</u> | | | | |
| Mastectomy Care Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 21. <u>EXHP-176</u> Allowable Expense Rider Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 22. <u>EXHP-187</u> Rider to Continue Coverage for Children Through Age 29 Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 23. <u>EXHP-189</u> Rider to Extend Temporary Continuation of Coverage Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 24. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> Dependent Coverage through Age 29 Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$17.41 | \$18.70 | \$1.29 | 7.41% |
| Subscriber w/ Children | \$21.13 | \$22.70 | \$1.57 | 7.43% |
| Family (4 Tier) | \$22.23 | \$23.88 | \$1.65 | 7.42% |
| Family (3 Tier) | \$22.17 | \$23.81 | \$1.64 | 7.40% |
| Family (2 Tier) | \$21.20 | \$22.77 | \$1.57 | 7.41% |
| 24. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> Dependent Coverage through Age 29 Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$16.78 | \$18.03 | \$1.25 | 7.45% |
| Subscriber w/ Children | \$20.31 | \$21.81 | \$1.50 | 7.39% |
| Family (4 Tier) | \$21.38 | \$22.96 | \$1.58 | 7.39% |
| Family (3 Tier) | \$21.30 | \$22.87 | \$1.57 | 7.37% |
| Family (2 Tier) | \$20.38 | \$21.89 | \$1.51 | 7.41% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 25. <u>EXHP-210[Blue Choice 25]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.57 | \$1.68 | \$0.11 | 7.01% |
| Two Person | \$3.62 | \$3.89 | \$0.27 | 7.46% |
| Subscriber and Spouse | \$3.84 | \$4.13 | \$0.29 | 7.55% |
| Subscriber w/Child(ren) | \$3.14 | \$3.37 | \$0.23 | 7.32% |
| Subscriber w/ Children | \$3.79 | \$4.07 | \$0.28 | 7.39% |
| Family (4 Tier) | \$3.99 | \$4.28 | \$0.29 | 7.27% |
| Family (3 Tier) | \$3.98 | \$4.27 | \$0.29 | 7.29% |
| Family (2 Tier) | \$3.79 | \$4.07 | \$0.28 | 7.39% |
| 25. <u>EXHP-210[Blue Choice 30]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.45 | \$1.56 | \$0.11 | 7.59% |
| Two Person | \$3.34 | \$3.58 | \$0.24 | 7.19% |
| Subscriber and Spouse | \$3.55 | \$3.82 | \$0.27 | 7.61% |
| Subscriber w/Child(ren) | \$2.90 | \$3.12 | \$0.22 | 7.59% |
| Subscriber w/ Children | \$3.50 | \$3.76 | \$0.26 | 7.43% |
| Family (4 Tier) | \$3.68 | \$3.95 | \$0.27 | 7.34% |
| Family (3 Tier) | \$3.67 | \$3.94 | \$0.27 | 7.36% |
| Family (2 Tier) | \$3.51 | \$3.77 | \$0.26 | 7.41% |
| 26. <u>EXR- 1</u> | | | | |
| Domestic Partner Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 27. <u>EXR- 70 Rev. 1; \$100 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.46 | \$0.50 | \$0.04 | 8.70% |
| Two Person | \$0.94 | \$1.01 | \$0.07 | 7.45% |
| Subscriber and Spouse | \$1.11 | \$1.19 | \$0.08 | 7.21% |
| Subscriber w/Child(ren) | \$0.93 | \$1.00 | \$0.07 | 7.53% |
| Subscriber w/ Children | \$1.04 | \$1.12 | \$0.08 | 7.69% |
| Family (4 Tier) | \$1.10 | \$1.18 | \$0.08 | 7.27% |
| Family (3 Tier) | \$1.10 | \$1.18 | \$0.08 | 7.27% |
| Family (2 Tier) | \$1.05 | \$1.13 | \$0.08 | 7.62% |
| 27. <u>EXR- 70 Rev. 1; \$250 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.43 | \$0.46 | \$0.03 | 6.98% |
| Two Person | \$0.87 | \$0.93 | \$0.06 | 6.90% |
| Subscriber and Spouse | \$1.04 | \$1.12 | \$0.08 | 7.69% |
| Subscriber w/Child(ren) | \$0.84 | \$0.91 | \$0.07 | 8.33% |
| Subscriber w/ Children | \$0.96 | \$1.03 | \$0.07 | 7.29% |
| Family (4 Tier) | \$1.04 | \$1.12 | \$0.08 | 7.69% |
| Family (3 Tier) | \$1.04 | \$1.12 | \$0.08 | 7.69% |
| Family (2 Tier) | \$0.96 | \$1.03 | \$0.07 | 7.29% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|-------------|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | | |
| 27. | <u>EXR- 70 Rev. 1; \$500 Copayment</u> | | | | |
| | Hospice Care | | | | |
| | Group Remittance | | | | |
| | Single | \$0.35 | \$0.38 | \$0.03 | 8.57% |
| | Two Person | \$0.79 | \$0.85 | \$0.06 | 7.59% |
| | Subscriber and Spouse | \$0.85 | \$0.92 | \$0.07 | 8.24% |
| | Subscriber w/Child(ren) | \$0.71 | \$0.76 | \$0.05 | 7.04% |
| | Subscriber w/ Children | \$0.86 | \$0.93 | \$0.07 | 8.14% |
| | Family (4 Tier) | \$0.91 | \$0.97 | \$0.06 | 6.59% |
| | Family (3 Tier) | \$0.91 | \$0.97 | \$0.06 | 6.59% |
| | Family (2 Tier) | \$0.86 | \$0.93 | \$0.07 | 8.14% |
| 27. | <u>EXR- 70 Rev. 1; \$750 Copayment</u> | | | | |
| | Hospice Care | | | | |
| | Group Remittance | | | | |
| | Single | \$0.40 | \$0.43 | \$0.03 | 7.50% |
| | Two Person | \$0.94 | \$1.01 | \$0.07 | 7.45% |
| | Subscriber and Spouse | \$0.98 | \$1.05 | \$0.07 | 7.14% |
| | Subscriber w/Child(ren) | \$0.80 | \$0.86 | \$0.06 | 7.50% |
| | Subscriber w/ Children | \$0.98 | \$1.05 | \$0.07 | 7.14% |
| | Family (4 Tier) | \$1.03 | \$1.11 | \$0.08 | 7.77% |
| | Family (3 Tier) | \$1.03 | \$1.11 | \$0.08 | 7.77% |
| | Family (2 Tier) | \$0.98 | \$1.05 | \$0.07 | 7.14% |
| 27. | <u>EXR- 70 Rev. 1; \$1000 Copayment</u> | | | | |
| | Hospice Care | | | | |
| | Group Remittance | | | | |
| | Single | \$0.38 | \$0.41 | \$0.03 | 7.89% |
| | Two Person | \$0.90 | \$0.96 | \$0.06 | 6.67% |
| | Subscriber and Spouse | \$0.96 | \$1.03 | \$0.07 | 7.29% |
| | Subscriber w/Child(ren) | \$0.78 | \$0.84 | \$0.06 | 7.69% |
| | Subscriber w/ Children | \$0.94 | \$1.01 | \$0.07 | 7.45% |
| | Family (4 Tier) | \$0.98 | \$1.05 | \$0.07 | 7.14% |
| | Family (3 Tier) | \$0.98 | \$1.05 | \$0.07 | 7.14% |
| | Family (2 Tier) | \$0.94 | \$1.01 | \$0.07 | 7.45% |
| 28. | <u>EXR- 71 Rev. 1; Eyewear \$60 Allowance</u> | | | | |
| | Vision Care Benefits | | | | |
| | Group Remittance | | | | |
| | Single | \$2.68 | \$2.88 | \$0.20 | 7.46% |
| | Two Person | \$6.18 | \$6.64 | \$0.46 | 7.44% |
| | Subscriber and Spouse | \$6.54 | \$7.02 | \$0.48 | 7.34% |
| | Subscriber w/Child(ren) | \$5.32 | \$5.72 | \$0.40 | 7.52% |
| | Subscriber w/ Children | \$6.74 | \$7.24 | \$0.50 | 7.42% |
| | Family (4 Tier) | \$7.09 | \$7.62 | \$0.53 | 7.48% |
| | Family (3 Tier) | \$7.08 | \$7.61 | \$0.53 | 7.49% |
| | Family (2 Tier) | \$6.77 | \$7.27 | \$0.50 | 7.39% |
| 28. | <u>EXR- 71 Rev. 1; Vision Exam \$40 Copay</u> | | | | |
| | Vision Care Benefits | | | | |
| | Group Remittance | | | | |
| | Single | \$0.74 | \$0.80 | \$0.06 | 8.11% |
| | Two Person | \$1.74 | \$1.87 | \$0.13 | 7.47% |
| | Subscriber and Spouse | \$1.81 | \$1.95 | \$0.14 | 7.73% |
| | Subscriber w/Child(ren) | \$1.48 | \$1.59 | \$0.11 | 7.43% |
| | Subscriber w/ Children | \$1.90 | \$2.04 | \$0.14 | 7.37% |
| | Family (4 Tier) | \$1.99 | \$2.13 | \$0.14 | 7.04% |
| | Family (3 Tier) | \$1.99 | \$2.13 | \$0.14 | 7.04% |
| | Family (2 Tier) | \$1.90 | \$2.04 | \$0.14 | 7.37% |

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 28. <u>EXR- 71 Rev. 1; Vision Exam \$50 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$0.34 | \$0.37 | \$0.03 | 8.82% |
| Two Person | \$0.79 | \$0.85 | \$0.06 | 7.59% |
| Subscriber and Spouse | \$0.83 | \$0.90 | \$0.07 | 8.43% |
| Subscriber w/Child(ren) | \$0.69 | \$0.74 | \$0.05 | 7.25% |
| Subscriber w/ Children | \$0.81 | \$0.87 | \$0.06 | 7.41% |
| Family (4 Tier) | \$0.86 | \$0.93 | \$0.07 | 8.14% |
| Family (3 Tier) | \$0.86 | \$0.93 | \$0.07 | 8.14% |
| Family (2 Tier) | \$0.81 | \$0.87 | \$0.06 | 7.41% |
| 29. <u>EXR-130</u> | | | | |
| HMO 25 Hearing Aid (Language Clarification) Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 30. <u>IPA-662G</u> | | | | |
| Injectable Drug Rider | | | | |
| Group Remittance | | | | |
| Single | (\$0.48) | (\$0.52) | (\$0.04) | 8.33% |
| Two Person | (\$1.07) | (\$1.15) | (\$0.08) | 7.48% |
| Subscriber and Spouse | (\$1.18) | (\$1.27) | (\$0.09) | 7.63% |
| Subscriber w/Child(ren) | (\$1.01) | (\$1.08) | (\$0.07) | 6.93% |
| Subscriber w/ Children | (\$1.16) | (\$1.25) | (\$0.09) | 7.76% |
| Family (4 Tier) | (\$1.26) | (\$1.35) | (\$0.09) | 7.14% |
| Family (3 Tier) | (\$1.25) | (\$1.34) | (\$0.09) | 7.20% |
| Family (2 Tier) | (\$1.20) | (\$1.29) | (\$0.09) | 7.50% |
| 31. <u>IPA-663</u> | | | | |
| Pre and Post Natal Visit Fee Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.49 | \$0.53 | \$0.04 | 8.16% |
| Two Person | \$1.13 | \$1.22 | \$0.09 | 7.96% |
| Subscriber and Spouse | \$1.20 | \$1.29 | \$0.09 | 7.50% |
| Subscriber w/Child(ren) | \$1.03 | \$1.11 | \$0.08 | 7.77% |
| Subscriber w/ Children | \$1.25 | \$1.34 | \$0.09 | 7.20% |
| Family (4 Tier) | \$1.30 | \$1.39 | \$0.09 | 6.92% |
| Family (3 Tier) | \$1.30 | \$1.39 | \$0.09 | 6.92% |
| Family (2 Tier) | \$1.25 | \$1.34 | \$0.09 | 7.20% |
| 32. <u>IPA-667</u> | | | | |
| Cancer Drug Rider | | | | |
| Group Remittance | | | | |
| Single | (\$4.80) | (\$5.15) | (\$0.35) | 7.29% |
| Two Person | (\$11.03) | (\$11.85) | (\$0.82) | 7.43% |
| Subscriber and Spouse | (\$11.71) | (\$12.58) | (\$0.87) | 7.43% |
| Subscriber w/Child(ren) | (\$9.98) | (\$10.72) | (\$0.74) | 7.41% |
| Subscriber w/ Children | (\$12.09) | (\$12.99) | (\$0.90) | 7.44% |
| Family (4 Tier) | (\$12.73) | (\$13.67) | (\$0.94) | 7.38% |
| Family (3 Tier) | (\$12.69) | (\$13.63) | (\$0.94) | 7.41% |
| Family (2 Tier) | (\$12.13) | (\$13.03) | (\$0.90) | 7.42% |
| 33. <u>NYSHIP-12</u> | | | | |
| Blue Choice Rider | | | | |
| Group Remittance | | | | |
| Single | \$8.50 | \$9.13 | \$0.63 | 7.41% |
| Family | \$21.51 | \$23.11 | \$1.60 | 7.44% |

Factors

Factors

Factor Calculation to add Contraceptives to Drug riders

EXHP-91 (Contraceptives)

Four-Tier

| | |
|---------------------------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Two Person | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Single Parent w/ Children | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Three-Tier

| | |
|------------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Two Person | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Two-Tier

| | |
|--------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Factors

Factor Calculation for Specialty Drug Pharmacy Network

EXR-108 (Specialty Drug Pharmacy Network)

Four-Tier

| | |
|---------------------------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Two Person | (0.992) x selected drug rider rate |
| Single Parent w/ Children | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

Three-Tier

| | |
|------------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Two Person | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

Two-Tier

| | |
|--------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

This prescription drug [rider; endorsement] incorporates a mandatory specialty drug pharmacy network into all Article 43 prescription drug forms to which it is attached.

Specialty medications are those medications that are designed for conditions that are difficult to treat with traditional therapies, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, growth hormone deficiency, and others.

| <u>Prescribed for:</u> | <u>Specialty Medication</u> |
|---------------------------|--|
| Blood Cell Modification | Neumega |
| Cancer: Antineoplastic | Alferon N, Roferon-A |
| Cystic Fibrosis | Pulmozyme, TOBI |
| Infertility | Bravelle, Cetrotide, Chorionic Gonadotrophin, Fertinex, Follistim AQ, Gonal F, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Profasi, Repronex, Synarel |
| Growth Hormone Deficiency | Genotropin, Humatrope, Increlex, Norditropin, Nutropin/AQ, Saizen, Serostim |
| Hepatitis C | Copegus, Infergen, Peg Intron, Pegasys, Rebetol (ribavirin) |
| Multiple Sclerosis | Avonex, Betaseron, Copaxone, Rebif |
| Osteoporosis | Forteo |
| Psoriasis | Enbrel, Raptiva |
| Rheumatoid Arthritis | Enbrel, Humira, Kineret |

[Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.

Limitations and exclusions of underlying forms:

First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

Commission Schedule

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section A below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **Commissionable Medical Products**

A. Large Group

- (1) [HealthyBlue High Deductible Health Plan; ActiveUnivera High Deductible Health Plan]
- (2) [BluePPO HSA Options 1-4; UniveraPPO HSA Options 1-4]
- (3) [SimplyBlue High Deductible Health Plan; valUcare High Deductible Health Plan]
- (4) [HealthyBlue Copay Plan, SimplyBlue Copay Plan; ActiveUnivera Copay Plan, valUcare Copay Plan]
- (5) [HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan; ActiveUnivera Copay/Deductible Plan, valUcare Copay/Deductible Plan]
- (6) [Excellus BluePPO; UniveraPPO]
- (7) [Blue Point 3; Univera POS Select]
- (8) Blue Preferred PPO
- (9) Excellus BlueEPO
- (10) Blue Point 2]
- (11) [Classic Blue Traditional, Classic Blue Comprehensive, Classic Blue Secure; Classic Univera Traditional, Classic Univera Comprehensive]
- (12) [Blue Choice/HMO Blue \$25 and \$30]

B. Small Group

- (1) Off- SHOP
 - i. [SimplyBlue+ PPO, valUcare+ PPO]
 - ii. Healthy New York
- (2) SHOP
 - i. [SimplyBlue+ PPO, valUcare+ PPO]

C. Individual

- (1) Off Exchange
 - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
 - ii. [ExchangeBassettEPO]
- (2) On Exchange
 - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
 - ii. [ExchangeBassettEPO]

3. **Commissionable Dental Products**

- A. [Dental Blue Options; Univera Dental Select]
- B. [Dental Blue Classic; Univera Dental Traditions]
- C. Smile Saver (Growth only)
- D. Dental Blue PPO (Growth only)
- E. Dental Options I or II (Growth only)
- F. Dental Schedule A, B or C (Growth only)
- G. Prime Blue Dental (Growth only)]

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.
2. **Existing Medical Business** commissions will be subject to a \$150,000 annual maximum per group, with the exception of exclusive business with effective dates on or after January 1, 2014.

3. **Commission Schedules**

- A. Small Group (includes HMO business): 4% of Paid Premium
- B. Large Group (excludes HMO business): % of Paid Premium as follows:

| Cumulative YTD Paid Premium | Percent of Paid Premium |
|-----------------------------|-------------------------|
| First \$500,000 | 4.5% |
| \$500,001 - \$1,000,000 | 4.0% |
| \$1,000,001 - \$1,500,000 | 3.5% |
| \$1,500,001 - \$2,000,000 | 2.5% |
| \$2,000,001-\$5,000,000 | 1.5% |
| \$5,000,001+ | 1.0% |

- C. Individual Market: \$25.00 Per Contract Per Month (PCPM)

4. **Medical Business Override Program**

- A. New Medical Business Override

The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

| New Medical Contracts | New Medical Group Minimum | Payment |
|-----------------------|---------------------------|-----------|
| 100-249 | Two | \$15,000 |
| 250-499 | Two | \$30,000 |
| 500-999 | Three | \$50,000 |
| 1,000-1,499 | Four | \$100,000 |
| 1,500 or more | Five | \$150,000 |

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

| % of Medical Contracts Retained | Payment | Maximum Payment |
|--|---------------------------|------------------------|
| 95.0% | 0.50% of in force premium | \$50,000 per agency |
| 98.0% | 0.75% of in force premium | \$75,000 per agency |

SECTION C – DENTAL BUSINESS

- New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in [Dental Blue Options or Dental Blue Classic; Univera Dental Select or Univera Dental Traditions] plans for all Broker of Record Letters in effect on or after 01/01/2014.

| Annual Premium Paid by Group | Commission Percentage |
|-------------------------------------|------------------------------|
| Up to \$20,000 | 12% |
| \$20,001-\$30,000 | 10% |
| \$30,001-\$40,000 | 8% |
| \$40,001-\$50,000 | 6% |
| \$50,001-\$100,000 | 5% |
| Greater than \$100,000 | 2% |

- Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

| Annual Premium Paid by Group | Commission Percentage |
|-------------------------------------|------------------------------|
| Up to \$20,000 | 12% |
| \$20,001-\$30,000 | 10% |
| \$30,001-\$40,000 | 8% |
| \$40,001-\$50,000 | 6% |
| \$50,001-\$100,000 | 5% |
| Greater than \$100,000 | 2% |

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield; Univera Healthcare
 Agent/Broker Commission Schedule
 Effective Date: January 01, 2014
 Community and Experience Rated
Rate Manual

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment. RMSCO business will be included in the qualifying calculation.

| New Dental Contracts | New Dental Group Minimum | Payment |
|-----------------------------|---------------------------------|----------------|
| 100-199 | Two | \$2,000 |
| 200-299 | Three | \$5,000 |
| 300-399 | Four | \$10,000 |
| 400-499 | Five | \$15,000 |
| 500 or more | Six | \$30,000 |

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation. RMSCO business will be included in the qualifying calculation.

| % of Dental Contracts Retained | Payment | Maximum Payment |
|---------------------------------------|------------------------|------------------------|
| 95.0% | 3% of in force premium | \$20,000 per agency |
| 98.0% | 5% of in force premium | \$40,000 per agency |

Underwriting Guidelines

Excellus



Medical Commercial Community Rated Underwriting Guidelines Applied on a Group Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Introduction

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

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the group/subscriber/dependent does not meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous group commercial guidelines in use.

Table of Contents:

- I. Group Eligibility 4
 - A. Eligible Groups 4
 - B. Ineligible Groups 4
 - C. Group Size 5
 - D. Group Effective Date 5
 - E. Group Renewal Date 5
 - F. Guaranteed Renewal 6
 - G. Open Enrollment Period 6
 - H. Special Open Enrollment Periods 6
- II. Subscriber/Dependent Eligibility 6
 - A. Eligible Subscriber 6
 - B. Employer Probationary Periods 7
 - C. Eligible Dependent 7
 - D. Subscriber/Dependent Initial Enrollment and Retroactivity 8
 - E. Special Enrollment Periods 8
- III. Product Offering Requirements 8
 - A. Participation Percentages 8
 - B. Maximum Number of Products or Options 9
 - C. Multiple Offerings 9
 - D. Group-Initiated Changes in Coverage 10
 - E. Rating 10
 - F. Rate Changes 10
 - G. Other Requirements Eligibility Verification 10

I. Group Eligibility

A. Eligible Groups:

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

Employer group/trust:

The group/trust:

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

Association groups:

The association:

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

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

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

C. Group Size:

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

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

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

D. Group Effective Date:

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

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

E. Group Renewal Date:

Groups renew annually as follows:

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

F. Guaranteed Renewal:

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

1. Nonpayment of premium.

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

G. Open Enrollment Period:

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

H. Special Open Enrollment Periods:

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

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

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

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

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

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

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

B. Employer Probationary Periods:

Employers may select probationary periods from zero to ninety days.

C. Eligible Dependent:

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

1. Spouses

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

2. Dependent Children

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

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

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

D. Subscriber/Dependent Initial Enrollment and Retroactivity

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

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

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

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

E. Special Enrollment Periods:

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

III. Product Offering Requirements

A. Participation Percentages:

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

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

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

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

B. Maximum Number of Products or Options:

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

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

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

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

C. Multiple Offerings:

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

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

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

D. Group-Initiated Changes in Coverage:

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

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

E. Rating:

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

F. Rate Changes:

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

G. Other Requirements Eligibility Verification:

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

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

Expected Medical Loss Ratio

Expected loss ratios for each permitted aggregation of policy forms

| Rating Pool / Policy Form Aggregation | Projected Loss Ratio |
|--|-----------------------------|
| LG HMO | 85.8% |

Composition of Rating Regions

Excellus Health Plan Inc.
Excellus BCBS Rochester Region

Rating Region Definitions

New York State County

Rochester

Livingston

Monroe

Ontario

Seneca

Wayne

Yates

Excelsus Health Plans, Inc
Excelsus BCBS, Syracuse Region

165 Court Street
Rochester, NY 14647

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

Rate Manual / Exhibit A
Effective January 1, 2015

Table of Contents

- I) **Managed Care Large Group**
 - a) **Index**
 - b) **Outline of essential benefits, coverage, limitations, and exclusions**
 - c) **Rate schedule**
 - 1) **Factors**
- II) **Commissions Schedule**
- III) **Underwriting Guidelines**
- IV) **Expected Medical Loss Ratios**
- V) **Composition of Rating Regions**

Large Group (Managed Care)

Index

Index

HMO

1. EXC-8 Rev. 1, EXHP-160, EXR-215; HMO Blue [25, 30] Basic Contract
2. EXHP-11 Rev.1; Michelle's Law
3. EXHP-47; Drug Rider [- Limited Network]
4. EXHP-51; Drug Rider [- Limited Network]
5. EXHP-53; Prehospital Emergency Services and Ambulance Transportation Benefit
6. EXHP-69 Rev.1; Prescription Drug Rider
7. EXHP-76 Rev.2; Durable Medical Equipment and External Prosthetic Devices Rider
8. EXHP-79; Blue Card Language Rider
9. EXHP-84; Blue Card Language Rider
10. EXHP-85; Mandate Rider
11. EXHP-87; Mandate Rider
12. EXHP-89; Mandate Endorsement
13. EXHP-107; Mammography Screening
14. EXHP-108; Cervical Cytology Screening
15. EXHP-113; Prescription Drug Rider
16. EXHP-123; Diabetic Equip & Supply Mandate-change from legally blind to visually impaired
17. EXHP-131, EXR-108; Prescription Drug Endorsement
18. EXHP-138; PPACA Health Care Reform Rider
19. EXHP-141; Weight Loss Services Language Change
20. EXHP-176; Allowable Expense Rider
21. EXHP-187; Rider to Continue Coverage for Children Through Age 29
22. EXHP-189; Rider to Extend Temporary Continuation of Coverage
23. EXHP-191; Dependent Coverage through Age 29
24. EXHP-210; Autism Mandate
25. EXR-70 Rev. 1; Hospice Care
26. EXR-71 Rev. 1; Vision Care Benefits
27. EXR-130; HMO 25 Hearing Aid (Language Clarification) Rider
28. H DCOP R 01 REV. 1; Prescription Drug Rider
29. NYSHIP-12; HMO Blue Rider

**Outline of essential benefits, coverages, limitations,
and exclusions**

1. EXC-8 Rev. 1, EXHP-160, EXR-215
HMO Blue [25, 30] Basic Contract

Inpatient Services, Skilled Nursing Facility and Maternity for Mother covered with a \$500 copayment per admission, [\$100; \$250, \$750, \$1000] copayment options are available. Newborn Nursery and Internal Prosthetic Devices are covered in full. [up to 60 days of Inpatient Hospital Physical Rehabilitation subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment]. Mental Health is covered subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment for up to 30 days [Large Group: unlimited days for biological illness and serious illness for children]. Chemical Dependency Detoxification and Rehabilitation are not covered. Services not covered are charges for special duty nurses, private room, blood (except for the treatment of hemophilia), non-medical items and custodial care. Facility Surgery subject to a [\$50; \$75] copayment. Diagnostic Laboratory and Pathology Services, Radiation, Chemotherapy Therapy, Hemodialysis, Mammography Screening, Pap Smears, and up to 60 days per calendar year for Chemical Dependency are subject to a [\$25, \$30] copayment. Diagnostic Imaging, Cardiac Rehabilitation and up to 30 visits per calendar year combined for related physical, occupational, and speech therapy are subject to a [\$40, \$50] copayment. Outpatient Mental Health is covered subject to a [\$40, \$50] copayment for up to 30 visits [Large Group: unlimited visits for biological illness and serious illness for children]. Pre-Admission Testing is covered in full. Inpatient Surgery covered at the lesser of: a \$200 Copayment or 20% of the Allowable Expense. Outpatient Surgery covered at [a \$40 Copayment; a \$50 Copayment; the lesser of: a \$200 Copayment or 20% of the Allowable Expense]. Office Surgery covered at the lesser of: a \$50 Copayment or 20% of the Allowable Expense. Maternity Care for a normal pregnancy covered at [\$25, \$30] Copayment per visit for pre-natal and post-natal care for the first 10 visits and the lesser of a \$200 copayment or 20% of the Allowable Expense. Complications of Pregnancy and Termination are covered at the lesser of a \$200 copayment or 20% of the Allowable Expense. Anesthesia, In-Hospital Medical Services, and Well Child and Immunizations are covered in full. Adult Routine Physical Exams, Adult Immunizations, Diagnostic Laboratory and Pathology Services, Diagnostic Imaging, Radiation Therapy, Chemotherapy, Hemodialysis, Mammography Screening, Gynecological Services, Prostate Cancer Screening, Bone Density Screening are subject to a [\$25, \$30] copayment. Additional Surgical Opinions, Chiropractic Care, Diagnostic Vision Exams, Diagnostic Hearing Exams, up to 30 visits per calendar year combined for related Physical, Occupational, and Speech Therapy are subject to a [\$40, \$50] copayment. Diagnostic Office Visits, Office Consultations, Allergy Testing and Treatment are subject a [\$25, \$30] Copayment for visits to a Primary Care Physician, and a [\$40, \$50] Copayment for visits to a Specialist. Hearing Aids coverage for up to two hearing aids every three years subject to a \$600 maximum for both hearing aids (not \$600 each) and subject to a [\$40, \$50] Copayment for each visit for a fitting. Pre-hospital Emergency Services and Transportation subject to a \$100 Copayment. Up to 40 Home Care visits per calendar year covered in full. Diabetic Supplies and Insulin for each 30-day supply, Diabetic education, and Diabetic durable medical equipment are subject to a [\$25, \$30] Copayment. Care for an Emergency Condition in the emergency room of a Hospital is subject to a [\$100, \$150] Copayment. Care for an Emergency Condition in a free standing urgent care center is subject to a \$50 Copayment. However, this Copayment will be waived if admitted to the Hospital as an inpatient within 24 hours of the emergency room visit.

2. EXHP-11 Rev.1
Michelle's Law

A full-time student covered under this Contract, Certificate or Group Plan who takes a leave of absence from an accredited institution of learning due to an illness or injury will continue to be covered under this Contract, Certificate or Group Plan for up to twelve months from the date of the leave of absence. However, in no event will a child be covered beyond the age at which coverage of children who are enrolled as full-time students terminates under the Contract, Certificate, Group Plan and/or applicable Rider(s). The medical necessity of the child's leave of absence must be certified by the child's attending physician and written documentation of the illness or injury must be submitted to us.

3. EXHP-47
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with copayment options as follows: (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

4. EXHP-51
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with coinsurance options as follows: (50% Formulary with \$1,000 Single / \$1,500 Family Payment Cap per calendar year). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

5. EXHP-53
Prehospital Emergency Services and Ambulance Transportation Benefit

Covers pre-hospital emergency services and land transportation.

6. EXHP-69 Rev.1
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$5/\$10/\$25), (\$5/\$15/\$35), (\$10/\$30/\$50), (\$7/\$50/\$100). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.
7. EXHP-76 Rev.2
Durable Medical Equipment and External Prosthetic Devices Rider
This rider provides coverage for durable medical equipment and external prosthetic devices subject to a 50% coinsurance and a \$15,000 per member per calendar year maximum for external prosthetic devices.
8. EXHP-79
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
9. EXHP-84
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
10. EXHP-85
Mandate Rider
This rider adds infertility mandate benefits to Article 44 coverage.
11. EXHP-87
Mandate Rider
This rider adds bone density mandate benefits to Article 44 coverage. Specifically, this rider provides coverage for bone mineral density measurements and tests for the detection of osteoporosis.
12. EXHP-89
Mandate Endorsement
This Endorsement amends the rider or contract to which it attaches to by adding or replacing benefits for approved drugs and/or devices for the treatment of osteoporosis.
13. EXHP-107
Mammography Screening
Women's Health Mandate for mammography screening.
14. EXHP-108
Cervical Cytology Screening
This rider reflects benefits from the Women's Health Mandate for Cervical Cytology Screenings.
15. EXHP-113
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options as follows: \$7 Copayment for Generic Drugs.
16. EXHP-123
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired
This policy changes language to the diabetic mandate language in the [Contract; Certificate or Group Health Plan; rider] to which this policy is attached. Specifically, the words "legally blind" are being replaced with "visually impaired". This language change is not expected to impact claims cost in anyway, since we believe the "visually impaired" covered population is equivalent to the "legally blind" covered population.

17. EXHP-131, EXR-108
Prescription Drug Endorsement
This prescription drug endorsement changes the mail-order prescription drug copayment for a 61-90 day supply from three-times the 30 day copayment to two-times the 30 day copayment.
18. EXHP-138
PPACA Health Care Reform Rider
This Rider changes provisions in, or adds provisions to, your Contract or Certificate including any affected riders or endorsements thereto, as required by the federal Patient Protection and Affordable Care Act.
19. EXHP-141
Weight Loss Services Language Change
Language endorsement which revises the criteria of medical necessity as it pertains to excluded services associated with weight loss.
20. EXHP-176
Allowable Expense Rider
This Rider changes the Allowable Expense definition in your coverage. There is no rate impact as this rider merely more accurately describes UCR. There are no associated changes in fees and no associated changes in how our claims are currently adjudicated.
21. EXHP-187
Rider to Continue Coverage for Children Through Age 29
This Rider allows eligible children to continue coverage under your Contract or Certificate and any applicable Rider(s) thereto.
22. EXHP-189
Rider to Extend Temporary Continuation of Coverage
This Rider extends continued coverage available under your Contract or Certificate and any applicable Rider(s) thereto.
23. EXHP-191
Dependent Coverage through Age 29
Children Covered through age 29. If you selected other than individual coverage, your child will be eligible for coverage through the age of 29 years when the child: A. Is unmarried ;B. Is not, as an employee or member, insured by or eligible for coverage under any employee health benefit plan, whether insured or self-insured; and C. Lives, works or resides in the Enrollment Area for your Contract or Certificate.
24. EXHP-210
Autism Mandate
This rider provides mandated coverage for Autism related benefits.
25. EXR-70 Rev. 1
Hospice Care
This rider adds coverage for up to 210 days per year for hospice services subject to a [\$100, \$250, \$500, \$750, \$1000] copayment to pay when services are begun.
26. EXR-71 Rev. 1
Vision Care Benefits
This rider adds coverage for a routine eye exam subject to a [\$40, \$50] Copayment [and up to \$60 for eyewear] once every two calendar years for adults and every year for children.
27. EXR-130
HMO 25 Hearing Aid (Language Clarification) Rider
Language endorsement which revises the hearing aid benefit language to specify that coverage is limited to covered dependents under the age of 19.
28. H DCOP R 01 REV. 1
Prescription Drug Rider
Rider Prescription Drugs \$[(5/15/30); (5/20/35); (10/25/40)]

29. NYSHIP-12
HMO Blue Rider

Full-time Students covered until age 25. Inpatient care covered in full. Inpatient rehabilitation care for substance abuse and alcoholism: provides 30 days of care per person, per calendar year. Unlimited Inpatient Detoxification Care for Alcoholism or Drug Addiction is provided. No Calendar Year Maximum for Durable Medical Equipment, External Prosthetic Appliances and Orthotic Devices. PCP sick child visits to age 19, Mammography visits, routine GYN including Pap Smears, routine physicals and routine prostate cancer screening are subject to a \$5 copayment per visit.

Rate schedule

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| HMO Blue [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$649.74 | \$537.81 | (\$111.93) | -17.23% |
| Two Person | \$1,318.99 | \$1,091.77 | (\$227.22) | -17.23% |
| Subscriber w/Child(ren) | \$987.60 | \$817.47 | (\$170.13) | -17.23% |
| Subscriber and Spouse | \$1,468.43 | \$1,215.47 | (\$252.96) | -17.23% |
| Family (4 Tier) | \$1,741.31 | \$1,441.33 | (\$299.98) | -17.23% |
| Family (3 Tier) | \$1,682.86 | \$1,392.95 | (\$289.91) | -17.23% |
| Family (2 Tier) | \$1,546.40 | \$1,280.00 | (\$266.40) | -17.23% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| HMO Blue [30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$627.34 | \$519.27 | (\$108.07) | -17.23% |
| Two Person | \$1,273.49 | \$1,054.11 | (\$219.38) | -17.23% |
| Subscriber w/Child(ren) | \$953.56 | \$789.29 | (\$164.27) | -17.23% |
| Subscriber and Spouse | \$1,417.77 | \$1,173.53 | (\$244.24) | -17.23% |
| Family (4 Tier) | \$1,681.27 | \$1,391.64 | (\$289.63) | -17.23% |
| Family (3 Tier) | \$1,624.81 | \$1,344.91 | (\$279.90) | -17.23% |
| Family (2 Tier) | \$1,493.05 | \$1,235.84 | (\$257.21) | -17.23% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$2.26) | (\$1.87) | \$0.39 | -17.26% |
| Two Person | (\$4.61) | (\$3.82) | \$0.79 | -17.14% |
| Subscriber w/Child(ren) | (\$3.46) | (\$2.86) | \$0.60 | -17.34% |
| Subscriber and Spouse | (\$5.13) | (\$4.25) | \$0.88 | -17.15% |
| Family (4 Tier) | (\$6.09) | (\$5.04) | \$1.05 | -17.24% |
| Family (3 Tier) | (\$5.89) | (\$4.88) | \$1.01 | -17.15% |
| Family (2 Tier) | (\$5.40) | (\$4.47) | \$0.93 | -17.22% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$3.87 | \$3.20 | (\$0.67) | -17.31% |
| Two Person | \$7.88 | \$6.52 | (\$1.36) | -17.26% |
| Subscriber w/Child(ren) | \$5.89 | \$4.88 | (\$1.01) | -17.15% |
| Subscriber and Spouse | \$8.75 | \$7.25 | (\$1.50) | -17.14% |
| Family (4 Tier) | \$10.37 | \$8.58 | (\$1.79) | -17.26% |
| Family (3 Tier) | \$10.04 | \$8.31 | (\$1.73) | -17.23% |
| Family (2 Tier) | \$9.22 | \$7.63 | (\$1.59) | -17.25% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u> | | | | |
| HMO Blue [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$0.83) | (\$0.69) | \$0.14 | -16.87% |
| Two Person | (\$1.72) | (\$1.42) | \$0.30 | -17.44% |
| Subscriber w/Child(ren) | (\$1.29) | (\$1.07) | \$0.22 | -17.05% |
| Subscriber and Spouse | (\$1.90) | (\$1.58) | \$0.32 | -16.84% |
| Family (4 Tier) | (\$2.25) | (\$1.86) | \$0.39 | -17.33% |
| Family (3 Tier) | (\$2.19) | (\$1.81) | \$0.38 | -17.35% |
| Family (2 Tier) | (\$2.01) | (\$1.67) | \$0.34 | -16.92% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$11.17 | \$9.24 | (\$1.93) | -17.28% |
| Two Person | \$22.68 | \$18.77 | (\$3.91) | -17.24% |
| Subscriber w/Child(ren) | \$16.97 | \$14.04 | (\$2.93) | -17.27% |
| Subscriber and Spouse | \$25.25 | \$20.90 | (\$4.35) | -17.23% |
| Family (4 Tier) | \$29.95 | \$24.79 | (\$5.16) | -17.23% |
| Family (3 Tier) | \$28.94 | \$23.96 | (\$4.98) | -17.21% |
| Family (2 Tier) | \$26.59 | \$22.01 | (\$4.58) | -17.22% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$6.96 | \$5.76 | (\$1.20) | -17.24% |
| Two Person | \$14.14 | \$11.71 | (\$2.43) | -17.19% |
| Subscriber w/Child(ren) | \$10.59 | \$8.76 | (\$1.83) | -17.28% |
| Subscriber and Spouse | \$15.75 | \$13.04 | (\$2.71) | -17.21% |
| Family (4 Tier) | \$18.67 | \$15.45 | (\$3.22) | -17.25% |
| Family (3 Tier) | \$18.05 | \$14.94 | (\$3.11) | -17.23% |
| Family (2 Tier) | \$16.57 | \$13.71 | (\$2.86) | -17.26% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$4.81) | (\$3.98) | \$0.83 | -17.26% |
| Two Person | (\$9.76) | (\$8.08) | \$1.68 | -17.21% |
| Subscriber w/Child(ren) | (\$7.31) | (\$6.05) | \$1.26 | -17.24% |
| Subscriber and Spouse | (\$10.85) | (\$8.98) | \$1.87 | -17.24% |
| Family (4 Tier) | (\$12.88) | (\$10.66) | \$2.22 | -17.24% |
| Family (3 Tier) | (\$12.45) | (\$10.30) | \$2.15 | -17.27% |
| Family (2 Tier) | (\$11.44) | (\$9.47) | \$1.97 | -17.22% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$9.62) | (\$7.97) | \$1.65 | -17.15% |
| Two Person | (\$19.51) | (\$16.15) | \$3.36 | -17.22% |
| Subscriber w/Child(ren) | (\$14.61) | (\$12.09) | \$2.52 | -17.25% |
| Subscriber and Spouse | (\$21.73) | (\$17.99) | \$3.74 | -17.21% |
| Family (4 Tier) | (\$25.76) | (\$21.33) | \$4.43 | -17.20% |
| Family (3 Tier) | (\$24.90) | (\$20.62) | \$4.28 | -17.19% |
| Family (2 Tier) | (\$22.87) | (\$18.93) | \$3.94 | -17.23% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.58 | \$1.30 | (\$0.28) | -17.72% |
| Two Person | \$3.21 | \$2.66 | (\$0.55) | -17.13% |
| Subscriber w/Child(ren) | \$2.40 | \$1.99 | (\$0.41) | -17.08% |
| Subscriber and Spouse | \$3.60 | \$2.98 | (\$0.62) | -17.22% |
| Family (4 Tier) | \$4.24 | \$3.51 | (\$0.73) | -17.22% |
| Family (3 Tier) | \$4.10 | \$3.40 | (\$0.70) | -17.07% |
| Family (2 Tier) | \$3.77 | \$3.12 | (\$0.65) | -17.24% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.49 | \$1.24 | (\$0.25) | -16.78% |
| Two Person | \$3.04 | \$2.51 | (\$0.53) | -17.43% |
| Subscriber w/Child(ren) | \$2.28 | \$1.89 | (\$0.39) | -17.11% |
| Subscriber and Spouse | \$3.38 | \$2.79 | (\$0.59) | -17.46% |
| Family (4 Tier) | \$4.01 | \$3.32 | (\$0.69) | -17.21% |
| Family (3 Tier) | \$3.89 | \$3.22 | (\$0.67) | -17.22% |
| Family (2 Tier) | \$3.59 | \$2.97 | (\$0.62) | -17.27% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.46 | \$1.21 | (\$0.25) | -17.12% |
| Two Person | \$2.98 | \$2.46 | (\$0.52) | -17.45% |
| Subscriber w/Child(ren) | \$2.24 | \$1.85 | (\$0.39) | -17.41% |
| Subscriber and Spouse | \$3.33 | \$2.76 | (\$0.57) | -17.12% |
| Family (4 Tier) | \$3.95 | \$3.27 | (\$0.68) | -17.22% |
| Family (3 Tier) | \$3.81 | \$3.16 | (\$0.65) | -17.06% |
| Family (2 Tier) | \$3.50 | \$2.90 | (\$0.60) | -17.14% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.24 | \$1.02 | (\$0.22) | -17.74% |
| Two Person | \$2.52 | \$2.08 | (\$0.44) | -17.46% |
| Subscriber w/Child(ren) | \$1.89 | \$1.57 | (\$0.32) | -16.93% |
| Subscriber and Spouse | \$2.81 | \$2.33 | (\$0.48) | -17.08% |
| Family (4 Tier) | \$3.33 | \$2.76 | (\$0.57) | -17.12% |
| Family (3 Tier) | \$3.21 | \$2.66 | (\$0.55) | -17.13% |
| Family (2 Tier) | \$2.96 | \$2.45 | (\$0.51) | -17.23% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.21 | \$1.00 | (\$0.21) | -17.36% |
| Two Person | \$2.48 | \$2.05 | (\$0.43) | -17.34% |
| Subscriber w/Child(ren) | \$1.84 | \$1.52 | (\$0.32) | -17.39% |
| Subscriber and Spouse | \$2.74 | \$2.27 | (\$0.47) | -17.15% |
| Family (4 Tier) | \$3.26 | \$2.70 | (\$0.56) | -17.18% |
| Family (3 Tier) | \$3.15 | \$2.61 | (\$0.54) | -17.14% |
| Family (2 Tier) | \$2.89 | \$2.40 | (\$0.49) | -16.96% |
| 2. <u>EXHP-11 Rev.1</u> | | | | |
| Michelle's Law | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$163.06 | \$134.97 | (\$28.09) | -17.23% |
| Two Person | \$331.04 | \$274.01 | (\$57.03) | -17.23% |
| Subscriber w/Child(ren) | \$247.87 | \$205.17 | (\$42.70) | -17.23% |
| Subscriber and Spouse | \$368.54 | \$305.05 | (\$63.49) | -17.23% |
| Family (4 Tier) | \$437.04 | \$361.75 | (\$75.29) | -17.23% |
| Family (3 Tier) | \$422.36 | \$349.60 | (\$72.76) | -17.23% |
| Family (2 Tier) | \$388.10 | \$321.25 | (\$66.85) | -17.22% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$156.55 | \$129.58 | (\$26.97) | -17.23% |
| Two Person | \$317.78 | \$263.03 | (\$54.75) | -17.23% |
| Subscriber w/Child(ren) | \$237.95 | \$196.96 | (\$40.99) | -17.23% |
| Subscriber and Spouse | \$353.79 | \$292.84 | (\$60.95) | -17.23% |
| Family (4 Tier) | \$419.55 | \$347.28 | (\$72.27) | -17.23% |
| Family (3 Tier) | \$405.46 | \$335.61 | (\$69.85) | -17.23% |
| Family (2 Tier) | \$372.57 | \$308.38 | (\$64.19) | -17.23% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$137.59 | \$113.89 | (\$23.70) | -17.23% |
| Two Person | \$279.33 | \$231.21 | (\$48.12) | -17.23% |
| Subscriber w/Child(ren) | \$209.15 | \$173.12 | (\$36.03) | -17.23% |
| Subscriber and Spouse | \$310.98 | \$257.40 | (\$53.58) | -17.23% |
| Family (4 Tier) | \$368.78 | \$305.25 | (\$63.53) | -17.23% |
| Family (3 Tier) | \$356.37 | \$294.97 | (\$61.40) | -17.23% |
| Family (2 Tier) | \$327.48 | \$271.07 | (\$56.41) | -17.23% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$132.13 | \$109.37 | (\$22.76) | -17.23% |
| Two Person | \$268.23 | \$222.03 | (\$46.20) | -17.22% |
| Subscriber w/Child(ren) | \$200.85 | \$166.25 | (\$34.60) | -17.23% |
| Subscriber and Spouse | \$298.62 | \$247.18 | (\$51.44) | -17.23% |
| Family (4 Tier) | \$354.11 | \$293.10 | (\$61.01) | -17.23% |
| Family (3 Tier) | \$342.22 | \$283.27 | (\$58.95) | -17.23% |
| Family (2 Tier) | \$314.48 | \$260.31 | (\$54.17) | -17.23% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$155.29 | \$128.54 | (\$26.75) | -17.23% |
| Two Person | \$315.24 | \$260.93 | (\$54.31) | -17.23% |
| Subscriber w/Child(ren) | \$236.03 | \$195.37 | (\$40.66) | -17.23% |
| Subscriber and Spouse | \$350.95 | \$290.49 | (\$60.46) | -17.23% |
| Family (4 Tier) | \$416.16 | \$344.47 | (\$71.69) | -17.23% |
| Family (3 Tier) | \$402.19 | \$332.90 | (\$69.29) | -17.23% |
| Family (2 Tier) | \$369.59 | \$305.92 | (\$63.67) | -17.23% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$149.09 | \$123.41 | (\$25.68) | -17.22% |
| Two Person | \$302.66 | \$250.52 | (\$52.14) | -17.23% |
| Subscriber w/Child(ren) | \$226.61 | \$187.57 | (\$39.04) | -17.23% |
| Subscriber and Spouse | \$336.95 | \$278.91 | (\$58.04) | -17.23% |
| Family (4 Tier) | \$399.57 | \$330.73 | (\$68.84) | -17.23% |
| Family (3 Tier) | \$386.15 | \$319.63 | (\$66.52) | -17.23% |
| Family (2 Tier) | \$354.83 | \$293.71 | (\$61.12) | -17.23% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$130.43 | \$107.97 | (\$22.46) | -17.22% |
| Two Person | \$264.77 | \$219.15 | (\$45.62) | -17.23% |
| Subscriber w/Child(ren) | \$198.26 | \$164.10 | (\$34.16) | -17.23% |
| Subscriber and Spouse | \$294.78 | \$244.00 | (\$50.78) | -17.23% |
| Family (4 Tier) | \$349.54 | \$289.33 | (\$60.21) | -17.23% |
| Family (3 Tier) | \$337.81 | \$279.62 | (\$58.19) | -17.23% |
| Family (2 Tier) | \$310.43 | \$256.96 | (\$53.47) | -17.22% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$125.24 | \$103.66 | (\$21.58) | -17.23% |
| Two Person | \$254.24 | \$210.44 | (\$43.80) | -17.23% |
| Subscriber w/Child(ren) | \$190.36 | \$157.57 | (\$32.79) | -17.23% |
| Subscriber and Spouse | \$283.04 | \$234.28 | (\$48.76) | -17.23% |
| Family (4 Tier) | \$335.64 | \$277.82 | (\$57.82) | -17.23% |
| Family (3 Tier) | \$324.37 | \$268.49 | (\$55.88) | -17.23% |
| Family (2 Tier) | \$298.07 | \$246.72 | (\$51.35) | -17.23% |
| 4. <u>EXHP- 51, EXR-108 (50% w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$71.65 | \$59.30 | (\$12.35) | -17.24% |
| Two Person | \$145.45 | \$120.39 | (\$25.06) | -17.23% |
| Subscriber w/Child(ren) | \$108.92 | \$90.15 | (\$18.77) | -17.23% |
| Subscriber and Spouse | \$161.93 | \$134.03 | (\$27.90) | -17.23% |
| Family (4 Tier) | \$192.01 | \$158.93 | (\$33.08) | -17.23% |
| Family (3 Tier) | \$185.56 | \$153.60 | (\$31.96) | -17.22% |
| Family (2 Tier) | \$170.52 | \$141.14 | (\$29.38) | -17.23% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$68.79 | \$56.94 | (\$11.85) | -17.23% |
| Two Person | \$139.66 | \$115.60 | (\$24.06) | -17.23% |
| Subscriber w/Child(ren) | \$104.57 | \$86.55 | (\$18.02) | -17.23% |
| Subscriber and Spouse | \$155.48 | \$128.70 | (\$26.78) | -17.22% |
| Family (4 Tier) | \$184.38 | \$152.61 | (\$31.77) | -17.23% |
| Family (3 Tier) | \$178.19 | \$147.49 | (\$30.70) | -17.23% |
| Family (2 Tier) | \$163.74 | \$135.53 | (\$28.21) | -17.23% |
| 4. <u>EXHP- 51, EXR-108 (50% w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$69.84 | \$57.80 | (\$12.04) | -17.24% |
| Two Person | \$141.77 | \$117.34 | (\$24.43) | -17.23% |
| Subscriber w/Child(ren) | \$106.15 | \$87.87 | (\$18.28) | -17.22% |
| Subscriber and Spouse | \$157.85 | \$130.65 | (\$27.20) | -17.23% |
| Family (4 Tier) | \$187.19 | \$154.94 | (\$32.25) | -17.23% |
| Family (3 Tier) | \$180.90 | \$149.74 | (\$31.16) | -17.22% |
| Family (2 Tier) | \$166.23 | \$137.60 | (\$28.63) | -17.22% |
| 4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$67.07 | \$55.52 | (\$11.55) | -17.22% |
| Two Person | \$136.14 | \$112.69 | (\$23.45) | -17.22% |
| Subscriber w/Child(ren) | \$101.94 | \$84.38 | (\$17.56) | -17.23% |
| Subscriber and Spouse | \$151.58 | \$125.46 | (\$26.12) | -17.23% |
| Family (4 Tier) | \$179.74 | \$148.78 | (\$30.96) | -17.22% |
| Family (3 Tier) | \$173.70 | \$143.78 | (\$29.92) | -17.23% |
| Family (2 Tier) | \$159.62 | \$132.13 | (\$27.49) | -17.22% |
| 5. <u>EXHP- 53</u> | | | | |
| Prehospital Emergency Services and Ambulance Transportation Benefit | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$215.65 | \$178.50 | (\$37.15) | -17.23% |
| Two Person | \$437.76 | \$362.35 | (\$75.41) | -17.23% |
| Subscriber w/Child(ren) | \$327.77 | \$271.30 | (\$56.47) | -17.23% |
| Subscriber and Spouse | \$487.36 | \$403.41 | (\$83.95) | -17.23% |
| Family (4 Tier) | \$577.93 | \$478.37 | (\$99.56) | -17.23% |
| Family (3 Tier) | \$558.53 | \$462.31 | (\$96.22) | -17.23% |
| Family (2 Tier) | \$513.24 | \$424.82 | (\$88.42) | -17.23% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$207.06 | \$171.39 | (\$35.67) | -17.23% |
| Two Person | \$420.34 | \$347.93 | (\$72.41) | -17.23% |
| Subscriber w/Child(ren) | \$314.73 | \$260.51 | (\$54.22) | -17.23% |
| Subscriber and Spouse | \$467.96 | \$387.35 | (\$80.61) | -17.23% |
| Family (4 Tier) | \$554.94 | \$459.34 | (\$95.60) | -17.23% |
| Family (3 Tier) | \$536.27 | \$443.89 | (\$92.38) | -17.23% |
| Family (2 Tier) | \$492.80 | \$407.91 | (\$84.89) | -17.23% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$194.73 | \$161.18 | (\$33.55) | -17.23% |
| Two Person | \$395.32 | \$327.22 | (\$68.10) | -17.23% |
| Subscriber w/Child(ren) | \$296.01 | \$245.02 | (\$50.99) | -17.23% |
| Subscriber and Spouse | \$440.11 | \$364.29 | (\$75.82) | -17.23% |
| Family (4 Tier) | \$521.91 | \$432.00 | (\$89.91) | -17.23% |
| Family (3 Tier) | \$504.36 | \$417.48 | (\$86.88) | -17.23% |
| Family (2 Tier) | \$463.46 | \$383.62 | (\$79.84) | -17.23% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$186.98 | \$154.77 | (\$32.21) | -17.23% |
| Two Person | \$379.58 | \$314.19 | (\$65.39) | -17.23% |
| Subscriber w/Child(ren) | \$284.22 | \$235.26 | (\$48.96) | -17.23% |
| Subscriber and Spouse | \$422.59 | \$349.79 | (\$72.80) | -17.23% |
| Family (4 Tier) | \$501.13 | \$414.80 | (\$86.33) | -17.23% |
| Family (3 Tier) | \$484.30 | \$400.87 | (\$83.43) | -17.23% |
| Family (2 Tier) | \$445.00 | \$368.34 | (\$76.66) | -17.23% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$145.88 | \$120.75 | (\$25.13) | -17.23% |
| Two Person | \$296.15 | \$245.13 | (\$51.02) | -17.23% |
| Subscriber w/Child(ren) | \$221.74 | \$183.54 | (\$38.20) | -17.23% |
| Subscriber and Spouse | \$329.70 | \$272.91 | (\$56.79) | -17.22% |
| Family (4 Tier) | \$390.99 | \$323.63 | (\$67.36) | -17.23% |
| Family (3 Tier) | \$377.85 | \$312.76 | (\$65.09) | -17.23% |
| Family (2 Tier) | \$347.21 | \$287.40 | (\$59.81) | -17.23% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$140.05 | \$115.92 | (\$24.13) | -17.23% |
| Two Person | \$284.30 | \$235.33 | (\$48.97) | -17.22% |
| Subscriber w/Child(ren) | \$212.87 | \$176.20 | (\$36.67) | -17.23% |
| Subscriber and Spouse | \$316.51 | \$261.98 | (\$54.53) | -17.23% |
| Family (4 Tier) | \$375.33 | \$310.67 | (\$64.66) | -17.23% |
| Family (3 Tier) | \$362.71 | \$300.22 | (\$62.49) | -17.23% |
| Family (2 Tier) | \$333.31 | \$275.89 | (\$57.42) | -17.23% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$102.36 | \$84.73 | (\$17.63) | -17.22% |
| Two Person | \$207.82 | \$172.02 | (\$35.80) | -17.23% |
| Subscriber w/Child(ren) | \$155.60 | \$128.79 | (\$26.81) | -17.23% |
| Subscriber and Spouse | \$231.34 | \$191.49 | (\$39.85) | -17.23% |
| Family (4 Tier) | \$274.35 | \$227.09 | (\$47.26) | -17.23% |
| Family (3 Tier) | \$265.13 | \$219.46 | (\$45.67) | -17.23% |
| Family (2 Tier) | \$243.65 | \$201.67 | (\$41.98) | -17.23% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$98.24 | \$81.31 | (\$16.93) | -17.23% |
| Two Person | \$199.44 | \$165.08 | (\$34.36) | -17.23% |
| Subscriber w/Child(ren) | \$149.33 | \$123.60 | (\$25.73) | -17.23% |
| Subscriber and Spouse | \$222.04 | \$183.79 | (\$38.25) | -17.23% |
| Family (4 Tier) | \$263.31 | \$217.95 | (\$45.36) | -17.23% |
| Family (3 Tier) | \$254.47 | \$210.63 | (\$43.84) | -17.23% |
| Family (2 Tier) | \$233.84 | \$193.55 | (\$40.29) | -17.23% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 7. EXHP- 76 Rev.2 | | | | |
| Durable Medical Equipment and External Prosthetic Devices Rider | | | | |
| Group Remittance | | | | |
| Single | \$4.10 | \$3.40 | (\$0.70) | -17.07% |
| Two Person | \$8.34 | \$6.90 | (\$1.44) | -17.27% |
| Subscriber w/Child(ren) | \$6.23 | \$5.16 | (\$1.07) | -17.17% |
| Subscriber and Spouse | \$9.27 | \$7.67 | (\$1.60) | -17.26% |
| Family (4 Tier) | \$10.98 | \$9.09 | (\$1.89) | -17.21% |
| Family (3 Tier) | \$10.62 | \$8.79 | (\$1.83) | -17.23% |
| Family (2 Tier) | \$9.77 | \$8.08 | (\$1.69) | -17.30% |
| 8. EXHP- 79 | | | | |
| Blue Card Language Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 9. EXHP- 84 | | | | |
| Blue Card Language Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 10. EXHP- 85 | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 11. EXHP- 87 | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 12. EXHP- 89 | | | | |
| Mandate Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 13. <u>EXHP-107</u> | | | | |
| Mammography Screening | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 14. <u>EXHP-108</u> | | | | |
| Cervical Cytology Screening | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 15. <u>EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$26.00 | \$21.52 | (\$4.48) | -17.23% |
| Two Person | \$52.81 | \$43.71 | (\$9.10) | -17.23% |
| Subscriber w/Child(ren) | \$39.53 | \$32.72 | (\$6.81) | -17.23% |
| Subscriber and Spouse | \$58.79 | \$48.66 | (\$10.13) | -17.23% |
| Family (4 Tier) | \$69.71 | \$57.70 | (\$12.01) | -17.23% |
| Family (3 Tier) | \$67.37 | \$55.76 | (\$11.61) | -17.23% |
| Family (2 Tier) | \$61.91 | \$51.24 | (\$10.67) | -17.23% |
| 15. <u>EXHP-113, EXR-108 (\$7 Generic w/o Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$24.95 | \$20.65 | (\$4.30) | -17.23% |
| Two Person | \$50.65 | \$41.92 | (\$8.73) | -17.24% |
| Subscriber w/Child(ren) | \$37.94 | \$31.41 | (\$6.53) | -17.21% |
| Subscriber and Spouse | \$56.39 | \$46.67 | (\$9.72) | -17.24% |
| Family (4 Tier) | \$66.88 | \$55.36 | (\$11.52) | -17.22% |
| Family (3 Tier) | \$64.63 | \$53.50 | (\$11.13) | -17.22% |
| Family (2 Tier) | \$59.39 | \$49.16 | (\$10.23) | -17.23% |
| 16. <u>EXHP-123</u> | | | | |
| Diabetic Equip & Supply Mandate-change from legally blind to visually impaired | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 17. <u>EXHP-131, EXR-108</u> | | | | |
| Prescription Drug Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$9.56 | \$7.92 | (\$1.64) | -17.15% |
| Two Person | \$19.42 | \$16.08 | (\$3.34) | -17.20% |
| Subscriber w/Child(ren) | \$59.60 | \$49.33 | (\$10.27) | -17.23% |
| Subscriber and Spouse | \$21.62 | \$17.90 | (\$3.72) | -17.21% |
| Family (4 Tier) | \$105.06 | \$86.96 | (\$18.10) | -17.23% |
| Family (3 Tier) | \$101.54 | \$84.05 | (\$17.49) | -17.22% |
| Family (2 Tier) | \$93.30 | \$77.23 | (\$16.07) | -17.22% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Two Person | \$0.26 | \$0.21 | (\$0.05) | -19.23% |
| Subscriber w/Child(ren) | \$44.63 | \$36.95 | (\$7.68) | -17.21% |
| Subscriber and Spouse | \$0.31 | \$0.25 | (\$0.06) | -19.35% |
| Family (4 Tier) | \$78.71 | \$65.15 | (\$13.56) | -17.23% |
| Family (3 Tier) | \$76.06 | \$62.96 | (\$13.10) | -17.22% |
| Family (2 Tier) | \$69.90 | \$57.86 | (\$12.04) | -17.22% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$10.53 | \$8.72 | (\$1.81) | -17.19% |
| Two Person | \$21.37 | \$17.68 | (\$3.69) | -17.27% |
| Subscriber w/Child(ren) | \$59.49 | \$49.25 | (\$10.24) | -17.21% |
| Subscriber and Spouse | \$23.78 | \$19.68 | (\$4.10) | -17.24% |
| Family (4 Tier) | \$104.88 | \$86.81 | (\$18.07) | -17.23% |
| Family (3 Tier) | \$101.36 | \$83.90 | (\$17.46) | -17.23% |
| Family (2 Tier) | \$93.15 | \$77.11 | (\$16.04) | -17.22% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$42.90 | \$35.51 | (\$7.39) | -17.23% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$75.66 | \$62.63 | (\$13.03) | -17.22% |
| Family (3 Tier) | \$73.11 | \$60.51 | (\$12.60) | -17.23% |
| Family (2 Tier) | \$67.20 | \$55.62 | (\$11.58) | -17.23% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.04 | \$0.03 | (\$0.01) | -25.00% |
| Two Person | \$0.11 | \$0.09 | (\$0.02) | -18.18% |
| Subscriber w/Child(ren) | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Subscriber and Spouse | \$0.12 | \$0.10 | (\$0.02) | -16.67% |
| Family (4 Tier) | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Family (3 Tier) | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Family (2 Tier) | \$0.12 | \$0.10 | (\$0.02) | -16.67% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.04 | \$0.03 | (\$0.01) | -25.00% |
| Two Person | \$0.11 | \$0.09 | (\$0.02) | -18.18% |
| Subscriber w/Child(ren) | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Subscriber and Spouse | \$0.12 | \$0.10 | (\$0.02) | -16.67% |
| Family (4 Tier) | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Family (3 Tier) | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Family (2 Tier) | \$0.12 | \$0.10 | (\$0.02) | -16.67% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS [EXC-8[HMO Blue 25]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.23 | \$0.19 | (\$0.04) | -17.39% |
| Two Person | \$0.47 | \$0.39 | (\$0.08) | -17.02% |
| Subscriber and Spouse | \$0.51 | \$0.42 | (\$0.09) | -17.65% |
| Subscriber w/Child(ren) | \$0.35 | \$0.29 | (\$0.06) | -17.14% |
| Subscriber w/ Children | \$0.35 | \$0.29 | (\$0.06) | -17.14% |
| Family (4 Tier) | \$0.61 | \$0.51 | (\$0.10) | -16.39% |
| Family (3 Tier) | \$0.59 | \$0.49 | (\$0.10) | -16.95% |
| Family (2 Tier) | \$0.55 | \$0.46 | (\$0.09) | -16.36% |
| 18. <u>EXHP-138 WPS [EXC-8[HMO Blue 30]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.25 | \$0.20 | (\$0.05) | -20.00% |
| Two Person | \$0.51 | \$0.42 | (\$0.09) | -17.65% |
| Subscriber and Spouse | \$0.57 | \$0.47 | (\$0.10) | -17.54% |
| Subscriber w/Child(ren) | \$0.38 | \$0.31 | (\$0.07) | -18.42% |
| Subscriber w/ Children | \$0.38 | \$0.31 | (\$0.07) | -18.42% |
| Family (4 Tier) | \$0.68 | \$0.56 | (\$0.12) | -17.65% |
| Family (3 Tier) | \$0.64 | \$0.53 | (\$0.11) | -17.19% |
| Family (2 Tier) | \$0.60 | \$0.50 | (\$0.10) | -16.67% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$0 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$1 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.15 | \$0.13 | (\$0.02) | -13.33% |
| Subscriber and Spouse | \$0.17 | \$0.14 | (\$0.03) | -17.65% |
| Subscriber w/Child(ren) | \$0.12 | \$0.10 | (\$0.02) | -16.67% |
| Subscriber w/ Children | \$0.12 | \$0.10 | (\$0.02) | -16.67% |
| Family (4 Tier) | \$0.21 | \$0.18 | (\$0.03) | -14.29% |
| Family (3 Tier) | \$0.20 | \$0.17 | (\$0.03) | -15.00% |
| Family (2 Tier) | \$0.19 | \$0.16 | (\$0.03) | -15.79% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$2 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.15 | \$0.13 | (\$0.02) | -13.33% |
| Two Person | \$0.31 | \$0.25 | (\$0.06) | -19.35% |
| Subscriber and Spouse | \$0.35 | \$0.29 | (\$0.06) | -17.14% |
| Subscriber w/Child(ren) | \$0.23 | \$0.19 | (\$0.04) | -17.39% |
| Subscriber w/ Children | \$0.23 | \$0.19 | (\$0.04) | -17.39% |
| Family (4 Tier) | \$0.42 | \$0.35 | (\$0.07) | -16.67% |
| Family (3 Tier) | \$0.39 | \$0.32 | (\$0.07) | -17.95% |
| Family (2 Tier) | \$0.36 | \$0.30 | (\$0.06) | -16.67% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$3 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.23 | \$0.19 | (\$0.04) | -17.39% |
| Two Person | \$0.47 | \$0.39 | (\$0.08) | -17.02% |
| Subscriber and Spouse | \$0.51 | \$0.42 | (\$0.09) | -17.65% |
| Subscriber w/Child(ren) | \$0.35 | \$0.29 | (\$0.06) | -17.14% |
| Subscriber w/ Children | \$0.35 | \$0.29 | (\$0.06) | -17.14% |
| Family (4 Tier) | \$0.61 | \$0.51 | (\$0.10) | -16.39% |
| Family (3 Tier) | \$0.59 | \$0.49 | (\$0.10) | -16.95% |
| Family (2 Tier) | \$0.55 | \$0.46 | (\$0.09) | -16.36% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$4 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.31 | \$0.25 | (\$0.06) | -19.35% |
| Two Person | \$0.62 | \$0.52 | (\$0.10) | -16.13% |
| Subscriber and Spouse | \$0.69 | \$0.57 | (\$0.12) | -17.39% |
| Subscriber w/Child(ren) | \$0.47 | \$0.39 | (\$0.08) | -17.02% |
| Subscriber w/ Children | \$0.47 | \$0.39 | (\$0.08) | -17.02% |
| Family (4 Tier) | \$0.82 | \$0.68 | (\$0.14) | -17.07% |
| Family (3 Tier) | \$0.80 | \$0.66 | (\$0.14) | -17.50% |
| Family (2 Tier) | \$0.73 | \$0.60 | (\$0.13) | -17.81% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.38 | \$0.31 | (\$0.07) | -18.42% |
| Two Person | \$0.78 | \$0.64 | (\$0.14) | -17.95% |
| Subscriber and Spouse | \$0.86 | \$0.71 | (\$0.15) | -17.44% |
| Subscriber w/Child(ren) | \$0.58 | \$0.48 | (\$0.10) | -17.24% |
| Subscriber w/ Children | \$0.58 | \$0.48 | (\$0.10) | -17.24% |
| Family (4 Tier) | \$1.03 | \$0.86 | (\$0.17) | -16.50% |
| Family (3 Tier) | \$0.99 | \$0.82 | (\$0.17) | -17.17% |
| Family (2 Tier) | \$0.91 | \$0.75 | (\$0.16) | -17.58% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.54 | \$0.45 | (\$0.09) | -16.67% |
| Two Person | \$1.08 | \$0.90 | (\$0.18) | -16.67% |
| Subscriber and Spouse | \$1.21 | \$1.00 | (\$0.21) | -17.36% |
| Subscriber w/Child(ren) | \$0.81 | \$0.67 | (\$0.14) | -17.28% |
| Subscriber w/ Children | \$0.81 | \$0.67 | (\$0.14) | -17.28% |
| Family (4 Tier) | \$1.43 | \$1.19 | (\$0.24) | -16.78% |
| Family (3 Tier) | \$1.39 | \$1.15 | (\$0.24) | -17.27% |
| Family (2 Tier) | \$1.28 | \$1.06 | (\$0.22) | -17.19% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.77 | \$0.63 | (\$0.14) | -18.18% |
| Two Person | \$1.55 | \$1.29 | (\$0.26) | -16.77% |
| Subscriber and Spouse | \$1.73 | \$1.43 | (\$0.30) | -17.34% |
| Subscriber w/Child(ren) | \$1.16 | \$0.96 | (\$0.20) | -17.24% |
| Subscriber w/ Children | \$1.16 | \$0.96 | (\$0.20) | -17.24% |
| Family (4 Tier) | \$2.05 | \$1.69 | (\$0.36) | -17.56% |
| Family (3 Tier) | \$1.98 | \$1.64 | (\$0.34) | -17.17% |
| Family (2 Tier) | \$1.83 | \$1.52 | (\$0.31) | -16.94% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$15 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$1.15 | \$0.95 | (\$0.20) | -17.39% |
| Two Person | \$2.33 | \$1.93 | (\$0.40) | -17.17% |
| Subscriber and Spouse | \$2.59 | \$2.14 | (\$0.45) | -17.37% |
| Subscriber w/Child(ren) | \$1.75 | \$1.45 | (\$0.30) | -17.14% |
| Subscriber w/ Children | \$1.75 | \$1.45 | (\$0.30) | -17.14% |
| Family (4 Tier) | \$3.07 | \$2.54 | (\$0.53) | -17.26% |
| Family (3 Tier) | \$2.97 | \$2.45 | (\$0.52) | -17.51% |
| Family (2 Tier) | \$2.73 | \$2.26 | (\$0.47) | -17.22% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$20 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$1.53 | \$1.27 | (\$0.26) | -16.99% |
| Two Person | \$3.10 | \$2.57 | (\$0.53) | -17.10% |
| Subscriber and Spouse | \$3.45 | \$2.85 | (\$0.60) | -17.39% |
| Subscriber w/Child(ren) | \$2.33 | \$1.93 | (\$0.40) | -17.17% |
| Subscriber w/ Children | \$2.33 | \$1.93 | (\$0.40) | -17.17% |
| Family (4 Tier) | \$4.10 | \$3.40 | (\$0.70) | -17.07% |
| Family (3 Tier) | \$3.97 | \$3.28 | (\$0.69) | -17.38% |
| Family (2 Tier) | \$3.64 | \$3.01 | (\$0.63) | -17.31% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$2.15 | \$1.78 | (\$0.37) | -17.21% |
| Two Person | \$4.37 | \$3.61 | (\$0.76) | -17.39% |
| Subscriber and Spouse | \$4.86 | \$4.02 | (\$0.84) | -17.28% |
| Subscriber w/Child(ren) | \$3.27 | \$2.71 | (\$0.56) | -17.13% |
| Subscriber w/ Children | \$3.27 | \$2.71 | (\$0.56) | -17.13% |
| Family (4 Tier) | \$5.77 | \$4.77 | (\$1.00) | -17.33% |
| Family (3 Tier) | \$5.57 | \$4.61 | (\$0.96) | -17.24% |
| Family (2 Tier) | \$5.13 | \$4.25 | (\$0.88) | -17.15% |
| 19. <u>EXHP-141</u> | | | | |
| Weight Loss Services Language Change | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 20. <u>EXHP-176</u> | | | | |
| Allowable Expense Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 21. <u>EXHP-187</u> | | | | |
| Rider to Continue Coverage for Children Through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 22. <u>EXHP-189</u> | | | | |
| Rider to Extend Temporary Continuation of Coverage | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| Dependent Coverage through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$19.86 | \$16.44 | (\$3.42) | -17.22% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$35.06 | \$29.02 | (\$6.04) | -17.23% |
| Family (3 Tier) | \$33.86 | \$28.03 | (\$5.83) | -17.22% |
| Family (2 Tier) | \$31.12 | \$25.76 | (\$5.36) | -17.22% |
| 23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| Dependent Coverage through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$19.23 | \$15.92 | (\$3.31) | -17.21% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$33.92 | \$28.07 | (\$5.85) | -17.25% |
| Family (3 Tier) | \$32.78 | \$27.13 | (\$5.65) | -17.24% |
| Family (2 Tier) | \$30.10 | \$24.92 | (\$5.18) | -17.21% |
| 24. <u>EXHP-210[Blue Choice 25]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.71 | \$1.41 | (\$0.30) | -17.54% |
| Two Person | \$3.46 | \$2.86 | (\$0.60) | -17.34% |
| Subscriber and Spouse | \$3.86 | \$3.19 | (\$0.67) | -17.36% |
| Subscriber w/Child(ren) | \$2.60 | \$2.15 | (\$0.45) | -17.31% |
| Subscriber w/ Children | \$2.60 | \$2.15 | (\$0.45) | -17.31% |
| Family (4 Tier) | \$4.58 | \$3.79 | (\$0.79) | -17.25% |
| Family (3 Tier) | \$4.43 | \$3.67 | (\$0.76) | -17.16% |
| Family (2 Tier) | \$4.07 | \$3.37 | (\$0.70) | -17.20% |
| 24. <u>EXHP-210[Blue Choice 30]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.58 | \$1.30 | (\$0.28) | -17.72% |
| Two Person | \$3.22 | \$2.67 | (\$0.55) | -17.08% |
| Subscriber and Spouse | \$3.59 | \$2.97 | (\$0.62) | -17.27% |
| Subscriber w/Child(ren) | \$2.42 | \$2.01 | (\$0.41) | -16.94% |
| Subscriber w/ Children | \$2.42 | \$2.01 | (\$0.41) | -16.94% |
| Family (4 Tier) | \$4.25 | \$3.52 | (\$0.73) | -17.18% |
| Family (3 Tier) | \$4.11 | \$3.40 | (\$0.71) | -17.27% |
| Family (2 Tier) | \$3.77 | \$3.12 | (\$0.65) | -17.24% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 25. <u>EXR- 70 Rev. 1; \$100 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.86 | \$0.71 | (\$0.15) | -17.44% |
| Two Person | \$1.77 | \$1.46 | (\$0.31) | -17.51% |
| Subscriber w/Child(ren) | \$1.32 | \$1.09 | (\$0.23) | -17.42% |
| Subscriber and Spouse | \$1.96 | \$1.63 | (\$0.33) | -16.84% |
| Family (4 Tier) | \$2.33 | \$1.93 | (\$0.40) | -17.17% |
| Family (3 Tier) | \$2.25 | \$1.86 | (\$0.39) | -17.33% |
| Family (2 Tier) | \$2.07 | \$1.71 | (\$0.36) | -17.39% |
| 25. <u>EXR- 70 Rev. 1; \$250 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.79 | \$0.65 | (\$0.14) | -17.72% |
| Two Person | \$1.60 | \$1.32 | (\$0.28) | -17.50% |
| Subscriber w/Child(ren) | \$1.20 | \$0.99 | (\$0.21) | -17.50% |
| Subscriber and Spouse | \$1.77 | \$1.46 | (\$0.31) | -17.51% |
| Family (4 Tier) | \$2.09 | \$1.73 | (\$0.36) | -17.22% |
| Family (3 Tier) | \$2.03 | \$1.68 | (\$0.35) | -17.24% |
| Family (2 Tier) | \$1.88 | \$1.56 | (\$0.32) | -17.02% |
| 25. <u>EXR- 70 Rev. 1; \$500 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.77 | \$0.63 | (\$0.14) | -18.18% |
| Two Person | \$1.57 | \$1.30 | (\$0.27) | -17.20% |
| Subscriber w/Child(ren) | \$1.17 | \$0.96 | (\$0.21) | -17.95% |
| Subscriber and Spouse | \$1.75 | \$1.45 | (\$0.30) | -17.14% |
| Family (4 Tier) | \$2.07 | \$1.71 | (\$0.36) | -17.39% |
| Family (3 Tier) | \$2.01 | \$1.67 | (\$0.34) | -16.92% |
| Family (2 Tier) | \$1.84 | \$1.52 | (\$0.32) | -17.39% |
| 25. <u>EXR- 70 Rev. 1; \$750 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.60 | \$0.50 | (\$0.10) | -16.67% |
| Two Person | \$1.21 | \$1.00 | (\$0.21) | -17.36% |
| Subscriber w/Child(ren) | \$0.92 | \$0.76 | (\$0.16) | -17.39% |
| Subscriber and Spouse | \$1.36 | \$1.13 | (\$0.23) | -16.91% |
| Family (4 Tier) | \$1.61 | \$1.33 | (\$0.28) | -17.39% |
| Family (3 Tier) | \$1.55 | \$1.29 | (\$0.26) | -16.77% |
| Family (2 Tier) | \$1.43 | \$1.19 | (\$0.24) | -16.78% |
| 25. <u>EXR- 70 Rev. 1; \$1000 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.59 | \$0.49 | (\$0.10) | -16.95% |
| Two Person | \$1.18 | \$0.97 | (\$0.21) | -17.80% |
| Subscriber w/Child(ren) | \$0.89 | \$0.74 | (\$0.15) | -16.85% |
| Subscriber and Spouse | \$1.32 | \$1.09 | (\$0.23) | -17.42% |
| Family (4 Tier) | \$1.57 | \$1.30 | (\$0.27) | -17.20% |
| Family (3 Tier) | \$1.52 | \$1.26 | (\$0.26) | -17.11% |
| Family (2 Tier) | \$1.40 | \$1.16 | (\$0.24) | -17.14% |
| 26. <u>EXR- 71 Rev. 1; Eyewear \$60 Allowance</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$7.52 | \$6.22 | (\$1.30) | -17.29% |
| Two Person | \$15.27 | \$12.64 | (\$2.63) | -17.22% |
| Subscriber w/Child(ren) | \$11.44 | \$9.47 | (\$1.97) | -17.22% |
| Subscriber and Spouse | \$17.00 | \$14.07 | (\$2.93) | -17.24% |
| Family (4 Tier) | \$20.18 | \$16.70 | (\$3.48) | -17.24% |
| Family (3 Tier) | \$19.49 | \$16.14 | (\$3.35) | -17.19% |
| Family (2 Tier) | \$17.91 | \$14.82 | (\$3.09) | -17.25% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 26. <u>EXR- 71 Rev. 1; Vision Exam \$40 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$1.58 | \$1.30 | (\$0.28) | -17.72% |
| Two Person | \$3.21 | \$2.66 | (\$0.55) | -17.13% |
| Subscriber w/Child(ren) | \$2.40 | \$1.99 | (\$0.41) | -17.08% |
| Subscriber and Spouse | \$3.60 | \$2.98 | (\$0.62) | -17.22% |
| Family (4 Tier) | \$4.24 | \$3.51 | (\$0.73) | -17.22% |
| Family (3 Tier) | \$4.10 | \$3.40 | (\$0.70) | -17.07% |
| Family (2 Tier) | \$3.77 | \$3.12 | (\$0.65) | -17.24% |
| 26. <u>EXR- 71 Rev. 1; Vision Exam \$50 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$0.51 | \$0.42 | (\$0.09) | -17.65% |
| Two Person | \$1.07 | \$0.89 | (\$0.18) | -16.82% |
| Subscriber w/Child(ren) | \$0.80 | \$0.66 | (\$0.14) | -17.50% |
| Subscriber and Spouse | \$1.20 | \$0.99 | (\$0.21) | -17.50% |
| Family (4 Tier) | \$1.41 | \$1.17 | (\$0.24) | -17.02% |
| Family (3 Tier) | \$1.37 | \$1.13 | (\$0.24) | -17.52% |
| Family (2 Tier) | \$1.25 | \$1.03 | (\$0.22) | -17.60% |
| 27. <u>EXR-130</u> | | | | |
| HMO 25 Hearing Aid (Language Clarification) Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 28. <u>H DCOP R 01 REV. 1</u> | | | | |
| \$5/\$15/\$30 | | | | |
| Group Remittance | | | | |
| w/ Contraceptives | | | | |
| Single | \$202.14 | \$167.32 | (\$34.82) | -17.23% |
| Two Person | \$410.37 | \$339.67 | (\$70.70) | -17.23% |
| Subscriber w/Child(ren) | \$307.28 | \$254.35 | (\$52.93) | -17.23% |
| Subscriber and Spouse | \$456.86 | \$378.16 | (\$78.70) | -17.23% |
| Family (4 Tier) | \$541.77 | \$448.43 | (\$93.34) | -17.23% |
| Family (3 Tier) | \$523.57 | \$433.37 | (\$90.20) | -17.23% |
| Family (2 Tier) | \$481.13 | \$398.25 | (\$82.88) | -17.23% |
| Group Remittance | | | | |
| w/o Contraceptives | | | | |
| Single | \$194.06 | \$160.63 | (\$33.43) | -17.23% |
| Two Person | \$393.96 | \$326.10 | (\$67.86) | -17.23% |
| Subscriber w/Child(ren) | \$294.97 | \$244.15 | (\$50.82) | -17.23% |
| Subscriber and Spouse | \$438.60 | \$363.04 | (\$75.56) | -17.23% |
| Family (4 Tier) | \$520.09 | \$430.50 | (\$89.59) | -17.23% |
| Family (3 Tier) | \$502.64 | \$416.05 | (\$86.59) | -17.23% |
| Family (2 Tier) | \$461.88 | \$382.31 | (\$79.57) | -17.23% |
| 28. <u>H DCOP R 01 REV. 1</u> | | | | |
| \$5/\$20/\$35 | | | | |
| Group Remittance | | | | |
| w/ Contraceptives | | | | |
| Single | \$186.70 | \$154.54 | (\$32.16) | -17.23% |
| Two Person | \$378.99 | \$313.70 | (\$65.29) | -17.23% |
| Subscriber w/Child(ren) | \$283.78 | \$234.89 | (\$48.89) | -17.23% |
| Subscriber and Spouse | \$421.93 | \$349.24 | (\$72.69) | -17.23% |
| Family (4 Tier) | \$500.35 | \$414.16 | (\$86.19) | -17.23% |
| Family (3 Tier) | \$483.55 | \$400.25 | (\$83.30) | -17.23% |
| Family (2 Tier) | \$444.35 | \$367.80 | (\$76.55) | -17.23% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| Group Remittance w/o Contraceptives | | | | |
| Single | \$179.24 | \$148.36 | (\$30.88) | -17.23% |
| Two Person | \$363.86 | \$301.18 | (\$62.68) | -17.23% |
| Subscriber w/Child(ren) | \$272.45 | \$225.51 | (\$46.94) | -17.23% |
| Subscriber and Spouse | \$405.08 | \$335.30 | (\$69.78) | -17.23% |
| Family (4 Tier) | \$480.38 | \$397.62 | (\$82.76) | -17.23% |
| Family (3 Tier) | \$464.23 | \$384.26 | (\$79.97) | -17.23% |
| Family (2 Tier) | \$426.60 | \$353.11 | (\$73.49) | -17.23% |
| 28. H DCOP R 01 REV. 1 | | | | |
| \$10/\$25/\$40 | | | | |
| Group Remittance w/ Contraceptives | | | | |
| Single | \$163.41 | \$135.26 | (\$28.15) | -17.23% |
| Two Person | \$331.74 | \$274.59 | (\$57.15) | -17.23% |
| Subscriber w/Child(ren) | \$248.38 | \$205.59 | (\$42.79) | -17.23% |
| Subscriber and Spouse | \$369.31 | \$305.69 | (\$63.62) | -17.23% |
| Family (4 Tier) | \$437.97 | \$362.52 | (\$75.45) | -17.23% |
| Family (3 Tier) | \$423.24 | \$350.32 | (\$72.92) | -17.23% |
| Family (2 Tier) | \$388.94 | \$321.94 | (\$67.00) | -17.23% |
| Group Remittance w/o Contraceptives | | | | |
| Single | \$156.87 | \$129.85 | (\$27.02) | -17.22% |
| Two Person | \$318.43 | \$263.58 | (\$54.85) | -17.23% |
| Subscriber w/Child(ren) | \$238.43 | \$197.36 | (\$41.07) | -17.23% |
| Subscriber and Spouse | \$354.51 | \$293.44 | (\$61.07) | -17.23% |
| Family (4 Tier) | \$420.39 | \$347.97 | (\$72.42) | -17.23% |
| Family (3 Tier) | \$406.28 | \$336.29 | (\$69.99) | -17.23% |
| Family (2 Tier) | \$373.34 | \$309.03 | (\$64.31) | -17.23% |
| 28. H DCOP R 01 REV. 1 | | | | |
| \$10/\$25/\$40 - Limited Network | | | | |
| Group Remittance w/ Contraceptives | | | | |
| Single | \$155.37 | \$128.60 | (\$26.77) | -17.23% |
| Two Person | \$315.44 | \$261.10 | (\$54.34) | -17.23% |
| Subscriber w/Child(ren) | \$236.20 | \$195.51 | (\$40.69) | -17.23% |
| Subscriber and Spouse | \$351.18 | \$290.68 | (\$60.50) | -17.23% |
| Family (4 Tier) | \$416.44 | \$344.70 | (\$71.74) | -17.23% |
| Family (3 Tier) | \$402.45 | \$333.12 | (\$69.33) | -17.23% |
| Family (2 Tier) | \$369.82 | \$306.11 | (\$63.71) | -17.23% |
| Group Remittance w/o Contraceptives | | | | |
| Single | \$149.17 | \$123.47 | (\$25.70) | -17.23% |
| Two Person | \$302.84 | \$250.67 | (\$52.17) | -17.23% |
| Subscriber w/Child(ren) | \$226.74 | \$187.68 | (\$39.06) | -17.23% |
| Subscriber and Spouse | \$337.15 | \$279.07 | (\$58.08) | -17.23% |
| Family (4 Tier) | \$399.79 | \$330.92 | (\$68.87) | -17.23% |
| Family (3 Tier) | \$386.38 | \$319.82 | (\$66.56) | -17.23% |
| Family (2 Tier) | \$355.05 | \$293.88 | (\$61.17) | -17.23% |
| 28. H DCOP R 01 REV. 1 | | | | |
| \$10/\$25/\$40 w/ \$0 Copay on Generic up to age 19 | | | | |
| Group Remittance w/ Contraceptives | | | | |
| Single | \$165.53 | \$137.01 | (\$28.52) | -17.23% |
| Two Person | \$336.05 | \$278.16 | (\$57.89) | -17.23% |
| Subscriber w/Child(ren) | \$251.63 | \$208.29 | (\$43.34) | -17.22% |
| Subscriber and Spouse | \$374.13 | \$309.68 | (\$64.45) | -17.23% |
| Family (4 Tier) | \$443.67 | \$367.24 | (\$76.43) | -17.23% |
| Family (3 Tier) | \$428.77 | \$354.90 | (\$73.87) | -17.23% |
| Family (2 Tier) | \$394.00 | \$326.13 | (\$67.87) | -17.23% |

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------------|---------------------------|----------------|-------------------|
| <u>HMO</u> | | | | |
| Group Remittance w/o Contraceptives | | | | |
| Single | \$158.93 | \$131.55 | (\$27.38) | -17.23% |
| Two Person | \$322.64 | \$267.05 | (\$55.59) | -17.23% |
| Subscriber w/Child(ren) | \$241.59 | \$199.97 | (\$41.62) | -17.23% |
| Subscriber and Spouse | \$359.20 | \$297.32 | (\$61.88) | -17.23% |
| Family (4 Tier) | \$425.95 | \$352.57 | (\$73.38) | -17.23% |
| Family (3 Tier) | \$411.65 | \$340.73 | (\$70.92) | -17.23% |
| Family (2 Tier) | \$378.27 | \$313.11 | (\$65.16) | -17.23% |
| 29. <u>NYSHIP-12</u> | | | | |
| HMO Blue Rider | | | | |
| Group Remittance | | | | |
| Single | \$2.50 | \$2.07 | (\$0.43) | -17.20% |
| Family | \$6.22 | \$5.15 | (\$1.07) | -17.20% |

Factors

Factors

Factor Calculation to add Contraceptives to Drug riders

EXHP-91 (Contraceptives)

Four-Tier

| | |
|---------------------------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Two Person | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Single Parent w/ Children | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Three-Tier

| | |
|------------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Two Person | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Two-Tier

| | |
|--------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Factors

Factor Calculation for Specialty Drug Pharmacy Network

EXR-108 (Specialty Drug Pharmacy Network)

Four-Tier

| | |
|---------------------------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Two Person | (0.992) x selected drug rider rate |
| Single Parent w/ Children | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

Three-Tier

| | |
|------------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Two Person | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

Two-Tier

| | |
|--------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

This prescription drug [rider; endorsement] incorporates a mandatory specialty drug pharmacy network into all Article 43 prescription drug forms to which it is attached.

Specialty medications are those medications that are designed for conditions that are difficult to treat with traditional therapies, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, growth hormone deficiency, and others.

| <u>Prescribed for:</u> | <u>Specialty Medication</u> |
|---------------------------|--|
| Blood Cell Modification | Neumega |
| Cancer: Antineoplastic | Alferon N, Roferon-A |
| Cystic Fibrosis | Pulmozyme, TOBI |
| Infertility | Bravelle, Cetrotide, Chorionic Gonadotrophin, Fertinex, Follistim AQ, Gonal F, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Profasi, Repronex, Synarel |
| Growth Hormone Deficiency | Genotropin, Humatrope, Increlex, Norditropin, Nutropin/AQ, Saizen, Serostim |
| Hepatitis C | Copegus, Infergen, Peg Intron, Pegasys, Rebetol (ribavirin) |
| Multiple Sclerosis | Avonex, Betaseron, Copaxone, Rebif |
| Osteoporosis | Forteo |
| Psoriasis | Enbrel, Raptiva |
| Rheumatoid Arthritis | Enbrel, Humira, Kineret |

[Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.

Limitations and exclusions of underlying forms:

First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

Commission Schedule

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section A below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **Commissionable Medical Products**

A. Large Group

- (1) [HealthyBlue High Deductible Health Plan; ActiveUnivera High Deductible Health Plan]
- (2) [BluePPO HSA Options 1-4; UniveraPPO HSA Options 1-4]
- (3) [SimplyBlue High Deductible Health Plan; valUcare High Deductible Health Plan]
- (4) [HealthyBlue Copay Plan, SimplyBlue Copay Plan; ActiveUnivera Copay Plan, valUcare Copay Plan]
- (5) [HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan; ActiveUnivera Copay/Deductible Plan, valUcare Copay/Deductible Plan]
- (6) [Excellus BluePPO; UniveraPPO]
- (7) [Blue Point 3; Univera POS Select]
- (8) Blue Preferred PPO
- (9) Excellus BlueEPO
- (10) Blue Point 2]
- (11) [Classic Blue Traditional, Classic Blue Comprehensive, Classic Blue Secure; Classic Univera Traditional, Classic Univera Comprehensive]
- (12) [Blue Choice/HMO Blue \$25 and \$30]

B. Small Group

- (1) Off- SHOP
 - i. [SimplyBlue+ PPO, valUcare+ PPO]
 - ii. Healthy New York
- (2) SHOP
 - i. [SimplyBlue+ PPO, valUcare+ PPO]

C. Individual

- (1) Off Exchange
 - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
 - ii. [ExchangeBassettEPO]
- (2) On Exchange
 - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
 - ii. [ExchangeBassettEPO]

3. **Commissionable Dental Products**

- A. [Dental Blue Options; Univera Dental Select]
- B. [Dental Blue Classic; Univera Dental Traditions]
- C. Smile Saver (Growth only)
- D. Dental Blue PPO (Growth only)
- E. Dental Options I or II (Growth only)
- F. Dental Schedule A, B or C (Growth only)
- G. Prime Blue Dental (Growth only)]

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.
2. **Existing Medical Business** commissions will be subject to a \$150,000 annual maximum per group, with the exception of exclusive business with effective dates on or after January 1, 2014.

3. **Commission Schedules**

- A. Small Group (includes HMO business): 4% of Paid Premium
- B. Large Group (excludes HMO business): % of Paid Premium as follows:

| Cumulative YTD Paid Premium | Percent of Paid Premium |
|-----------------------------|-------------------------|
| First \$500,000 | 4.5% |
| \$500,001 - \$1,000,000 | 4.0% |
| \$1,000,001 - \$1,500,000 | 3.5% |
| \$1,500,001 - \$2,000,000 | 2.5% |
| \$2,000,001-\$5,000,000 | 1.5% |
| \$5,000,001+ | 1.0% |

- C. Individual Market: \$25.00 Per Contract Per Month (PCPM)

4. **Medical Business Override Program**

- A. New Medical Business Override

The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

| New Medical Contracts | New Medical Group Minimum | Payment |
|-----------------------|---------------------------|-----------|
| 100-249 | Two | \$15,000 |
| 250-499 | Two | \$30,000 |
| 500-999 | Three | \$50,000 |
| 1,000-1,499 | Four | \$100,000 |
| 1,500 or more | Five | \$150,000 |

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield; Univera Healthcare
 Agent/Broker Commission Schedule
 Effective Date: January 01, 2014
 Community and Experience Rated
Rate Manual

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

| % of Medical Contracts Retained | Payment | Maximum Payment |
|--|---------------------------|------------------------|
| 95.0% | 0.50% of in force premium | \$50,000 per agency |
| 98.0% | 0.75% of in force premium | \$75,000 per agency |

SECTION C – DENTAL BUSINESS

- New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in [Dental Blue Options or Dental Blue Classic; Univera Dental Select or Univera Dental Traditions] plans for all Broker of Record Letters in effect on or after 01/01/2014.

| Annual Premium Paid by Group | Commission Percentage |
|-------------------------------------|------------------------------|
| Up to \$20,000 | 12% |
| \$20,001-\$30,000 | 10% |
| \$30,001-\$40,000 | 8% |
| \$40,001-\$50,000 | 6% |
| \$50,001-\$100,000 | 5% |
| Greater than \$100,000 | 2% |

- Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

| Annual Premium Paid by Group | Commission Percentage |
|-------------------------------------|------------------------------|
| Up to \$20,000 | 12% |
| \$20,001-\$30,000 | 10% |
| \$30,001-\$40,000 | 8% |
| \$40,001-\$50,000 | 6% |
| \$50,001-\$100,000 | 5% |
| Greater than \$100,000 | 2% |

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield; Univera Healthcare
 Agent/Broker Commission Schedule
 Effective Date: January 01, 2014
 Community and Experience Rated
Rate Manual

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment. RMSCO business will be included in the qualifying calculation.

| New Dental Contracts | New Dental Group Minimum | Payment |
|-----------------------------|---------------------------------|----------------|
| 100-199 | Two | \$2,000 |
| 200-299 | Three | \$5,000 |
| 300-399 | Four | \$10,000 |
| 400-499 | Five | \$15,000 |
| 500 or more | Six | \$30,000 |

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation. RMSCO business will be included in the qualifying calculation.

| % of Dental Contracts Retained | Payment | Maximum Payment |
|---------------------------------------|------------------------|------------------------|
| 95.0% | 3% of in force premium | \$20,000 per agency |
| 98.0% | 5% of in force premium | \$40,000 per agency |

Underwriting Guidelines

Excellus



Medical Commercial Community Rated Underwriting Guidelines Applied on a Group Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Introduction

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

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the group/subscriber/dependent does not meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous group commercial guidelines in use.

Table of Contents:

- I. Group Eligibility 4
 - A. Eligible Groups 4
 - B. Ineligible Groups 4
 - C. Group Size 5
 - D. Group Effective Date 5
 - E. Group Renewal Date 5
 - F. Guaranteed Renewal 6
 - G. Open Enrollment Period 6
 - H. Special Open Enrollment Periods 6
- II. Subscriber/Dependent Eligibility 6
 - A. Eligible Subscriber 6
 - B. Employer Probationary Periods 7
 - C. Eligible Dependent 7
 - D. Subscriber/Dependent Initial Enrollment and Retroactivity 8
 - E. Special Enrollment Periods 8
- III. Product Offering Requirements 8
 - A. Participation Percentages 8
 - B. Maximum Number of Products or Options 9
 - C. Multiple Offerings 9
 - D. Group-Initiated Changes in Coverage 10
 - E. Rating 10
 - F. Rate Changes 10
 - G. Other Requirements Eligibility Verification 10

I. Group Eligibility

A. Eligible Groups:

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

Employer group/trust:

The group/trust:

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

Association groups:

The association:

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

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

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

C. Group Size:

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

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

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

D. Group Effective Date:

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

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

E. Group Renewal Date:

Groups renew annually as follows:

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

F. Guaranteed Renewal:

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

1. Nonpayment of premium.

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

G. Open Enrollment Period:

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

H. Special Open Enrollment Periods:

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

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

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

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

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

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

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

B. Employer Probationary Periods:

Employers may select probationary periods from zero to ninety days.

C. Eligible Dependent:

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

1. Spouses

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

2. Dependent Children

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

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

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

D. Subscriber/Dependent Initial Enrollment and Retroactivity

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

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

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

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

E. Special Enrollment Periods:

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

III. Product Offering Requirements

A. Participation Percentages:

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

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

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

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

B. Maximum Number of Products or Options:

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

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

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

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

C. Multiple Offerings:

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

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

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

D. Group-Initiated Changes in Coverage:

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

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

E. Rating:

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

F. Rate Changes:

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

G. Other Requirements Eligibility Verification:

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

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

Expected Medical Loss Ratio

Expected loss ratios for each permitted aggregation of policy forms

| Rating Pool / Policy Form Aggregation | Projected Loss Ratio |
|--|-----------------------------|
| LG HMO | 85.8% |

Composition of Rating Regions

Excellus Health Plan Inc.
Excellus BCBS Syracuse Region

Rating Region Definitions

New York State County

Syracuse

Broome

Cayuga

Chemung

Cortland

Madison (West*)

Onondaga

Schuyler

Steuben

Tioga

Tompkins

* ZIP codes 13030, 13035, 13037, 13052, 13082, 13122, and 13151

Excellus Health Plans, Inc
Excellus BCBS, Utica Region

165 Court Street
Rochester, NY 14647

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

Rate Manual / Exhibit A
Effective January 1, 2015

Table of Contents

- I) **Managed Care Large Group**
 - a) **Index**
 - b) **Outline of essential benefits, coverage, limitations, and exclusions**
 - c) **Rate schedule**
 - 1) **Factors**
- II) **Commissions Schedule**
- III) **Underwriting Guidelines**
- IV) **Expected Medical Loss Ratios**
- V) **Composition of Rating Regions**

Large Group (Managed Care)

Index

Index

HMO

1. EXC-8 Rev. 1, EXHP-160, EXR-215; HMO Blue [25, 30] Basic Contract
2. EXHP-11 Rev.1; Michelle's Law
3. EXHP-47; Drug Rider [- Limited Network]
4. EXHP-51; Drug Rider [- Limited Network]
5. EXHP-53; Prehospital Emergency Services and Ambulance Transportation Benefit
6. EXHP-69 Rev.1; Prescription Drug Rider
7. EXHP-76 Rev.2; Durable Medical Equipment and External Prosthetic Devices Rider
8. EXHP-79; Blue Card Language Rider
9. EXHP-84; Blue Card Language Rider
10. EXHP-85; Mandate Rider
11. EXHP-87; Mandate Rider
12. EXHP-89; Mandate Endorsement
13. EXHP-107; Mammography Screening
14. EXHP-108; Cervical Cytology Screening
15. EXHP-113; Prescription Drug Rider
16. EXHP-123; Diabetic Equip & Supply Mandate-change from legally blind to visually impaired
17. EXHP-131, EXR-108; Prescription Drug Endorsement
18. EXHP-138; PPACA Health Care Reform Rider
19. EXHP-141; Weight Loss Services Language Change
20. EXHP-176; Allowable Expense Rider
21. EXHP-187; Rider to Continue Coverage for Children Through Age 29
22. EXHP-189; Rider to Extend Temporary Continuation of Coverage
23. EXHP-191; Dependent Coverage through Age 29
24. EXHP-210; Autism Mandate
25. EXR-1; Domestic Partner Rider
26. EXR-70 Rev. 1; Hospice Care
27. EXR-71 Rev. 1; Vision Care Benefits
28. EXR-130; HMO 25 Hearing Aid (Language Clarification) Rider
29. HRX-COPAY-00 Rev.1, EXR-108 ; Prescription Drug Rider
30. HSERVERIDER; Service Area
31. NYSHIP-12; HMO Blue Rider

**Outline of essential benefits, coverages, limitations,
and exclusions**

1. EXC-8 Rev. 1, EXHP-160, EXR-215
HMO Blue [25, 30] Basic Contract

Inpatient Services, Skilled Nursing Facility and Maternity for Mother covered with a \$500 copayment per admission, [\$100; \$250, \$750, \$1000] copayment options are available. Newborn Nursery and Internal Prosthetic Devices are covered in full. [up to 60 days of Inpatient Hospital Physical Rehabilitation subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment]. Mental Health is covered subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment for up to 30 days [Large Group: unlimited days for biological illness and serious illness for children]. Chemical Dependency Detoxification and Rehabilitation are not covered. Services not covered are charges for special duty nurses, private room, blood (except for the treatment of hemophilia), non-medical items and custodial care. Facility Surgery subject to a [\$50; \$75] copayment. Diagnostic Laboratory and Pathology Services, Radiation, Chemotherapy Therapy, Hemodialysis, Mammography Screening, Pap Smears, and up to 60 days per calendar year for Chemical Dependency are subject to a [\$25, \$30] copayment. Diagnostic Imaging, Cardiac Rehabilitation and up to 30 visits per calendar year combined for related physical, occupational, and speech therapy are subject to a [\$40, \$50] copayment. Outpatient Mental Health is covered subject to a [\$40, \$50] copayment for up to 30 visits [Large Group: unlimited visits for biological illness and serious illness for children]. Pre-Admission Testing is covered in full. Inpatient Surgery covered at the lesser of: a \$200 Copayment or 20% of the Allowable Expense. Outpatient Surgery covered at [a \$40 Copayment; a \$50 Copayment; the lesser of: a \$200 Copayment or 20% of the Allowable Expense]. Office Surgery covered at the lesser of: a \$50 Copayment or 20% of the Allowable Expense. Maternity Care for a normal pregnancy covered at [\$25, \$30] Copayment per visit for pre-natal and post-natal care for the first 10 visits and the lesser of a \$200 copayment or 20% of the Allowable Expense. Complications of Pregnancy and Termination are covered at the lesser of a \$200 copayment or 20% of the Allowable Expense. Anesthesia, In-Hospital Medical Services, and Well Child and Immunizations are covered in full. Adult Routine Physical Exams, Adult Immunizations, Diagnostic Laboratory and Pathology Services, Diagnostic Imaging, Radiation Therapy, Chemotherapy, Hemodialysis, Mammography Screening, Gynecological Services, Prostate Cancer Screening, Bone Density Screening are subject to a [\$25, \$30] copayment. Additional Surgical Opinions, Chiropractic Care, Diagnostic Vision Exams, Diagnostic Hearing Exams, up to 30 visits per calendar year combined for related Physical, Occupational, and Speech Therapy are subject to a [\$40, \$50] copayment. Diagnostic Office Visits, Office Consultations, Allergy Testing and Treatment are subject a [\$25, \$30] Copayment for visits to a Primary Care Physician, and a [\$40, \$50] Copayment for visits to a Specialist. Hearing Aids coverage for up to two hearing aids every three years subject to a \$600 maximum for both hearing aids (not \$600 each) and subject to a [\$40, \$50] Copayment for each visit for a fitting. Pre-hospital Emergency Services and Transportation subject to a \$100 Copayment. Up to 40 Home Care visits per calendar year covered in full. Diabetic Supplies and Insulin for each 30-day supply, Diabetic education, and Diabetic durable medical equipment are subject to a [\$25, \$30] Copayment. Care for an Emergency Condition in the emergency room of a Hospital is subject to a [\$100, \$150] Copayment. Care for an Emergency Condition in a free standing urgent care center is subject to a \$50 Copayment. However, this Copayment will be waived if admitted to the Hospital as an inpatient within 24 hours of the emergency room visit.

2. EXHP-11 Rev.1
Michelle's Law

A full-time student covered under this Contract, Certificate or Group Plan who takes a leave of absence from an accredited institution of learning due to an illness or injury will continue to be covered under this Contract, Certificate or Group Plan for up to twelve months from the date of the leave of absence. However, in no event will a child be covered beyond the age at which coverage of children who are enrolled as full-time students terminates under the Contract, Certificate, Group Plan and/or applicable Rider(s). The medical necessity of the child's leave of absence must be certified by the child's attending physician and written documentation of the illness or injury must be submitted to us.

3. EXHP-47
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with copayment options as follows: (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

4. EXHP-51
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with coinsurance options as follows: (50% Formulary with \$1,000 Single / \$1,500 Family Payment Cap per calendar year). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

5. EXHP-53
Prehospital Emergency Services and Ambulance Transportation Benefit

Covers pre-hospital emergency services and land transportation.

6. EXHP-69 Rev.1
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$5/\$10/\$25), (\$5/\$15/\$35), (\$10/\$30/\$50), (\$7/\$50/\$100). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.
7. EXHP-76 Rev.2
Durable Medical Equipment and External Prosthetic Devices Rider
This rider provides coverage for durable medical equipment and external prosthetic devices subject to a 50% coinsurance and a \$15,000 per member per calendar year maximum for external prosthetic devices.
8. EXHP-79
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
9. EXHP-84
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
10. EXHP-85
Mandate Rider
This rider adds infertility mandate benefits to Article 44 coverage.
11. EXHP-87
Mandate Rider
This rider adds bone density mandate benefits to Article 44 coverage. Specifically, this rider provides coverage for bone mineral density measurements and tests for the detection of osteoporosis.
12. EXHP-89
Mandate Endorsement
This Endorsement amends the rider or contract to which it attaches to by adding or replacing benefits for approved drugs and/or devices for the treatment of osteoporosis.
13. EXHP-107
Mammography Screening
Women's Health Mandate for mammography screening.
14. EXHP-108
Cervical Cytology Screening
This rider reflects benefits from the Women's Health Mandate for Cervical Cytology Screenings.
15. EXHP-113
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options as follows: \$7 Copayment for Generic Drugs.
16. EXHP-123
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired
This policy changes language to the diabetic mandate language in the [Contract; Certificate or Group Health Plan; rider] to which this policy is attached. Specifically, the words "legally blind" are being replaced with "visually impaired". This language change is not expected to impact claims cost in anyway, since we believe the "visually impaired" covered population is equivalent to the "legally blind" covered population.

17. EXHP-131, EXR-108
Prescription Drug Endorsement

This prescription drug endorsement changes the mail-order prescription drug copayment for a 61-90 day supply from three-times the 30 day copayment to two-times the 30 day copayment.
18. EXHP-138
PPACA Health Care Reform Rider

This Rider changes provisions in, or adds provisions to, your Contract or Certificate including any affected riders or endorsements thereto, as required by the federal Patient Protection and Affordable Care Act.
19. EXHP-141
Weight Loss Services Language Change

Language endorsement which revises the criteria of medical necessity as it pertains to excluded services associated with weight loss.
20. EXHP-176
Allowable Expense Rider

This Rider changes the Allowable Expense definition in your coverage. There is no rate impact as this rider merely more accurately describes UCR. There are no associated changes in fees and no associated changes in how our claims are currently adjudicated.
21. EXHP-187
Rider to Continue Coverage for Children Through Age 29

This Rider allows eligible children to continue coverage under your Contract or Certificate and any applicable Rider(s) thereto.
22. EXHP-189
Rider to Extend Temporary Continuation of Coverage

This Rider extends continued coverage available under your Contract or Certificate and any applicable Rider(s) thereto.
23. EXHP-191
Dependent Coverage through Age 29

Children Covered through age 29. If you selected other than individual coverage, your child will be eligible for coverage through the age of 29 years when the child: A. Is unmarried ;B. Is not, as an employee or member, insured by or eligible for coverage under any employee health benefit plan, whether insured or self-insured; and C. Lives, works or resides in the Enrollment Area for your Contract or Certificate.
24. EXHP-210
Autism Mandate

This rider provides mandated coverage for Autism related benefits.
25. EXR-1
Domestic Partner Rider

This rider adds coverage to your Contract, Certificate or Group Health Plan for domestic partners.
26. EXR-70 Rev. 1
Hospice Care

This rider adds coverage for up to 210 days per year for hospice services subject to a [\$100, \$250, \$500, \$750, \$1000] copayment to pay when services are begun.
27. EXR-71 Rev. 1
Vision Care Benefits

This rider adds coverage for a routine eye exam subject to a [\$40, \$50] Copayment [and up to \$60 for eyewear] once every two calendar years for adults and every year for children.
28. EXR-130
HMO 25 Hearing Aid (Language Clarification) Rider

Language endorsement which revises the hearing aid benefit language to specify that coverage is limited to covered dependents under the age of 19.

29. HRX-COPAY-00 Rev.1, EXR-108
Prescription Drug Rider

Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$10/\$25/\$40). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

30. HSERVERIDER
Service Area

The Service Area Rider HSERVERIDER expands the service area of the HealthGuard Blue New York Group Certificate of Central New York (CNY) H GP C 01 to include the Utica - Watertown HMO Blue counties of Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison (East), Montgomery, Oneida, Oswego, Otsego, & St. Lawrence, counties. This filing is intended to create Utica - Watertown regional rates for H GP C 01 and the riders H NYSHIP6 R 02, and H HGCHG2 R 02, in order to provide the New York State Employees (NYSHIP) with the same policy form numbers and benefits as the Central New York region.

31. NYSHIP-12
HMO Blue Rider

Full-time Students covered until age 25. Inpatient care covered in full. Inpatient rehabilitation care for substance abuse and alcoholism: provides 30 days of care per person, per calendar year. Unlimited Inpatient Detoxification Care for Alcoholism or Drug Addiction is provided. No Calendar Year Maximum for Durable Medical Equipment, External Prosthetic Appliances and Orthotic Devices. PCP sick child visits to age 19, Mammography visits, routine GYN including Pap Smears, routine physicals and routine prostate cancer screening are subject to a \$5 copayment per visit.

Rate schedule

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| HMO Blue [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$653.48 | \$576.54 | (\$76.94) | -11.77% |
| Two Person | \$1,261.22 | \$1,112.73 | (\$148.49) | -11.77% |
| Subscriber w/Child(ren) | \$1,274.30 | \$1,124.27 | (\$150.03) | -11.77% |
| Subscriber and Spouse | \$1,306.97 | \$1,153.09 | (\$153.88) | -11.77% |
| Family (4 Tier) | \$1,757.88 | \$1,550.91 | (\$206.97) | -11.77% |
| Family (3 Tier) | \$1,685.99 | \$1,487.49 | (\$198.50) | -11.77% |
| Family (2 Tier) | \$1,627.19 | \$1,435.61 | (\$191.58) | -11.77% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| HMO Blue [30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$645.62 | \$569.60 | (\$76.02) | -11.77% |
| Two Person | \$1,246.05 | \$1,099.34 | (\$146.71) | -11.77% |
| Subscriber w/Child(ren) | \$1,258.95 | \$1,110.73 | (\$148.22) | -11.77% |
| Subscriber and Spouse | \$1,291.24 | \$1,139.21 | (\$152.03) | -11.77% |
| Family (4 Tier) | \$1,736.71 | \$1,532.24 | (\$204.47) | -11.77% |
| Family (3 Tier) | \$1,665.70 | \$1,469.58 | (\$196.12) | -11.77% |
| Family (2 Tier) | \$1,607.62 | \$1,418.34 | (\$189.28) | -11.77% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$2.38) | (\$2.10) | \$0.28 | -11.76% |
| Two Person | (\$4.58) | (\$4.04) | \$0.54 | -11.79% |
| Subscriber w/Child(ren) | (\$4.62) | (\$4.08) | \$0.54 | -11.69% |
| Subscriber and Spouse | (\$4.74) | (\$4.18) | \$0.56 | -11.81% |
| Family (4 Tier) | (\$6.38) | (\$5.63) | \$0.75 | -11.76% |
| Family (3 Tier) | (\$6.11) | (\$5.39) | \$0.72 | -11.78% |
| Family (2 Tier) | (\$5.90) | (\$5.21) | \$0.69 | -11.69% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$3.99 | \$3.52 | (\$0.47) | -11.78% |
| Two Person | \$7.67 | \$6.77 | (\$0.90) | -11.73% |
| Subscriber w/Child(ren) | \$7.76 | \$6.85 | (\$0.91) | -11.73% |
| Subscriber and Spouse | \$7.96 | \$7.02 | (\$0.94) | -11.81% |
| Family (4 Tier) | \$10.71 | \$9.45 | (\$1.26) | -11.76% |
| Family (3 Tier) | \$10.26 | \$9.06 | (\$1.20) | -11.70% |
| Family (2 Tier) | \$9.91 | \$8.74 | (\$1.17) | -11.81% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u> | | | | |
| HMO Blue [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$0.79) | (\$0.70) | \$0.09 | -11.39% |
| Two Person | (\$1.51) | (\$1.33) | \$0.18 | -11.92% |
| Subscriber w/Child(ren) | (\$1.53) | (\$1.35) | \$0.18 | -11.76% |
| Subscriber and Spouse | (\$1.57) | (\$1.38) | \$0.19 | -12.10% |
| Family (4 Tier) | (\$2.12) | (\$1.87) | \$0.25 | -11.79% |
| Family (3 Tier) | (\$2.03) | (\$1.79) | \$0.24 | -11.82% |
| Family (2 Tier) | (\$1.97) | (\$1.73) | \$0.24 | -12.18% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$11.05 | \$9.75 | (\$1.30) | -11.76% |
| Two Person | \$21.35 | \$18.83 | (\$2.52) | -11.80% |
| Subscriber w/Child(ren) | \$21.55 | \$19.01 | (\$2.54) | -11.79% |
| Subscriber and Spouse | \$22.11 | \$19.51 | (\$2.60) | -11.76% |
| Family (4 Tier) | \$29.74 | \$26.23 | (\$3.51) | -11.80% |
| Family (3 Tier) | \$28.53 | \$25.17 | (\$3.36) | -11.78% |
| Family (2 Tier) | \$27.53 | \$24.29 | (\$3.24) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$6.89 | \$6.08 | (\$0.81) | -11.76% |
| Two Person | \$13.30 | \$11.73 | (\$1.57) | -11.80% |
| Subscriber w/Child(ren) | \$13.45 | \$11.87 | (\$1.58) | -11.75% |
| Subscriber and Spouse | \$13.78 | \$12.15 | (\$1.63) | -11.83% |
| Family (4 Tier) | \$18.55 | \$16.37 | (\$2.18) | -11.75% |
| Family (3 Tier) | \$17.78 | \$15.69 | (\$2.09) | -11.75% |
| Family (2 Tier) | \$17.17 | \$15.15 | (\$2.02) | -11.76% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$4.80) | (\$4.24) | \$0.56 | -11.67% |
| Two Person | (\$9.26) | (\$8.17) | \$1.09 | -11.77% |
| Subscriber w/Child(ren) | (\$9.33) | (\$8.23) | \$1.10 | -11.79% |
| Subscriber and Spouse | (\$9.60) | (\$8.47) | \$1.13 | -11.77% |
| Family (4 Tier) | (\$12.91) | (\$11.39) | \$1.52 | -11.77% |
| Family (3 Tier) | (\$12.37) | (\$10.92) | \$1.45 | -11.72% |
| Family (2 Tier) | (\$11.94) | (\$10.54) | \$1.40 | -11.73% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$9.61) | (\$8.48) | \$1.13 | -11.76% |
| Two Person | (\$18.55) | (\$16.37) | \$2.18 | -11.75% |
| Subscriber w/Child(ren) | (\$18.72) | (\$16.52) | \$2.20 | -11.75% |
| Subscriber and Spouse | (\$19.21) | (\$16.94) | \$2.27 | -11.82% |
| Family (4 Tier) | (\$25.85) | (\$22.81) | \$3.04 | -11.76% |
| Family (3 Tier) | (\$24.78) | (\$21.86) | \$2.92 | -11.78% |
| Family (2 Tier) | (\$23.91) | (\$21.09) | \$2.82 | -11.79% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.63 | \$1.44 | (\$0.19) | -11.66% |
| Two Person | \$3.13 | \$2.77 | (\$0.36) | -11.50% |
| Subscriber w/Child(ren) | \$3.16 | \$2.79 | (\$0.37) | -11.71% |
| Subscriber and Spouse | \$3.24 | \$2.86 | (\$0.38) | -11.73% |
| Family (4 Tier) | \$4.34 | \$3.83 | (\$0.51) | -11.75% |
| Family (3 Tier) | \$4.19 | \$3.70 | (\$0.49) | -11.69% |
| Family (2 Tier) | \$4.02 | \$3.54 | (\$0.48) | -11.94% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.56 | \$1.37 | (\$0.19) | -12.18% |
| Two Person | \$3.01 | \$2.66 | (\$0.35) | -11.63% |
| Subscriber w/Child(ren) | \$3.05 | \$2.69 | (\$0.36) | -11.80% |
| Subscriber and Spouse | \$3.12 | \$2.76 | (\$0.36) | -11.54% |
| Family (4 Tier) | \$4.20 | \$3.71 | (\$0.49) | -11.67% |
| Family (3 Tier) | \$4.02 | \$3.54 | (\$0.48) | -11.94% |
| Family (2 Tier) | \$3.87 | \$3.42 | (\$0.45) | -11.63% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.46 | \$1.29 | (\$0.17) | -11.64% |
| Two Person | \$2.83 | \$2.49 | (\$0.34) | -12.01% |
| Subscriber w/Child(ren) | \$2.85 | \$2.51 | (\$0.34) | -11.93% |
| Subscriber and Spouse | \$2.94 | \$2.59 | (\$0.35) | -11.90% |
| Family (4 Tier) | \$3.95 | \$3.49 | (\$0.46) | -11.65% |
| Family (3 Tier) | \$3.77 | \$3.33 | (\$0.44) | -11.67% |
| Family (2 Tier) | \$3.65 | \$3.22 | (\$0.43) | -11.78% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.30 | \$1.15 | (\$0.15) | -11.54% |
| Two Person | \$2.51 | \$2.21 | (\$0.30) | -11.95% |
| Subscriber w/Child(ren) | \$2.54 | \$2.24 | (\$0.30) | -11.81% |
| Subscriber and Spouse | \$2.58 | \$2.28 | (\$0.30) | -11.63% |
| Family (4 Tier) | \$3.50 | \$3.09 | (\$0.41) | -11.71% |
| Family (3 Tier) | \$3.34 | \$2.95 | (\$0.39) | -11.68% |
| Family (2 Tier) | \$3.22 | \$2.84 | (\$0.38) | -11.80% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.26 | \$1.11 | (\$0.15) | -11.90% |
| Two Person | \$2.44 | \$2.15 | (\$0.29) | -11.89% |
| Subscriber w/Child(ren) | \$2.46 | \$2.17 | (\$0.29) | -11.79% |
| Subscriber and Spouse | \$2.54 | \$2.24 | (\$0.30) | -11.81% |
| Family (4 Tier) | \$3.41 | \$3.01 | (\$0.40) | -11.73% |
| Family (3 Tier) | \$3.27 | \$2.88 | (\$0.39) | -11.93% |
| Family (2 Tier) | \$3.14 | \$2.77 | (\$0.37) | -11.78% |
| 2. <u>EXHP-11 Rev.1</u> | | | | |
| Michelle's Law | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$144.33 | \$127.33 | (\$17.00) | -11.78% |
| Two Person | \$278.57 | \$245.77 | (\$32.80) | -11.77% |
| Subscriber w/Child(ren) | \$281.46 | \$248.32 | (\$33.14) | -11.77% |
| Subscriber and Spouse | \$288.68 | \$254.69 | (\$33.99) | -11.77% |
| Family (4 Tier) | \$388.26 | \$342.54 | (\$45.72) | -11.78% |
| Family (3 Tier) | \$372.39 | \$328.55 | (\$43.84) | -11.77% |
| Family (2 Tier) | \$359.40 | \$317.09 | (\$42.31) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$138.56 | \$122.25 | (\$16.31) | -11.77% |
| Two Person | \$267.40 | \$235.91 | (\$31.49) | -11.78% |
| Subscriber w/Child(ren) | \$270.20 | \$238.39 | (\$31.81) | -11.77% |
| Subscriber and Spouse | \$277.12 | \$244.49 | (\$32.63) | -11.77% |
| Family (4 Tier) | \$372.72 | \$328.83 | (\$43.89) | -11.78% |
| Family (3 Tier) | \$357.49 | \$315.40 | (\$42.09) | -11.77% |
| Family (2 Tier) | \$345.02 | \$304.40 | (\$40.62) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$120.66 | \$106.46 | (\$14.20) | -11.77% |
| Two Person | \$232.86 | \$205.44 | (\$27.42) | -11.78% |
| Subscriber w/Child(ren) | \$235.29 | \$207.58 | (\$27.71) | -11.78% |
| Subscriber and Spouse | \$241.32 | \$212.91 | (\$28.41) | -11.77% |
| Family (4 Tier) | \$324.58 | \$286.37 | (\$38.21) | -11.77% |
| Family (3 Tier) | \$311.31 | \$274.66 | (\$36.65) | -11.77% |
| Family (2 Tier) | \$300.44 | \$265.07 | (\$35.37) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$115.86 | \$102.22 | (\$13.64) | -11.77% |
| Two Person | \$223.61 | \$197.28 | (\$26.33) | -11.77% |
| Subscriber w/Child(ren) | \$225.91 | \$199.31 | (\$26.60) | -11.77% |
| Subscriber and Spouse | \$231.72 | \$204.44 | (\$27.28) | -11.77% |
| Family (4 Tier) | \$311.64 | \$274.95 | (\$36.69) | -11.77% |
| Family (3 Tier) | \$298.91 | \$263.71 | (\$35.20) | -11.78% |
| Family (2 Tier) | \$288.49 | \$254.52 | (\$33.97) | -11.78% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$137.34 | \$121.17 | (\$16.17) | -11.77% |
| Two Person | \$265.06 | \$233.85 | (\$31.21) | -11.77% |
| Subscriber w/Child(ren) | \$267.82 | \$236.28 | (\$31.54) | -11.78% |
| Subscriber and Spouse | \$274.67 | \$242.33 | (\$32.34) | -11.77% |
| Family (4 Tier) | \$369.43 | \$325.93 | (\$43.50) | -11.77% |
| Family (3 Tier) | \$354.33 | \$312.61 | (\$41.72) | -11.77% |
| Family (2 Tier) | \$341.96 | \$301.70 | (\$40.26) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$131.88 | \$116.35 | (\$15.53) | -11.78% |
| Two Person | \$254.52 | \$224.56 | (\$29.96) | -11.77% |
| Subscriber w/Child(ren) | \$257.16 | \$226.89 | (\$30.27) | -11.77% |
| Subscriber and Spouse | \$263.75 | \$232.70 | (\$31.05) | -11.77% |
| Family (4 Tier) | \$354.76 | \$312.99 | (\$41.77) | -11.77% |
| Family (3 Tier) | \$340.25 | \$300.19 | (\$40.06) | -11.77% |
| Family (2 Tier) | \$328.37 | \$289.71 | (\$38.66) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$114.23 | \$100.78 | (\$13.45) | -11.77% |
| Two Person | \$220.47 | \$194.52 | (\$25.95) | -11.77% |
| Subscriber w/Child(ren) | \$222.76 | \$196.53 | (\$26.23) | -11.78% |
| Subscriber and Spouse | \$228.48 | \$201.58 | (\$26.90) | -11.77% |
| Family (4 Tier) | \$307.30 | \$271.12 | (\$36.18) | -11.77% |
| Family (3 Tier) | \$294.72 | \$260.02 | (\$34.70) | -11.77% |
| Family (2 Tier) | \$284.44 | \$250.95 | (\$33.49) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$109.69 | \$96.78 | (\$12.91) | -11.77% |
| Two Person | \$211.71 | \$186.78 | (\$24.93) | -11.78% |
| Subscriber w/Child(ren) | \$213.91 | \$188.72 | (\$25.19) | -11.78% |
| Subscriber and Spouse | \$219.40 | \$193.57 | (\$25.83) | -11.77% |
| Family (4 Tier) | \$295.10 | \$260.36 | (\$34.74) | -11.77% |
| Family (3 Tier) | \$283.01 | \$249.69 | (\$33.32) | -11.77% |
| Family (2 Tier) | \$273.14 | \$240.98 | (\$32.16) | -11.77% |
| 4. <u>EXHP- 51, EXR-108 (50% w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$65.54 | \$57.82 | (\$7.72) | -11.78% |
| Two Person | \$126.49 | \$111.60 | (\$14.89) | -11.77% |
| Subscriber w/Child(ren) | \$127.79 | \$112.75 | (\$15.04) | -11.77% |
| Subscriber and Spouse | \$131.06 | \$115.63 | (\$15.43) | -11.77% |
| Family (4 Tier) | \$176.29 | \$155.54 | (\$20.75) | -11.77% |
| Family (3 Tier) | \$169.09 | \$149.19 | (\$19.90) | -11.77% |
| Family (2 Tier) | \$163.20 | \$143.99 | (\$19.21) | -11.77% |

Excellus Health Plan, Inc.
 Upstate HMO-Utica South Operating Region
 Large Group Rates
 Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$62.88 | \$55.48 | (\$7.40) | -11.77% |
| Two Person | \$121.39 | \$107.10 | (\$14.29) | -11.77% |
| Subscriber w/Child(ren) | \$122.65 | \$108.21 | (\$14.44) | -11.77% |
| Subscriber and Spouse | \$125.79 | \$110.98 | (\$14.81) | -11.77% |
| Family (4 Tier) | \$169.19 | \$149.27 | (\$19.92) | -11.77% |
| Family (3 Tier) | \$162.27 | \$143.17 | (\$19.10) | -11.77% |
| Family (2 Tier) | \$156.59 | \$138.15 | (\$18.44) | -11.78% |
| 4. <u>EXHP- 51, EXR-108 (50% w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$63.92 | \$56.39 | (\$7.53) | -11.78% |
| Two Person | \$123.35 | \$108.83 | (\$14.52) | -11.77% |
| Subscriber w/Child(ren) | \$124.62 | \$109.95 | (\$14.67) | -11.77% |
| Subscriber and Spouse | \$127.80 | \$112.76 | (\$15.04) | -11.77% |
| Family (4 Tier) | \$171.91 | \$151.67 | (\$20.24) | -11.77% |
| Family (3 Tier) | \$164.88 | \$145.47 | (\$19.41) | -11.77% |
| Family (2 Tier) | \$159.13 | \$140.39 | (\$18.74) | -11.78% |
| 4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$61.37 | \$54.14 | (\$7.23) | -11.78% |
| Two Person | \$118.44 | \$104.50 | (\$13.94) | -11.77% |
| Subscriber w/Child(ren) | \$119.65 | \$105.56 | (\$14.09) | -11.78% |
| Subscriber and Spouse | \$122.73 | \$108.28 | (\$14.45) | -11.77% |
| Family (4 Tier) | \$165.08 | \$145.64 | (\$19.44) | -11.78% |
| Family (3 Tier) | \$158.33 | \$139.69 | (\$18.64) | -11.77% |
| Family (2 Tier) | \$152.80 | \$134.81 | (\$17.99) | -11.77% |
| 5. <u>EXHP- 53</u> | | | | |
| Prehospital Emergency Services and Ambulance Transportation Benefit | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$193.19 | \$170.44 | (\$22.75) | -11.78% |
| Two Person | \$372.84 | \$328.94 | (\$43.90) | -11.77% |
| Subscriber w/Child(ren) | \$376.71 | \$332.36 | (\$44.35) | -11.77% |
| Subscriber and Spouse | \$386.36 | \$340.87 | (\$45.49) | -11.77% |
| Family (4 Tier) | \$519.67 | \$458.48 | (\$61.19) | -11.77% |
| Family (3 Tier) | \$498.42 | \$439.74 | (\$58.68) | -11.77% |
| Family (2 Tier) | \$481.03 | \$424.39 | (\$56.64) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$185.45 | \$163.62 | (\$21.83) | -11.77% |
| Two Person | \$357.89 | \$315.75 | (\$42.14) | -11.77% |
| Subscriber w/Child(ren) | \$361.62 | \$319.05 | (\$42.57) | -11.77% |
| Subscriber and Spouse | \$370.88 | \$327.22 | (\$43.66) | -11.77% |
| Family (4 Tier) | \$498.85 | \$440.12 | (\$58.73) | -11.77% |
| Family (3 Tier) | \$478.44 | \$422.11 | (\$56.33) | -11.77% |
| Family (2 Tier) | \$461.74 | \$407.38 | (\$54.36) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$173.71 | \$153.26 | (\$20.45) | -11.77% |
| Two Person | \$335.27 | \$295.79 | (\$39.48) | -11.78% |
| Subscriber w/Child(ren) | \$338.75 | \$298.87 | (\$39.88) | -11.77% |
| Subscriber and Spouse | \$347.42 | \$306.51 | (\$40.91) | -11.78% |
| Family (4 Tier) | \$467.27 | \$412.26 | (\$55.01) | -11.77% |
| Family (3 Tier) | \$448.17 | \$395.40 | (\$52.77) | -11.77% |
| Family (2 Tier) | \$432.54 | \$381.61 | (\$50.93) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$166.76 | \$147.12 | (\$19.64) | -11.78% |
| Two Person | \$321.84 | \$283.95 | (\$37.89) | -11.77% |
| Subscriber w/Child(ren) | \$325.18 | \$286.89 | (\$38.29) | -11.78% |
| Subscriber and Spouse | \$333.51 | \$294.24 | (\$39.27) | -11.77% |
| Family (4 Tier) | \$448.57 | \$395.75 | (\$52.82) | -11.78% |
| Family (3 Tier) | \$430.24 | \$379.59 | (\$50.65) | -11.77% |
| Family (2 Tier) | \$415.22 | \$366.33 | (\$48.89) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$131.77 | \$116.25 | (\$15.52) | -11.78% |
| Two Person | \$254.30 | \$224.36 | (\$29.94) | -11.77% |
| Subscriber w/Child(ren) | \$256.93 | \$226.68 | (\$30.25) | -11.77% |
| Subscriber and Spouse | \$263.51 | \$232.49 | (\$31.02) | -11.77% |
| Family (4 Tier) | \$354.43 | \$312.70 | (\$41.73) | -11.77% |
| Family (3 Tier) | \$339.94 | \$299.92 | (\$40.02) | -11.77% |
| Family (2 Tier) | \$328.07 | \$289.44 | (\$38.63) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$126.49 | \$111.60 | (\$14.89) | -11.77% |
| Two Person | \$244.13 | \$215.39 | (\$28.74) | -11.77% |
| Subscriber w/Child(ren) | \$246.68 | \$217.63 | (\$29.05) | -11.78% |
| Subscriber and Spouse | \$253.00 | \$223.21 | (\$29.79) | -11.77% |
| Family (4 Tier) | \$340.27 | \$300.20 | (\$40.07) | -11.78% |
| Family (3 Tier) | \$326.36 | \$287.93 | (\$38.43) | -11.78% |
| Family (2 Tier) | \$314.97 | \$277.88 | (\$37.09) | -11.78% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$91.41 | \$80.65 | (\$10.76) | -11.77% |
| Two Person | \$176.41 | \$155.64 | (\$20.77) | -11.77% |
| Subscriber w/Child(ren) | \$178.25 | \$157.26 | (\$20.99) | -11.78% |
| Subscriber and Spouse | \$182.80 | \$161.28 | (\$21.52) | -11.77% |
| Family (4 Tier) | \$245.89 | \$216.94 | (\$28.95) | -11.77% |
| Family (3 Tier) | \$235.83 | \$208.06 | (\$27.77) | -11.78% |
| Family (2 Tier) | \$227.62 | \$200.82 | (\$26.80) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$87.74 | \$77.41 | (\$10.33) | -11.77% |
| Two Person | \$169.32 | \$149.38 | (\$19.94) | -11.78% |
| Subscriber w/Child(ren) | \$171.08 | \$150.94 | (\$20.14) | -11.77% |
| Subscriber and Spouse | \$175.47 | \$154.81 | (\$20.66) | -11.77% |
| Family (4 Tier) | \$236.00 | \$208.22 | (\$27.78) | -11.77% |
| Family (3 Tier) | \$226.35 | \$199.70 | (\$26.65) | -11.77% |
| Family (2 Tier) | \$218.45 | \$192.73 | (\$25.72) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 7. EXHP- 76 Rev.2 Durable Medical Equipment and External Prosthetic Devices Rider Group Remittance | | | | |
| Single | \$5.51 | \$4.86 | (\$0.65) | -11.80% |
| Two Person | \$10.62 | \$9.37 | (\$1.25) | -11.77% |
| Subscriber w/Child(ren) | \$10.73 | \$9.47 | (\$1.26) | -11.74% |
| Subscriber and Spouse | \$11.02 | \$9.72 | (\$1.30) | -11.80% |
| Family (4 Tier) | \$14.81 | \$13.07 | (\$1.74) | -11.75% |
| Family (3 Tier) | \$14.20 | \$12.53 | (\$1.67) | -11.76% |
| Family (2 Tier) | \$13.71 | \$12.09 | (\$1.62) | -11.82% |
| 8. EXHP- 79 Blue Card Language Rider Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 9. EXHP- 84 Blue Card Language Rider Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 10. EXHP- 85 Mandate Rider Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 11. EXHP- 87 Mandate Rider Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 12. EXHP- 89 Mandate Endorsement Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 13. <u>EXHP-107</u> | | | | |
| Mammography Screening | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 14. <u>EXHP-108</u> | | | | |
| Cervical Cytology Screening | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 15. <u>EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$24.19 | \$21.35 | (\$2.84) | -11.74% |
| Two Person | \$46.66 | \$41.16 | (\$5.50) | -11.79% |
| Subscriber w/Child(ren) | \$47.14 | \$41.59 | (\$5.55) | -11.77% |
| Subscriber and Spouse | \$48.35 | \$42.66 | (\$5.69) | -11.77% |
| Family (4 Tier) | \$65.03 | \$57.38 | (\$7.65) | -11.76% |
| Family (3 Tier) | \$62.37 | \$55.03 | (\$7.34) | -11.77% |
| Family (2 Tier) | \$60.20 | \$53.11 | (\$7.09) | -11.78% |
| 15. <u>EXHP-113, EXR-108 (\$7 Generic w/o Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$23.20 | \$20.47 | (\$2.73) | -11.77% |
| Two Person | \$44.77 | \$39.50 | (\$5.27) | -11.77% |
| Subscriber w/Child(ren) | \$45.23 | \$39.91 | (\$5.32) | -11.76% |
| Subscriber and Spouse | \$46.39 | \$40.93 | (\$5.46) | -11.77% |
| Family (4 Tier) | \$62.38 | \$55.04 | (\$7.34) | -11.77% |
| Family (3 Tier) | \$59.84 | \$52.80 | (\$7.04) | -11.76% |
| Family (2 Tier) | \$57.75 | \$50.95 | (\$6.80) | -11.77% |
| 16. <u>EXHP-123</u> | | | | |
| Diabetic Equip & Supply Mandate-change from legally blind to visually impaired | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 17. <u>EXHP-131, EXR-108</u> | | | | |
| Prescription Drug Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$9.50 | \$8.38 | (\$1.12) | -11.79% |
| Two Person | \$18.32 | \$16.17 | (\$2.15) | -11.74% |
| Subscriber w/Child(ren) | \$75.84 | \$66.91 | (\$8.93) | -11.77% |
| Subscriber and Spouse | \$18.99 | \$16.75 | (\$2.24) | -11.80% |
| Family (4 Tier) | \$104.64 | \$92.32 | (\$12.32) | -11.77% |
| Family (3 Tier) | \$100.36 | \$88.55 | (\$11.81) | -11.77% |
| Family (2 Tier) | \$96.86 | \$85.46 | (\$11.40) | -11.77% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.12 | \$0.11 | (\$0.01) | -8.33% |
| Two Person | \$0.25 | \$0.22 | (\$0.03) | -12.00% |
| Subscriber w/Child(ren) | \$57.61 | \$50.82 | (\$6.79) | -11.79% |
| Subscriber and Spouse | \$0.26 | \$0.23 | (\$0.03) | -11.54% |
| Family (4 Tier) | \$79.46 | \$70.10 | (\$9.36) | -11.78% |
| Family (3 Tier) | \$76.21 | \$67.24 | (\$8.97) | -11.77% |
| Family (2 Tier) | \$73.56 | \$64.90 | (\$8.66) | -11.77% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$10.69 | \$9.44 | (\$1.25) | -11.69% |
| Two Person | \$20.61 | \$18.18 | (\$2.43) | -11.79% |
| Subscriber w/Child(ren) | \$77.48 | \$68.36 | (\$9.12) | -11.77% |
| Subscriber and Spouse | \$21.36 | \$18.84 | (\$2.52) | -11.80% |
| Family (4 Tier) | \$106.90 | \$94.31 | (\$12.59) | -11.78% |
| Family (3 Tier) | \$102.51 | \$90.44 | (\$12.07) | -11.77% |
| Family (2 Tier) | \$98.94 | \$87.29 | (\$11.65) | -11.77% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$56.65 | \$49.98 | (\$6.67) | -11.77% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$78.16 | \$68.95 | (\$9.21) | -11.78% |
| Family (3 Tier) | \$74.96 | \$66.13 | (\$8.83) | -11.78% |
| Family (2 Tier) | \$72.36 | \$63.84 | (\$8.52) | -11.77% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.12 | \$0.11 | (\$0.01) | -8.33% |
| Subscriber w/Child(ren) | \$0.12 | \$0.11 | (\$0.01) | -8.33% |
| Subscriber and Spouse | \$0.13 | \$0.12 | (\$0.01) | -7.69% |
| Family (4 Tier) | \$0.19 | \$0.17 | (\$0.02) | -10.53% |
| Family (3 Tier) | \$0.17 | \$0.15 | (\$0.02) | -11.76% |
| Family (2 Tier) | \$0.17 | \$0.15 | (\$0.02) | -11.76% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.12 | \$0.11 | (\$0.01) | -8.33% |
| Subscriber w/Child(ren) | \$0.12 | \$0.11 | (\$0.01) | -8.33% |
| Subscriber and Spouse | \$0.13 | \$0.12 | (\$0.01) | -7.69% |
| Family (4 Tier) | \$0.19 | \$0.17 | (\$0.02) | -10.53% |
| Family (3 Tier) | \$0.17 | \$0.15 | (\$0.02) | -11.76% |
| Family (2 Tier) | \$0.17 | \$0.15 | (\$0.02) | -11.76% |

Excellus Health Plan, Inc.
 Upstate HMO-Utica South Operating Region
 Large Group Rates
 Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS [EXC-8[HMO Blue 25]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.22 | \$0.19 | (\$0.03) | -13.64% |
| Two Person | \$0.43 | \$0.38 | (\$0.05) | -11.63% |
| Subscriber and Spouse | \$0.44 | \$0.39 | (\$0.05) | -11.36% |
| Subscriber w/Child(ren) | \$0.43 | \$0.38 | (\$0.05) | -11.63% |
| Subscriber w/ Children | \$0.43 | \$0.38 | (\$0.05) | -11.63% |
| Family (4 Tier) | \$0.59 | \$0.52 | (\$0.07) | -11.86% |
| Family (3 Tier) | \$0.56 | \$0.50 | (\$0.06) | -10.71% |
| Family (2 Tier) | \$0.54 | \$0.48 | (\$0.06) | -11.11% |
| 18. <u>EXHP-138 WPS [EXC-8[HMO Blue 30]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.24 | \$0.21 | (\$0.03) | -12.50% |
| Two Person | \$0.47 | \$0.42 | (\$0.05) | -10.64% |
| Subscriber and Spouse | \$0.48 | \$0.42 | (\$0.06) | -12.50% |
| Subscriber w/Child(ren) | \$0.47 | \$0.42 | (\$0.05) | -10.64% |
| Subscriber w/ Children | \$0.47 | \$0.42 | (\$0.05) | -10.64% |
| Family (4 Tier) | \$0.64 | \$0.56 | (\$0.08) | -12.50% |
| Family (3 Tier) | \$0.62 | \$0.55 | (\$0.07) | -11.29% |
| Family (2 Tier) | \$0.60 | \$0.53 | (\$0.07) | -11.67% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$0 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$1 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.15 | \$0.14 | (\$0.01) | -6.67% |
| Subscriber and Spouse | \$0.15 | \$0.14 | (\$0.01) | -6.67% |
| Subscriber w/Child(ren) | \$0.15 | \$0.14 | (\$0.01) | -6.67% |
| Subscriber w/ Children | \$0.15 | \$0.14 | (\$0.01) | -6.67% |
| Family (4 Tier) | \$0.21 | \$0.19 | (\$0.02) | -9.52% |
| Family (3 Tier) | \$0.20 | \$0.18 | (\$0.02) | -10.00% |
| Family (2 Tier) | \$0.19 | \$0.17 | (\$0.02) | -10.53% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$2 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.15 | \$0.14 | (\$0.01) | -6.67% |
| Two Person | \$0.30 | \$0.26 | (\$0.04) | -13.33% |
| Subscriber and Spouse | \$0.31 | \$0.27 | (\$0.04) | -12.90% |
| Subscriber w/Child(ren) | \$0.30 | \$0.26 | (\$0.04) | -13.33% |
| Subscriber w/ Children | \$0.30 | \$0.26 | (\$0.04) | -13.33% |
| Family (4 Tier) | \$0.42 | \$0.37 | (\$0.05) | -11.90% |
| Family (3 Tier) | \$0.39 | \$0.34 | (\$0.05) | -12.82% |
| Family (2 Tier) | \$0.38 | \$0.33 | (\$0.05) | -13.16% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$3 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.23 | \$0.20 | (\$0.03) | -13.04% |
| Two Person | \$0.45 | \$0.40 | (\$0.05) | -11.11% |
| Subscriber and Spouse | \$0.46 | \$0.41 | (\$0.05) | -10.87% |
| Subscriber w/Child(ren) | \$0.45 | \$0.40 | (\$0.05) | -11.11% |
| Subscriber w/ Children | \$0.45 | \$0.40 | (\$0.05) | -11.11% |
| Family (4 Tier) | \$0.61 | \$0.54 | (\$0.07) | -11.48% |
| Family (3 Tier) | \$0.59 | \$0.52 | (\$0.07) | -11.86% |
| Family (2 Tier) | \$0.57 | \$0.51 | (\$0.06) | -10.53% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$4 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.31 | \$0.27 | (\$0.04) | -12.90% |
| Two Person | \$0.59 | \$0.52 | (\$0.07) | -11.86% |
| Subscriber and Spouse | \$0.61 | \$0.54 | (\$0.07) | -11.48% |
| Subscriber w/Child(ren) | \$0.60 | \$0.53 | (\$0.07) | -11.67% |
| Subscriber w/ Children | \$0.60 | \$0.53 | (\$0.07) | -11.67% |
| Family (4 Tier) | \$0.82 | \$0.72 | (\$0.10) | -12.20% |
| Family (3 Tier) | \$0.79 | \$0.70 | (\$0.09) | -11.39% |
| Family (2 Tier) | \$0.77 | \$0.68 | (\$0.09) | -11.69% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.38 | \$0.33 | (\$0.05) | -13.16% |
| Two Person | \$0.74 | \$0.65 | (\$0.09) | -12.16% |
| Subscriber and Spouse | \$0.77 | \$0.68 | (\$0.09) | -11.69% |
| Subscriber w/Child(ren) | \$0.74 | \$0.65 | (\$0.09) | -12.16% |
| Subscriber w/ Children | \$0.74 | \$0.65 | (\$0.09) | -12.16% |
| Family (4 Tier) | \$1.03 | \$0.91 | (\$0.12) | -11.65% |
| Family (3 Tier) | \$0.98 | \$0.87 | (\$0.11) | -11.22% |
| Family (2 Tier) | \$0.95 | \$0.84 | (\$0.11) | -11.58% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.54 | \$0.48 | (\$0.06) | -11.11% |
| Two Person | \$1.04 | \$0.92 | (\$0.12) | -11.54% |
| Subscriber and Spouse | \$1.07 | \$0.94 | (\$0.13) | -12.15% |
| Subscriber w/Child(ren) | \$1.05 | \$0.93 | (\$0.12) | -11.43% |
| Subscriber w/ Children | \$1.05 | \$0.93 | (\$0.12) | -11.43% |
| Family (4 Tier) | \$1.44 | \$1.27 | (\$0.17) | -11.81% |
| Family (3 Tier) | \$1.38 | \$1.22 | (\$0.16) | -11.59% |
| Family (2 Tier) | \$1.33 | \$1.17 | (\$0.16) | -12.03% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.77 | \$0.68 | (\$0.09) | -11.69% |
| Two Person | \$1.48 | \$1.30 | (\$0.18) | -12.16% |
| Subscriber and Spouse | \$1.53 | \$1.35 | (\$0.18) | -11.76% |
| Subscriber w/Child(ren) | \$1.50 | \$1.32 | (\$0.18) | -12.00% |
| Subscriber w/ Children | \$1.50 | \$1.32 | (\$0.18) | -12.00% |
| Family (4 Tier) | \$2.05 | \$1.81 | (\$0.24) | -11.71% |
| Family (3 Tier) | \$1.98 | \$1.74 | (\$0.24) | -12.12% |
| Family (2 Tier) | \$1.90 | \$1.67 | (\$0.23) | -12.11% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$15 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$1.15 | \$1.01 | (\$0.14) | -12.17% |
| Two Person | \$2.22 | \$1.96 | (\$0.26) | -11.71% |
| Subscriber and Spouse | \$2.30 | \$2.03 | (\$0.27) | -11.74% |
| Subscriber w/Child(ren) | \$2.24 | \$1.98 | (\$0.26) | -11.61% |
| Subscriber w/ Children | \$2.24 | \$1.98 | (\$0.26) | -11.61% |
| Family (4 Tier) | \$3.08 | \$2.72 | (\$0.36) | -11.69% |
| Family (3 Tier) | \$2.96 | \$2.61 | (\$0.35) | -11.82% |
| Family (2 Tier) | \$2.85 | \$2.51 | (\$0.34) | -11.93% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$20 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$1.54 | \$1.36 | (\$0.18) | -11.69% |
| Two Person | \$2.97 | \$2.62 | (\$0.35) | -11.78% |
| Subscriber and Spouse | \$3.08 | \$2.72 | (\$0.36) | -11.69% |
| Subscriber w/Child(ren) | \$3.01 | \$2.66 | (\$0.35) | -11.63% |
| Subscriber w/ Children | \$3.01 | \$2.66 | (\$0.35) | -11.63% |
| Family (4 Tier) | \$4.14 | \$3.65 | (\$0.49) | -11.84% |
| Family (3 Tier) | \$3.98 | \$3.52 | (\$0.46) | -11.56% |
| Family (2 Tier) | \$3.84 | \$3.39 | (\$0.45) | -11.72% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$2.15 | \$1.90 | (\$0.25) | -11.63% |
| Two Person | \$4.15 | \$3.66 | (\$0.49) | -11.81% |
| Subscriber and Spouse | \$4.31 | \$3.80 | (\$0.51) | -11.83% |
| Subscriber w/Child(ren) | \$4.20 | \$3.71 | (\$0.49) | -11.67% |
| Subscriber w/ Children | \$4.20 | \$3.71 | (\$0.49) | -11.67% |
| Family (4 Tier) | \$5.79 | \$5.11 | (\$0.68) | -11.74% |
| Family (3 Tier) | \$5.55 | \$4.90 | (\$0.65) | -11.71% |
| Family (2 Tier) | \$5.37 | \$4.74 | (\$0.63) | -11.73% |
| 19. <u>EXHP-141</u> | | | | |
| Weight Loss Services Language Change | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 20. <u>EXHP-176</u> | | | | |
| Allowable Expense Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 21. <u>EXHP-187</u> | | | | |
| Rider to Continue Coverage for Children Through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 22. <u>EXHP-189</u> | | | | |
| Rider to Extend Temporary Continuation of Coverage | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| Dependent Coverage through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$25.66 | \$22.64 | (\$3.02) | -11.77% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$35.39 | \$31.22 | (\$4.17) | -11.78% |
| Family (3 Tier) | \$33.94 | \$29.94 | (\$4.00) | -11.79% |
| Family (2 Tier) | \$32.77 | \$28.91 | (\$3.86) | -11.78% |
| 23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| Dependent Coverage through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$25.40 | \$22.41 | (\$2.99) | -11.77% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$35.03 | \$30.91 | (\$4.12) | -11.76% |
| Family (3 Tier) | \$33.61 | \$29.65 | (\$3.96) | -11.78% |
| Family (2 Tier) | \$32.43 | \$28.61 | (\$3.82) | -11.78% |
| 24. <u>EXHP-210[Blue Choice 25]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.63 | \$1.44 | (\$0.19) | -11.66% |
| Two Person | \$3.15 | \$2.78 | (\$0.37) | -11.75% |
| Subscriber and Spouse | \$3.26 | \$2.87 | (\$0.39) | -11.96% |
| Subscriber w/Child(ren) | \$3.18 | \$2.80 | (\$0.38) | -11.95% |
| Subscriber w/ Children | \$3.18 | \$2.80 | (\$0.38) | -11.95% |
| Family (4 Tier) | \$4.38 | \$3.87 | (\$0.51) | -11.64% |
| Family (3 Tier) | \$4.20 | \$3.71 | (\$0.49) | -11.67% |
| Family (2 Tier) | \$4.07 | \$3.59 | (\$0.48) | -11.79% |
| 24. <u>EXHP-210[Blue Choice 30]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.52 | \$1.34 | (\$0.18) | -11.84% |
| Two Person | \$2.93 | \$2.58 | (\$0.35) | -11.95% |
| Subscriber and Spouse | \$3.03 | \$2.68 | (\$0.35) | -11.55% |
| Subscriber w/Child(ren) | \$2.95 | \$2.60 | (\$0.35) | -11.86% |
| Subscriber w/ Children | \$2.95 | \$2.60 | (\$0.35) | -11.86% |
| Family (4 Tier) | \$4.08 | \$3.60 | (\$0.48) | -11.76% |
| Family (3 Tier) | \$3.91 | \$3.45 | (\$0.46) | -11.76% |
| Family (2 Tier) | \$3.77 | \$3.33 | (\$0.44) | -11.67% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 25. <u>EXR- 1</u> | | | | |
| Domestic Partner Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 26. <u>EXR- 70 Rev. 1; \$100 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.86 | \$0.76 | (\$0.10) | -11.63% |
| Two Person | \$1.66 | \$1.46 | (\$0.20) | -12.05% |
| Subscriber w/Child(ren) | \$1.67 | \$1.47 | (\$0.20) | -11.98% |
| Subscriber and Spouse | \$1.74 | \$1.54 | (\$0.20) | -11.49% |
| Family (4 Tier) | \$2.33 | \$2.05 | (\$0.28) | -12.02% |
| Family (3 Tier) | \$2.23 | \$1.97 | (\$0.26) | -11.66% |
| Family (2 Tier) | \$2.14 | \$1.89 | (\$0.25) | -11.68% |
| 26. <u>EXR- 70 Rev. 1; \$250 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.81 | \$0.71 | (\$0.10) | -12.35% |
| Two Person | \$1.57 | \$1.38 | (\$0.19) | -12.10% |
| Subscriber w/Child(ren) | \$1.58 | \$1.39 | (\$0.19) | -12.03% |
| Subscriber and Spouse | \$1.64 | \$1.45 | (\$0.19) | -11.59% |
| Family (4 Tier) | \$2.20 | \$1.94 | (\$0.26) | -11.82% |
| Family (3 Tier) | \$2.12 | \$1.87 | (\$0.25) | -11.79% |
| Family (2 Tier) | \$2.03 | \$1.79 | (\$0.24) | -11.82% |
| 26. <u>EXR- 70 Rev. 1; \$500 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.80 | \$0.70 | (\$0.10) | -12.50% |
| Two Person | \$1.54 | \$1.36 | (\$0.18) | -11.69% |
| Subscriber w/Child(ren) | \$1.56 | \$1.37 | (\$0.19) | -12.18% |
| Subscriber and Spouse | \$1.61 | \$1.42 | (\$0.19) | -11.80% |
| Family (4 Tier) | \$2.16 | \$1.91 | (\$0.25) | -11.57% |
| Family (3 Tier) | \$2.07 | \$1.83 | (\$0.24) | -11.59% |
| Family (2 Tier) | \$1.99 | \$1.75 | (\$0.24) | -12.06% |
| 26. <u>EXR- 70 Rev. 1; \$750 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.66 | \$0.58 | (\$0.08) | -12.12% |
| Two Person | \$1.25 | \$1.10 | (\$0.15) | -12.00% |
| Subscriber w/Child(ren) | \$1.26 | \$1.11 | (\$0.15) | -11.90% |
| Subscriber and Spouse | \$1.30 | \$1.15 | (\$0.15) | -11.54% |
| Family (4 Tier) | \$1.75 | \$1.55 | (\$0.20) | -11.43% |
| Family (3 Tier) | \$1.66 | \$1.46 | (\$0.20) | -12.05% |
| Family (2 Tier) | \$1.63 | \$1.44 | (\$0.19) | -11.66% |
| 26. <u>EXR- 70 Rev. 1; \$1000 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.59 | \$0.52 | (\$0.07) | -11.86% |
| Two Person | \$1.17 | \$1.03 | (\$0.14) | -11.97% |
| Subscriber w/Child(ren) | \$1.18 | \$1.04 | (\$0.14) | -11.86% |
| Subscriber and Spouse | \$1.20 | \$1.06 | (\$0.14) | -11.67% |
| Family (4 Tier) | \$1.63 | \$1.44 | (\$0.19) | -11.66% |
| Family (3 Tier) | \$1.56 | \$1.37 | (\$0.19) | -12.18% |
| Family (2 Tier) | \$1.50 | \$1.32 | (\$0.18) | -12.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 27. <u>EXR- 71 Rev. 1; Eyewear \$60 Allowance</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$7.55 | \$6.66 | (\$0.89) | -11.79% |
| Two Person | \$14.58 | \$12.86 | (\$1.72) | -11.80% |
| Subscriber w/Child(ren) | \$14.74 | \$13.00 | (\$1.74) | -11.80% |
| Subscriber and Spouse | \$15.12 | \$13.34 | (\$1.78) | -11.77% |
| Family (4 Tier) | \$20.33 | \$17.94 | (\$2.39) | -11.76% |
| Family (3 Tier) | \$19.49 | \$17.20 | (\$2.29) | -11.75% |
| Family (2 Tier) | \$18.81 | \$16.59 | (\$2.22) | -11.80% |
| 27. <u>EXR- 71 Rev. 1; Vision Exam \$40 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$1.63 | \$1.44 | (\$0.19) | -11.66% |
| Two Person | \$3.13 | \$2.77 | (\$0.36) | -11.50% |
| Subscriber w/Child(ren) | \$3.16 | \$2.79 | (\$0.37) | -11.71% |
| Subscriber and Spouse | \$3.24 | \$2.86 | (\$0.38) | -11.73% |
| Family (4 Tier) | \$4.34 | \$3.83 | (\$0.51) | -11.75% |
| Family (3 Tier) | \$4.19 | \$3.70 | (\$0.49) | -11.69% |
| Family (2 Tier) | \$4.02 | \$3.54 | (\$0.48) | -11.94% |
| 27. <u>EXR- 71 Rev. 1; Vision Exam \$50 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$0.55 | \$0.49 | (\$0.06) | -10.91% |
| Two Person | \$1.06 | \$0.93 | (\$0.13) | -12.26% |
| Subscriber w/Child(ren) | \$1.06 | \$0.93 | (\$0.13) | -12.26% |
| Subscriber and Spouse | \$1.08 | \$0.95 | (\$0.13) | -12.04% |
| Family (4 Tier) | \$1.45 | \$1.28 | (\$0.17) | -11.72% |
| Family (3 Tier) | \$1.39 | \$1.23 | (\$0.16) | -11.51% |
| Family (2 Tier) | \$1.34 | \$1.18 | (\$0.16) | -11.94% |
| 28. <u>EXR-130</u> | | | | |
| HMO 25 Hearing Aid (Language Clarification) Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$180.67 | \$159.40 | (\$21.27) | -11.77% |
| Two Person | \$348.70 | \$307.64 | (\$41.06) | -11.78% |
| Subscriber w/Child(ren) | \$352.32 | \$310.84 | (\$41.48) | -11.77% |
| Subscriber and Spouse | \$361.32 | \$318.78 | (\$42.54) | -11.77% |
| Family (4 Tier) | \$486.00 | \$428.78 | (\$57.22) | -11.77% |
| Family (3 Tier) | \$466.11 | \$411.24 | (\$54.87) | -11.77% |
| Family (2 Tier) | \$449.86 | \$396.89 | (\$52.97) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/out Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$173.48 | \$153.05 | (\$20.43) | -11.78% |
| Two Person | \$334.79 | \$295.37 | (\$39.42) | -11.77% |
| Subscriber w/Child(ren) | \$338.27 | \$298.44 | (\$39.83) | -11.77% |
| Subscriber and Spouse | \$346.94 | \$306.09 | (\$40.85) | -11.77% |
| Family (4 Tier) | \$466.63 | \$411.69 | (\$54.94) | -11.77% |
| Family (3 Tier) | \$447.55 | \$394.86 | (\$52.69) | -11.77% |
| Family (2 Tier) | \$431.93 | \$381.08 | (\$50.85) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$166.33 | \$146.74 | (\$19.59) | -11.78% |
| Two Person | \$321.04 | \$283.24 | (\$37.80) | -11.77% |
| Subscriber w/Child(ren) | \$324.35 | \$286.16 | (\$38.19) | -11.77% |
| Subscriber and Spouse | \$332.67 | \$293.50 | (\$39.17) | -11.77% |
| Family (4 Tier) | \$447.42 | \$394.74 | (\$52.68) | -11.77% |
| Family (3 Tier) | \$429.14 | \$378.61 | (\$50.53) | -11.77% |
| Family (2 Tier) | \$414.17 | \$365.41 | (\$48.76) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/out Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$159.67 | \$140.87 | (\$18.80) | -11.77% |
| Two Person | \$308.17 | \$271.88 | (\$36.29) | -11.78% |
| Subscriber w/Child(ren) | \$311.34 | \$274.68 | (\$36.66) | -11.77% |
| Subscriber and Spouse | \$319.33 | \$281.73 | (\$37.60) | -11.77% |
| Family (4 Tier) | \$429.49 | \$378.93 | (\$50.56) | -11.77% |
| Family (3 Tier) | \$411.93 | \$363.43 | (\$48.50) | -11.77% |
| Family (2 Tier) | \$397.58 | \$350.77 | (\$46.81) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$144.61 | \$127.59 | (\$17.02) | -11.77% |
| Two Person | \$279.09 | \$246.24 | (\$32.85) | -11.77% |
| Subscriber w/Child(ren) | \$281.99 | \$248.79 | (\$33.20) | -11.77% |
| Subscriber and Spouse | \$289.21 | \$255.16 | (\$34.05) | -11.77% |
| Family (4 Tier) | \$388.99 | \$343.19 | (\$45.80) | -11.77% |
| Family (3 Tier) | \$373.10 | \$329.17 | (\$43.93) | -11.77% |
| Family (2 Tier) | \$360.09 | \$317.69 | (\$42.40) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/out Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$138.83 | \$122.48 | (\$16.35) | -11.78% |
| Two Person | \$267.94 | \$236.39 | (\$31.55) | -11.78% |
| Subscriber w/Child(ren) | \$270.73 | \$238.85 | (\$31.88) | -11.78% |
| Subscriber and Spouse | \$277.67 | \$244.98 | (\$32.69) | -11.77% |
| Family (4 Tier) | \$373.47 | \$329.49 | (\$43.98) | -11.78% |
| Family (3 Tier) | \$358.19 | \$316.02 | (\$42.17) | -11.77% |
| Family (2 Tier) | \$345.69 | \$304.99 | (\$40.70) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/Oral with \$0 Copay on Generic up to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$146.77 | \$129.49 | (\$17.28) | -11.77% |
| Two Person | \$283.27 | \$249.92 | (\$33.35) | -11.77% |
| Subscriber w/Child(ren) | \$286.21 | \$252.52 | (\$33.69) | -11.77% |
| Subscriber and Spouse | \$293.55 | \$258.99 | (\$34.56) | -11.77% |
| Family (4 Tier) | \$394.82 | \$348.34 | (\$46.48) | -11.77% |
| Family (3 Tier) | \$378.68 | \$334.09 | (\$44.59) | -11.78% |
| Family (2 Tier) | \$365.46 | \$322.43 | (\$43.03) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/out Oral with \$0 Copay on Generic up to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$140.92 | \$124.33 | (\$16.59) | -11.77% |
| Two Person | \$271.98 | \$239.95 | (\$32.03) | -11.78% |
| Subscriber w/Child(ren) | \$274.80 | \$242.45 | (\$32.35) | -11.77% |
| Subscriber and Spouse | \$281.84 | \$248.66 | (\$33.18) | -11.77% |
| Family (4 Tier) | \$379.05 | \$334.42 | (\$44.63) | -11.77% |
| Family (3 Tier) | \$363.56 | \$320.76 | (\$42.80) | -11.77% |
| Family (2 Tier) | \$350.89 | \$309.58 | (\$41.31) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/Oral) Limited Network</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$137.44 | \$121.26 | (\$16.18) | -11.77% |
| Two Person | \$265.27 | \$234.03 | (\$31.24) | -11.78% |
| Subscriber w/Child(ren) | \$268.01 | \$236.46 | (\$31.55) | -11.77% |
| Subscriber and Spouse | \$274.88 | \$242.52 | (\$32.36) | -11.77% |
| Family (4 Tier) | \$369.73 | \$326.20 | (\$43.53) | -11.77% |
| Family (3 Tier) | \$354.60 | \$312.85 | (\$41.75) | -11.77% |
| Family (2 Tier) | \$342.24 | \$301.95 | (\$40.29) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/out Oral) Limited Network</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$131.93 | \$116.40 | (\$15.53) | -11.77% |
| Two Person | \$254.61 | \$224.64 | (\$29.97) | -11.77% |
| Subscriber w/Child(ren) | \$257.26 | \$226.97 | (\$30.29) | -11.77% |
| Subscriber and Spouse | \$263.84 | \$232.78 | (\$31.06) | -11.77% |
| Family (4 Tier) | \$354.89 | \$313.11 | (\$41.78) | -11.77% |
| Family (3 Tier) | \$340.36 | \$300.29 | (\$40.07) | -11.77% |
| Family (2 Tier) | \$328.49 | \$289.81 | (\$38.68) | -11.78% |
| 30. <u>HSERVRIDER</u> | | | | |
| Service Area | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 31. <u>NYSHIP-12</u> | | | | |
| HMO Blue Rider | | | | |
| Group Remittance | | | | |
| Single | \$2.52 | \$2.22 | (\$0.30) | -11.90% |
| Family | \$6.56 | \$5.78 | (\$0.78) | -11.89% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| HMO Blue [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$686.15 | \$576.54 | (\$109.61) | -15.97% |
| Two Person | \$1,324.29 | \$1,112.73 | (\$211.56) | -15.98% |
| Subscriber w/Child(ren) | \$1,338.02 | \$1,124.27 | (\$213.75) | -15.98% |
| Subscriber and Spouse | \$1,372.33 | \$1,153.09 | (\$219.24) | -15.98% |
| Family (4 Tier) | \$1,845.78 | \$1,550.91 | (\$294.87) | -15.98% |
| Family (3 Tier) | \$1,770.29 | \$1,487.49 | (\$282.80) | -15.97% |
| Family (2 Tier) | \$1,708.56 | \$1,435.61 | (\$272.95) | -15.98% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u> | | | | |
| HMO Blue [30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$677.90 | \$569.60 | (\$108.30) | -15.98% |
| Two Person | \$1,308.35 | \$1,099.34 | (\$209.01) | -15.98% |
| Subscriber w/Child(ren) | \$1,321.90 | \$1,110.73 | (\$211.17) | -15.97% |
| Subscriber and Spouse | \$1,355.81 | \$1,139.21 | (\$216.60) | -15.98% |
| Family (4 Tier) | \$1,823.55 | \$1,532.24 | (\$291.31) | -15.97% |
| Family (3 Tier) | \$1,748.99 | \$1,469.58 | (\$279.41) | -15.98% |
| Family (2 Tier) | \$1,688.00 | \$1,418.34 | (\$269.66) | -15.98% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$2.51) | (\$2.10) | \$0.41 | -16.33% |
| Two Person | (\$4.81) | (\$4.04) | \$0.77 | -16.01% |
| Subscriber w/Child(ren) | (\$4.85) | (\$4.08) | \$0.77 | -15.88% |
| Subscriber and Spouse | (\$4.98) | (\$4.18) | \$0.80 | -16.06% |
| Family (4 Tier) | (\$6.70) | (\$5.63) | \$1.07 | -15.97% |
| Family (3 Tier) | (\$6.42) | (\$5.39) | \$1.03 | -16.04% |
| Family (2 Tier) | (\$6.20) | (\$5.21) | \$0.99 | -15.97% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$4.19 | \$3.52 | (\$0.67) | -15.99% |
| Two Person | \$8.06 | \$6.77 | (\$1.29) | -16.00% |
| Subscriber w/Child(ren) | \$8.15 | \$6.85 | (\$1.30) | -15.95% |
| Subscriber and Spouse | \$8.35 | \$7.02 | (\$1.33) | -15.93% |
| Family (4 Tier) | \$11.25 | \$9.45 | (\$1.80) | -16.00% |
| Family (3 Tier) | \$10.79 | \$9.06 | (\$1.73) | -16.03% |
| Family (2 Tier) | \$10.41 | \$8.74 | (\$1.67) | -16.04% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u> | | | | |
| HMO Blue [25] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$0.82) | (\$0.70) | \$0.12 | -14.63% |
| Two Person | (\$1.58) | (\$1.33) | \$0.25 | -15.82% |
| Subscriber w/Child(ren) | (\$1.60) | (\$1.35) | \$0.25 | -15.62% |
| Subscriber and Spouse | (\$1.65) | (\$1.38) | \$0.27 | -16.36% |
| Family (4 Tier) | (\$2.23) | (\$1.87) | \$0.36 | -16.14% |
| Family (3 Tier) | (\$2.13) | (\$1.79) | \$0.34 | -15.96% |
| Family (2 Tier) | (\$2.07) | (\$1.73) | \$0.34 | -16.43% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$11.61 | \$9.75 | (\$1.86) | -16.02% |
| Two Person | \$22.42 | \$18.83 | (\$3.59) | -16.01% |
| Subscriber w/Child(ren) | \$22.64 | \$19.01 | (\$3.63) | -16.03% |
| Subscriber and Spouse | \$23.22 | \$19.51 | (\$3.71) | -15.98% |
| Family (4 Tier) | \$31.24 | \$26.23 | (\$5.01) | -16.04% |
| Family (3 Tier) | \$29.96 | \$25.17 | (\$4.79) | -15.99% |
| Family (2 Tier) | \$28.91 | \$24.29 | (\$4.62) | -15.98% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$7.24 | \$6.08 | (\$1.16) | -16.02% |
| Two Person | \$13.97 | \$11.73 | (\$2.24) | -16.03% |
| Subscriber w/Child(ren) | \$14.13 | \$11.87 | (\$2.26) | -15.99% |
| Subscriber and Spouse | \$14.47 | \$12.15 | (\$2.32) | -16.03% |
| Family (4 Tier) | \$19.47 | \$16.37 | (\$3.10) | -15.92% |
| Family (3 Tier) | \$18.67 | \$15.69 | (\$2.98) | -15.96% |
| Family (2 Tier) | \$18.02 | \$15.15 | (\$2.87) | -15.93% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$5.04) | (\$4.24) | \$0.80 | -15.87% |
| Two Person | (\$9.73) | (\$8.17) | \$1.56 | -16.03% |
| Subscriber w/Child(ren) | (\$9.80) | (\$8.23) | \$1.57 | -16.02% |
| Subscriber and Spouse | (\$10.07) | (\$8.47) | \$1.60 | -15.89% |
| Family (4 Tier) | (\$13.56) | (\$11.39) | \$2.17 | -16.00% |
| Family (3 Tier) | (\$12.98) | (\$10.92) | \$2.06 | -15.87% |
| Family (2 Tier) | (\$12.55) | (\$10.54) | \$2.01 | -16.02% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | (\$10.09) | (\$8.48) | \$1.61 | -15.96% |
| Two Person | (\$19.47) | (\$16.37) | \$3.10 | -15.92% |
| Subscriber w/Child(ren) | (\$19.66) | (\$16.52) | \$3.14 | -15.97% |
| Subscriber and Spouse | (\$20.18) | (\$16.94) | \$3.24 | -16.06% |
| Family (4 Tier) | (\$27.14) | (\$22.81) | \$4.33 | -15.95% |
| Family (3 Tier) | (\$26.02) | (\$21.86) | \$4.16 | -15.99% |
| Family (2 Tier) | (\$25.11) | (\$21.09) | \$4.02 | -16.01% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.71 | \$1.44 | (\$0.27) | -15.79% |
| Two Person | \$3.28 | \$2.77 | (\$0.51) | -15.55% |
| Subscriber w/Child(ren) | \$3.32 | \$2.79 | (\$0.53) | -15.96% |
| Subscriber and Spouse | \$3.40 | \$2.86 | (\$0.54) | -15.88% |
| Family (4 Tier) | \$4.56 | \$3.83 | (\$0.73) | -16.01% |
| Family (3 Tier) | \$4.39 | \$3.70 | (\$0.69) | -15.72% |
| Family (2 Tier) | \$4.22 | \$3.54 | (\$0.68) | -16.11% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.64 | \$1.37 | (\$0.27) | -16.46% |
| Two Person | \$3.15 | \$2.66 | (\$0.49) | -15.56% |
| Subscriber w/Child(ren) | \$3.20 | \$2.69 | (\$0.51) | -15.94% |
| Subscriber and Spouse | \$3.27 | \$2.76 | (\$0.51) | -15.60% |
| Family (4 Tier) | \$4.40 | \$3.71 | (\$0.69) | -15.68% |
| Family (3 Tier) | \$4.22 | \$3.54 | (\$0.68) | -16.11% |
| Family (2 Tier) | \$4.07 | \$3.42 | (\$0.65) | -15.97% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.54 | \$1.29 | (\$0.25) | -16.23% |
| Two Person | \$2.97 | \$2.49 | (\$0.48) | -16.16% |
| Subscriber w/Child(ren) | \$3.01 | \$2.51 | (\$0.50) | -16.61% |
| Subscriber and Spouse | \$3.08 | \$2.59 | (\$0.49) | -15.91% |
| Family (4 Tier) | \$4.14 | \$3.49 | (\$0.65) | -15.70% |
| Family (3 Tier) | \$3.96 | \$3.33 | (\$0.63) | -15.91% |
| Family (2 Tier) | \$3.84 | \$3.22 | (\$0.62) | -16.15% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.37 | \$1.15 | (\$0.22) | -16.06% |
| Two Person | \$2.63 | \$2.21 | (\$0.42) | -15.97% |
| Subscriber w/Child(ren) | \$2.66 | \$2.24 | (\$0.42) | -15.79% |
| Subscriber and Spouse | \$2.72 | \$2.28 | (\$0.44) | -16.18% |
| Family (4 Tier) | \$3.66 | \$3.09 | (\$0.57) | -15.57% |
| Family (3 Tier) | \$3.52 | \$2.95 | (\$0.57) | -16.19% |
| Family (2 Tier) | \$3.38 | \$2.84 | (\$0.54) | -15.98% |
| 1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u> | | | | |
| HMO Blue [25, 30] Basic Contract | | | | |
| Group Remittance | | | | |
| Single | \$1.31 | \$1.11 | (\$0.20) | -15.27% |
| Two Person | \$2.56 | \$2.15 | (\$0.41) | -16.02% |
| Subscriber w/Child(ren) | \$2.58 | \$2.17 | (\$0.41) | -15.89% |
| Subscriber and Spouse | \$2.66 | \$2.24 | (\$0.42) | -15.79% |
| Family (4 Tier) | \$3.57 | \$3.01 | (\$0.56) | -15.69% |
| Family (3 Tier) | \$3.43 | \$2.88 | (\$0.55) | -16.03% |
| Family (2 Tier) | \$3.30 | \$2.77 | (\$0.53) | -16.06% |
| 2. <u>EXHP-11 Rev.1</u> | | | | |
| Michelle's Law | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$144.33 | \$127.33 | (\$17.00) | -11.78% |
| Two Person | \$278.57 | \$245.77 | (\$32.80) | -11.77% |
| Subscriber w/Child(ren) | \$281.46 | \$248.32 | (\$33.14) | -11.77% |
| Subscriber and Spouse | \$288.68 | \$254.69 | (\$33.99) | -11.77% |
| Family (4 Tier) | \$388.26 | \$342.54 | (\$45.72) | -11.78% |
| Family (3 Tier) | \$372.39 | \$328.55 | (\$43.84) | -11.77% |
| Family (2 Tier) | \$359.40 | \$317.09 | (\$42.31) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$138.56 | \$122.25 | (\$16.31) | -11.77% |
| Two Person | \$267.40 | \$235.91 | (\$31.49) | -11.78% |
| Subscriber w/Child(ren) | \$270.20 | \$238.39 | (\$31.81) | -11.77% |
| Subscriber and Spouse | \$277.12 | \$244.49 | (\$32.63) | -11.77% |
| Family (4 Tier) | \$372.72 | \$328.83 | (\$43.89) | -11.78% |
| Family (3 Tier) | \$357.49 | \$315.40 | (\$42.09) | -11.77% |
| Family (2 Tier) | \$345.02 | \$304.40 | (\$40.62) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$120.66 | \$106.46 | (\$14.20) | -11.77% |
| Two Person | \$232.86 | \$205.44 | (\$27.42) | -11.78% |
| Subscriber w/Child(ren) | \$235.29 | \$207.58 | (\$27.71) | -11.78% |
| Subscriber and Spouse | \$241.32 | \$212.91 | (\$28.41) | -11.77% |
| Family (4 Tier) | \$324.58 | \$286.37 | (\$38.21) | -11.77% |
| Family (3 Tier) | \$311.31 | \$274.66 | (\$36.65) | -11.77% |
| Family (2 Tier) | \$300.44 | \$265.07 | (\$35.37) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$115.86 | \$102.22 | (\$13.64) | -11.77% |
| Two Person | \$223.61 | \$197.28 | (\$26.33) | -11.77% |
| Subscriber w/Child(ren) | \$225.91 | \$199.31 | (\$26.60) | -11.77% |
| Subscriber and Spouse | \$231.72 | \$204.44 | (\$27.28) | -11.77% |
| Family (4 Tier) | \$311.64 | \$274.95 | (\$36.69) | -11.77% |
| Family (3 Tier) | \$298.91 | \$263.71 | (\$35.20) | -11.78% |
| Family (2 Tier) | \$288.49 | \$254.52 | (\$33.97) | -11.78% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$137.34 | \$121.17 | (\$16.17) | -11.77% |
| Two Person | \$265.06 | \$233.85 | (\$31.21) | -11.77% |
| Subscriber w/Child(ren) | \$267.82 | \$236.28 | (\$31.54) | -11.78% |
| Subscriber and Spouse | \$274.67 | \$242.33 | (\$32.34) | -11.77% |
| Family (4 Tier) | \$369.43 | \$325.93 | (\$43.50) | -11.77% |
| Family (3 Tier) | \$354.33 | \$312.61 | (\$41.72) | -11.77% |
| Family (2 Tier) | \$341.96 | \$301.70 | (\$40.26) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$131.88 | \$116.35 | (\$15.53) | -11.78% |
| Two Person | \$254.52 | \$224.56 | (\$29.96) | -11.77% |
| Subscriber w/Child(ren) | \$257.16 | \$226.89 | (\$30.27) | -11.77% |
| Subscriber and Spouse | \$263.75 | \$232.70 | (\$31.05) | -11.77% |
| Family (4 Tier) | \$354.76 | \$312.99 | (\$41.77) | -11.77% |
| Family (3 Tier) | \$340.25 | \$300.19 | (\$40.06) | -11.77% |
| Family (2 Tier) | \$328.37 | \$289.71 | (\$38.66) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$114.23 | \$100.78 | (\$13.45) | -11.77% |
| Two Person | \$220.47 | \$194.52 | (\$25.95) | -11.77% |
| Subscriber w/Child(ren) | \$222.76 | \$196.53 | (\$26.23) | -11.78% |
| Subscriber and Spouse | \$228.48 | \$201.58 | (\$26.90) | -11.77% |
| Family (4 Tier) | \$307.30 | \$271.12 | (\$36.18) | -11.77% |
| Family (3 Tier) | \$294.72 | \$260.02 | (\$34.70) | -11.77% |
| Family (2 Tier) | \$284.44 | \$250.95 | (\$33.49) | -11.77% |
| 3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$109.69 | \$96.78 | (\$12.91) | -11.77% |
| Two Person | \$211.71 | \$186.78 | (\$24.93) | -11.78% |
| Subscriber w/Child(ren) | \$213.91 | \$188.72 | (\$25.19) | -11.78% |
| Subscriber and Spouse | \$219.40 | \$193.57 | (\$25.83) | -11.77% |
| Family (4 Tier) | \$295.10 | \$260.36 | (\$34.74) | -11.77% |
| Family (3 Tier) | \$283.01 | \$249.69 | (\$33.32) | -11.77% |
| Family (2 Tier) | \$273.14 | \$240.98 | (\$32.16) | -11.77% |
| 4. <u>EXHP- 51, EXR-108 (50% w Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$65.54 | \$57.82 | (\$7.72) | -11.78% |
| Two Person | \$126.49 | \$111.60 | (\$14.89) | -11.77% |
| Subscriber w/Child(ren) | \$127.79 | \$112.75 | (\$15.04) | -11.77% |
| Subscriber and Spouse | \$131.06 | \$115.63 | (\$15.43) | -11.77% |
| Family (4 Tier) | \$176.29 | \$155.54 | (\$20.75) | -11.77% |
| Family (3 Tier) | \$169.09 | \$149.19 | (\$19.90) | -11.77% |
| Family (2 Tier) | \$163.20 | \$143.99 | (\$19.21) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u> | | | | |
| Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$62.88 | \$55.48 | (\$7.40) | -11.77% |
| Two Person | \$121.39 | \$107.10 | (\$14.29) | -11.77% |
| Subscriber w/Child(ren) | \$122.65 | \$108.21 | (\$14.44) | -11.77% |
| Subscriber and Spouse | \$125.79 | \$110.98 | (\$14.81) | -11.77% |
| Family (4 Tier) | \$169.19 | \$149.27 | (\$19.92) | -11.77% |
| Family (3 Tier) | \$162.27 | \$143.17 | (\$19.10) | -11.77% |
| Family (2 Tier) | \$156.59 | \$138.15 | (\$18.44) | -11.78% |
| 4. <u>EXHP- 51, EXR-108 (50% w Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$63.92 | \$56.39 | (\$7.53) | -11.78% |
| Two Person | \$123.35 | \$108.83 | (\$14.52) | -11.77% |
| Subscriber w/Child(ren) | \$124.62 | \$109.95 | (\$14.67) | -11.77% |
| Subscriber and Spouse | \$127.80 | \$112.76 | (\$15.04) | -11.77% |
| Family (4 Tier) | \$171.91 | \$151.67 | (\$20.24) | -11.77% |
| Family (3 Tier) | \$164.88 | \$145.47 | (\$19.41) | -11.77% |
| Family (2 Tier) | \$159.13 | \$140.39 | (\$18.74) | -11.78% |
| 4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u> | | | | |
| Drug Rider - Limited Network | | | | |
| Group Remittance | | | | |
| Single | \$61.37 | \$54.14 | (\$7.23) | -11.78% |
| Two Person | \$118.44 | \$104.50 | (\$13.94) | -11.77% |
| Subscriber w/Child(ren) | \$119.65 | \$105.56 | (\$14.09) | -11.78% |
| Subscriber and Spouse | \$122.73 | \$108.28 | (\$14.45) | -11.77% |
| Family (4 Tier) | \$165.08 | \$145.64 | (\$19.44) | -11.78% |
| Family (3 Tier) | \$158.33 | \$139.69 | (\$18.64) | -11.77% |
| Family (2 Tier) | \$152.80 | \$134.81 | (\$17.99) | -11.77% |
| 5. <u>EXHP- 53</u> | | | | |
| Prehospital Emergency Services and Ambulance Transportation Benefit | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$193.19 | \$170.44 | (\$22.75) | -11.78% |
| Two Person | \$372.84 | \$328.94 | (\$43.90) | -11.77% |
| Subscriber w/Child(ren) | \$376.71 | \$332.36 | (\$44.35) | -11.77% |
| Subscriber and Spouse | \$386.36 | \$340.87 | (\$45.49) | -11.77% |
| Family (4 Tier) | \$519.67 | \$458.48 | (\$61.19) | -11.77% |
| Family (3 Tier) | \$498.42 | \$439.74 | (\$58.68) | -11.77% |
| Family (2 Tier) | \$481.03 | \$424.39 | (\$56.64) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$185.45 | \$163.62 | (\$21.83) | -11.77% |
| Two Person | \$357.89 | \$315.75 | (\$42.14) | -11.77% |
| Subscriber w/Child(ren) | \$361.62 | \$319.05 | (\$42.57) | -11.77% |
| Subscriber and Spouse | \$370.88 | \$327.22 | (\$43.66) | -11.77% |
| Family (4 Tier) | \$498.85 | \$440.12 | (\$58.73) | -11.77% |
| Family (3 Tier) | \$478.44 | \$422.11 | (\$56.33) | -11.77% |
| Family (2 Tier) | \$461.74 | \$407.38 | (\$54.36) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$173.71 | \$153.26 | (\$20.45) | -11.77% |
| Two Person | \$335.27 | \$295.79 | (\$39.48) | -11.78% |
| Subscriber w/Child(ren) | \$338.75 | \$298.87 | (\$39.88) | -11.77% |
| Subscriber and Spouse | \$347.42 | \$306.51 | (\$40.91) | -11.78% |
| Family (4 Tier) | \$467.27 | \$412.26 | (\$55.01) | -11.77% |
| Family (3 Tier) | \$448.17 | \$395.40 | (\$52.77) | -11.77% |
| Family (2 Tier) | \$432.54 | \$381.61 | (\$50.93) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$166.76 | \$147.12 | (\$19.64) | -11.78% |
| Two Person | \$321.84 | \$283.95 | (\$37.89) | -11.77% |
| Subscriber w/Child(ren) | \$325.18 | \$286.89 | (\$38.29) | -11.78% |
| Subscriber and Spouse | \$333.51 | \$294.24 | (\$39.27) | -11.77% |
| Family (4 Tier) | \$448.57 | \$395.75 | (\$52.82) | -11.78% |
| Family (3 Tier) | \$430.24 | \$379.59 | (\$50.65) | -11.77% |
| Family (2 Tier) | \$415.22 | \$366.33 | (\$48.89) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$131.77 | \$116.25 | (\$15.52) | -11.78% |
| Two Person | \$254.30 | \$224.36 | (\$29.94) | -11.77% |
| Subscriber w/Child(ren) | \$256.93 | \$226.68 | (\$30.25) | -11.77% |
| Subscriber and Spouse | \$263.51 | \$232.49 | (\$31.02) | -11.77% |
| Family (4 Tier) | \$354.43 | \$312.70 | (\$41.73) | -11.77% |
| Family (3 Tier) | \$339.94 | \$299.92 | (\$40.02) | -11.77% |
| Family (2 Tier) | \$328.07 | \$289.44 | (\$38.63) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$126.49 | \$111.60 | (\$14.89) | -11.77% |
| Two Person | \$244.13 | \$215.39 | (\$28.74) | -11.77% |
| Subscriber w/Child(ren) | \$246.68 | \$217.63 | (\$29.05) | -11.78% |
| Subscriber and Spouse | \$253.00 | \$223.21 | (\$29.79) | -11.77% |
| Family (4 Tier) | \$340.27 | \$300.20 | (\$40.07) | -11.78% |
| Family (3 Tier) | \$326.36 | \$287.93 | (\$38.43) | -11.78% |
| Family (2 Tier) | \$314.97 | \$277.88 | (\$37.09) | -11.78% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$91.41 | \$80.65 | (\$10.76) | -11.77% |
| Two Person | \$176.41 | \$155.64 | (\$20.77) | -11.77% |
| Subscriber w/Child(ren) | \$178.25 | \$157.26 | (\$20.99) | -11.78% |
| Subscriber and Spouse | \$182.80 | \$161.28 | (\$21.52) | -11.77% |
| Family (4 Tier) | \$245.89 | \$216.94 | (\$28.95) | -11.77% |
| Family (3 Tier) | \$235.83 | \$208.06 | (\$27.77) | -11.78% |
| Family (2 Tier) | \$227.62 | \$200.82 | (\$26.80) | -11.77% |
| 6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$87.74 | \$77.41 | (\$10.33) | -11.77% |
| Two Person | \$169.32 | \$149.38 | (\$19.94) | -11.78% |
| Subscriber w/Child(ren) | \$171.08 | \$150.94 | (\$20.14) | -11.77% |
| Subscriber and Spouse | \$175.47 | \$154.81 | (\$20.66) | -11.77% |
| Family (4 Tier) | \$236.00 | \$208.22 | (\$27.78) | -11.77% |
| Family (3 Tier) | \$226.35 | \$199.70 | (\$26.65) | -11.77% |
| Family (2 Tier) | \$218.45 | \$192.73 | (\$25.72) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 7. EXHP- 76 Rev.2 | | | | |
| Durable Medical Equipment and External Prosthetic Devices Rider | | | | |
| Group Remittance | | | | |
| Single | \$5.78 | \$4.86 | (\$0.92) | -15.92% |
| Two Person | \$11.15 | \$9.37 | (\$1.78) | -15.96% |
| Subscriber w/Child(ren) | \$11.28 | \$9.47 | (\$1.81) | -16.05% |
| Subscriber and Spouse | \$11.57 | \$9.72 | (\$1.85) | -15.99% |
| Family (4 Tier) | \$15.54 | \$13.07 | (\$2.47) | -15.89% |
| Family (3 Tier) | \$14.92 | \$12.53 | (\$2.39) | -16.02% |
| Family (2 Tier) | \$14.39 | \$12.09 | (\$2.30) | -15.98% |
| 8. EXHP- 79 | | | | |
| Blue Card Language Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 9. EXHP- 84 | | | | |
| Blue Card Language Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 10. EXHP- 85 | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 11. EXHP- 87 | | | | |
| Mandate Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 12. EXHP- 89 | | | | |
| Mandate Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 13. <u>EXHP-107</u> | | | | |
| Mammography Screening | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 14. <u>EXHP-108</u> | | | | |
| Cervical Cytology Screening | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 15. <u>EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$24.19 | \$21.35 | (\$2.84) | -11.74% |
| Two Person | \$46.66 | \$41.16 | (\$5.50) | -11.79% |
| Subscriber w/Child(ren) | \$47.14 | \$41.59 | (\$5.55) | -11.77% |
| Subscriber and Spouse | \$48.35 | \$42.66 | (\$5.69) | -11.77% |
| Family (4 Tier) | \$65.03 | \$57.38 | (\$7.65) | -11.76% |
| Family (3 Tier) | \$62.37 | \$55.03 | (\$7.34) | -11.77% |
| Family (2 Tier) | \$60.20 | \$53.11 | (\$7.09) | -11.78% |
| 15. <u>EXHP-113, EXR-108 (\$7 Generic w/o Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$23.20 | \$20.47 | (\$2.73) | -11.77% |
| Two Person | \$44.77 | \$39.50 | (\$5.27) | -11.77% |
| Subscriber w/Child(ren) | \$45.23 | \$39.91 | (\$5.32) | -11.76% |
| Subscriber and Spouse | \$46.39 | \$40.93 | (\$5.46) | -11.77% |
| Family (4 Tier) | \$62.38 | \$55.04 | (\$7.34) | -11.77% |
| Family (3 Tier) | \$59.84 | \$52.80 | (\$7.04) | -11.76% |
| Family (2 Tier) | \$57.75 | \$50.95 | (\$6.80) | -11.77% |
| 16. <u>EXHP-123</u> | | | | |
| Diabetic Equip & Supply Mandate-change from legally blind to visually impaired | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 17. <u>EXHP-131, EXR-108</u> | | | | |
| Prescription Drug Endorsement | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
 Upstate HMO-Utica North Operating Region
 Large Group Rates
 Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$9.97 | \$8.38 | (\$1.59) | -15.95% |
| Two Person | \$19.25 | \$16.17 | (\$3.08) | -16.00% |
| Subscriber w/Child(ren) | \$79.64 | \$66.91 | (\$12.73) | -15.98% |
| Subscriber and Spouse | \$19.94 | \$16.75 | (\$3.19) | -16.00% |
| Family (4 Tier) | \$109.88 | \$92.32 | (\$17.56) | -15.98% |
| Family (3 Tier) | \$105.38 | \$88.55 | (\$16.83) | -15.97% |
| Family (2 Tier) | \$101.70 | \$85.46 | (\$16.24) | -15.97% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Two Person | \$0.26 | \$0.22 | (\$0.04) | -15.38% |
| Subscriber w/Child(ren) | \$60.49 | \$50.82 | (\$9.67) | -15.99% |
| Subscriber and Spouse | \$0.27 | \$0.23 | (\$0.04) | -14.81% |
| Family (4 Tier) | \$83.43 | \$70.10 | (\$13.33) | -15.98% |
| Family (3 Tier) | \$80.03 | \$67.24 | (\$12.79) | -15.98% |
| Family (2 Tier) | \$77.23 | \$64.90 | (\$12.33) | -15.97% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$11.21 | \$9.44 | (\$1.77) | -15.79% |
| Two Person | \$21.64 | \$18.18 | (\$3.46) | -15.99% |
| Subscriber w/Child(ren) | \$81.35 | \$68.36 | (\$12.99) | -15.97% |
| Subscriber and Spouse | \$22.43 | \$18.84 | (\$3.59) | -16.01% |
| Family (4 Tier) | \$112.24 | \$94.31 | (\$17.93) | -15.97% |
| Family (3 Tier) | \$107.64 | \$90.44 | (\$17.20) | -15.98% |
| Family (2 Tier) | \$103.88 | \$87.29 | (\$16.59) | -15.97% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$59.48 | \$49.98 | (\$9.50) | -15.97% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$82.06 | \$68.95 | (\$13.11) | -15.98% |
| Family (3 Tier) | \$78.71 | \$66.13 | (\$12.58) | -15.98% |
| Family (2 Tier) | \$75.96 | \$63.84 | (\$12.12) | -15.96% |
| 18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Subscriber w/Child(ren) | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Subscriber and Spouse | \$0.15 | \$0.12 | (\$0.03) | -20.00% |
| Family (4 Tier) | \$0.20 | \$0.17 | (\$0.03) | -15.00% |
| Family (3 Tier) | \$0.19 | \$0.15 | (\$0.04) | -21.05% |
| Family (2 Tier) | \$0.19 | \$0.15 | (\$0.04) | -21.05% |
| 18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u> | | | | |
| PPACA Health Care Reform Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Subscriber w/Child(ren) | \$0.13 | \$0.11 | (\$0.02) | -15.38% |
| Subscriber and Spouse | \$0.15 | \$0.12 | (\$0.03) | -20.00% |
| Family (4 Tier) | \$0.20 | \$0.17 | (\$0.03) | -15.00% |
| Family (3 Tier) | \$0.19 | \$0.15 | (\$0.04) | -21.05% |
| Family (2 Tier) | \$0.19 | \$0.15 | (\$0.04) | -21.05% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS [EXC-8[HMO Blue 25]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.23 | \$0.20 | (\$0.03) | -13.04% |
| Two Person | \$0.45 | \$0.39 | (\$0.06) | -13.33% |
| Subscriber and Spouse | \$0.46 | \$0.40 | (\$0.06) | -13.04% |
| Subscriber w/Child(ren) | \$0.45 | \$0.39 | (\$0.06) | -13.33% |
| Subscriber w/ Children | \$0.45 | \$0.39 | (\$0.06) | -13.33% |
| Family (4 Tier) | \$0.62 | \$0.53 | (\$0.09) | -14.52% |
| Family (3 Tier) | \$0.59 | \$0.51 | (\$0.08) | -13.56% |
| Family (2 Tier) | \$0.56 | \$0.49 | (\$0.07) | -12.50% |
| 18. <u>EXHP-138 WPS [EXC-8[HMO Blue 30]]</u> | | | | |
| WPS Medical | | | | |
| Group Remittance | | | | |
| Single | \$0.25 | \$0.22 | (\$0.03) | -12.00% |
| Two Person | \$0.49 | \$0.43 | (\$0.06) | -12.24% |
| Subscriber and Spouse | \$0.50 | \$0.43 | (\$0.07) | -14.00% |
| Subscriber w/Child(ren) | \$0.49 | \$0.43 | (\$0.06) | -12.24% |
| Subscriber w/ Children | \$0.49 | \$0.43 | (\$0.06) | -12.24% |
| Family (4 Tier) | \$0.68 | \$0.58 | (\$0.10) | -14.71% |
| Family (3 Tier) | \$0.66 | \$0.56 | (\$0.10) | -15.15% |
| Family (2 Tier) | \$0.63 | \$0.54 | (\$0.09) | -14.29% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$0 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/ Children | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$1 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.08 | \$0.07 | (\$0.01) | -12.50% |
| Two Person | \$0.16 | \$0.14 | (\$0.02) | -12.50% |
| Subscriber and Spouse | \$0.16 | \$0.14 | (\$0.02) | -12.50% |
| Subscriber w/Child(ren) | \$0.16 | \$0.14 | (\$0.02) | -12.50% |
| Subscriber w/ Children | \$0.16 | \$0.14 | (\$0.02) | -12.50% |
| Family (4 Tier) | \$0.22 | \$0.19 | (\$0.03) | -13.64% |
| Family (3 Tier) | \$0.21 | \$0.18 | (\$0.03) | -14.29% |
| Family (2 Tier) | \$0.20 | \$0.17 | (\$0.03) | -15.00% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$2 Generic Copay]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.16 | \$0.14 | (\$0.02) | -12.50% |
| Two Person | \$0.31 | \$0.27 | (\$0.04) | -12.90% |
| Subscriber and Spouse | \$0.32 | \$0.28 | (\$0.04) | -12.50% |
| Subscriber w/Child(ren) | \$0.31 | \$0.27 | (\$0.04) | -12.90% |
| Subscriber w/ Children | \$0.31 | \$0.27 | (\$0.04) | -12.90% |
| Family (4 Tier) | \$0.44 | \$0.38 | (\$0.06) | -13.64% |
| Family (3 Tier) | \$0.42 | \$0.35 | (\$0.07) | -16.67% |
| Family (2 Tier) | \$0.40 | \$0.34 | (\$0.06) | -15.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$3 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.24 | \$0.20 | (\$0.04) | -16.67% |
| Two Person | \$0.47 | \$0.40 | (\$0.07) | -14.89% |
| Subscriber and Spouse | \$0.48 | \$0.41 | (\$0.07) | -14.58% |
| Subscriber w/Child(ren) | \$0.47 | \$0.40 | (\$0.07) | -14.89% |
| Subscriber w/ Children | \$0.47 | \$0.40 | (\$0.07) | -14.89% |
| Family (4 Tier) | \$0.64 | \$0.54 | (\$0.10) | -15.62% |
| Family (3 Tier) | \$0.62 | \$0.52 | (\$0.10) | -16.13% |
| Family (2 Tier) | \$0.60 | \$0.51 | (\$0.09) | -15.00% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$4 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.32 | \$0.28 | (\$0.04) | -12.50% |
| Two Person | \$0.62 | \$0.53 | (\$0.09) | -14.52% |
| Subscriber and Spouse | \$0.64 | \$0.55 | (\$0.09) | -14.06% |
| Subscriber w/Child(ren) | \$0.63 | \$0.54 | (\$0.09) | -14.29% |
| Subscriber w/ Children | \$0.63 | \$0.54 | (\$0.09) | -14.29% |
| Family (4 Tier) | \$0.86 | \$0.74 | (\$0.12) | -13.95% |
| Family (3 Tier) | \$0.83 | \$0.72 | (\$0.11) | -13.25% |
| Family (2 Tier) | \$0.81 | \$0.70 | (\$0.11) | -13.58% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.40 | \$0.33 | (\$0.07) | -17.50% |
| Two Person | \$0.78 | \$0.65 | (\$0.13) | -16.67% |
| Subscriber and Spouse | \$0.81 | \$0.68 | (\$0.13) | -16.05% |
| Subscriber w/Child(ren) | \$0.78 | \$0.65 | (\$0.13) | -16.67% |
| Subscriber w/ Children | \$0.78 | \$0.65 | (\$0.13) | -16.67% |
| Family (4 Tier) | \$1.08 | \$0.91 | (\$0.17) | -15.74% |
| Family (3 Tier) | \$1.04 | \$0.87 | (\$0.17) | -16.35% |
| Family (2 Tier) | \$0.99 | \$0.84 | (\$0.15) | -15.15% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.56 | \$0.48 | (\$0.08) | -14.29% |
| Two Person | \$1.09 | \$0.92 | (\$0.17) | -15.60% |
| Subscriber and Spouse | \$1.13 | \$0.94 | (\$0.19) | -16.81% |
| Subscriber w/Child(ren) | \$1.10 | \$0.93 | (\$0.17) | -15.45% |
| Subscriber w/ Children | \$1.10 | \$0.93 | (\$0.17) | -15.45% |
| Family (4 Tier) | \$1.52 | \$1.27 | (\$0.25) | -16.45% |
| Family (3 Tier) | \$1.44 | \$1.22 | (\$0.22) | -15.28% |
| Family (2 Tier) | \$1.40 | \$1.17 | (\$0.23) | -16.43% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$0.81 | \$0.68 | (\$0.13) | -16.05% |
| Two Person | \$1.55 | \$1.30 | (\$0.25) | -16.13% |
| Subscriber and Spouse | \$1.61 | \$1.35 | (\$0.26) | -16.15% |
| Subscriber w/Child(ren) | \$1.57 | \$1.32 | (\$0.25) | -15.92% |
| Subscriber w/ Children | \$1.57 | \$1.32 | (\$0.25) | -15.92% |
| Family (4 Tier) | \$2.15 | \$1.81 | (\$0.34) | -15.81% |
| Family (3 Tier) | \$2.08 | \$1.74 | (\$0.34) | -16.35% |
| Family (2 Tier) | \$2.00 | \$1.67 | (\$0.33) | -16.50% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$15 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$1.20 | \$1.01 | (\$0.19) | -15.83% |
| Two Person | \$2.33 | \$1.96 | (\$0.37) | -15.88% |
| Subscriber and Spouse | \$2.42 | \$2.03 | (\$0.39) | -16.12% |
| Subscriber w/Child(ren) | \$2.35 | \$1.98 | (\$0.37) | -15.74% |
| Subscriber w/ Children | \$2.35 | \$1.98 | (\$0.37) | -15.74% |
| Family (4 Tier) | \$3.24 | \$2.72 | (\$0.52) | -16.05% |
| Family (3 Tier) | \$3.12 | \$2.61 | (\$0.51) | -16.35% |
| Family (2 Tier) | \$2.99 | \$2.51 | (\$0.48) | -16.05% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$20 Generic Copay]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$1.62 | \$1.40 | (\$0.22) | -13.58% |
| Two Person | \$3.13 | \$2.69 | (\$0.44) | -14.06% |
| Subscriber and Spouse | \$3.24 | \$2.79 | (\$0.45) | -13.89% |
| Subscriber w/Child(ren) | \$3.16 | \$2.73 | (\$0.43) | -13.61% |
| Subscriber w/ Children | \$3.16 | \$2.73 | (\$0.43) | -13.61% |
| Family (4 Tier) | \$4.35 | \$3.75 | (\$0.60) | -13.79% |
| Family (3 Tier) | \$4.18 | \$3.61 | (\$0.57) | -13.64% |
| Family (2 Tier) | \$4.03 | \$3.48 | (\$0.55) | -13.65% |
| 18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u> | | | | |
| WPS Drug | | | | |
| Group Remittance | | | | |
| Single | \$2.26 | \$1.90 | (\$0.36) | -15.93% |
| Two Person | \$4.36 | \$3.66 | (\$0.70) | -16.06% |
| Subscriber and Spouse | \$4.53 | \$3.80 | (\$0.73) | -16.11% |
| Subscriber w/Child(ren) | \$4.40 | \$3.71 | (\$0.69) | -15.68% |
| Subscriber w/ Children | \$4.40 | \$3.71 | (\$0.69) | -15.68% |
| Family (4 Tier) | \$6.09 | \$5.11 | (\$0.98) | -16.09% |
| Family (3 Tier) | \$5.83 | \$4.90 | (\$0.93) | -15.95% |
| Family (2 Tier) | \$5.64 | \$4.74 | (\$0.90) | -15.96% |
| 19. <u>EXHP-141</u> | | | | |
| Weight Loss Services Language Change | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 20. <u>EXHP-176</u> | | | | |
| Allowable Expense Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|---|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 21. <u>EXHP-187</u> | | | | |
| Rider to Continue Coverage for Children Through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 22. <u>EXHP-189</u> | | | | |
| Rider to Extend Temporary Continuation of Coverage | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u> | | | | |
| Dependent Coverage through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$26.94 | \$22.64 | (\$4.30) | -15.96% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$37.16 | \$31.22 | (\$5.94) | -15.98% |
| Family (3 Tier) | \$35.63 | \$29.94 | (\$5.69) | -15.97% |
| Family (2 Tier) | \$34.41 | \$28.91 | (\$5.50) | -15.98% |
| 23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u> | | | | |
| Dependent Coverage through Age 29 | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$26.67 | \$22.41 | (\$4.26) | -15.97% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$36.78 | \$30.91 | (\$5.87) | -15.96% |
| Family (3 Tier) | \$35.29 | \$29.65 | (\$5.64) | -15.98% |
| Family (2 Tier) | \$34.05 | \$28.61 | (\$5.44) | -15.98% |
| 24. <u>EXHP-210[Blue Choice 25]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.71 | \$1.48 | (\$0.23) | -13.45% |
| Two Person | \$3.30 | \$2.85 | (\$0.45) | -13.64% |
| Subscriber and Spouse | \$3.42 | \$2.95 | (\$0.47) | -13.74% |
| Subscriber w/Child(ren) | \$3.34 | \$2.88 | (\$0.46) | -13.77% |
| Subscriber w/ Children | \$3.34 | \$2.88 | (\$0.46) | -13.77% |
| Family (4 Tier) | \$4.60 | \$3.97 | (\$0.63) | -13.70% |
| Family (3 Tier) | \$4.40 | \$3.81 | (\$0.59) | -13.41% |
| Family (2 Tier) | \$4.27 | \$3.69 | (\$0.58) | -13.58% |
| 24. <u>EXHP-210[Blue Choice 30]</u> | | | | |
| Autism Mandate | | | | |
| Group Remittance | | | | |
| Single | \$1.60 | \$1.38 | (\$0.22) | -13.75% |
| Two Person | \$3.07 | \$2.65 | (\$0.42) | -13.68% |
| Subscriber and Spouse | \$3.18 | \$2.75 | (\$0.43) | -13.52% |
| Subscriber w/Child(ren) | \$3.10 | \$2.67 | (\$0.43) | -13.87% |
| Subscriber w/ Children | \$3.10 | \$2.67 | (\$0.43) | -13.87% |
| Family (4 Tier) | \$4.28 | \$3.70 | (\$0.58) | -13.55% |
| Family (3 Tier) | \$4.11 | \$3.54 | (\$0.57) | -13.87% |
| Family (2 Tier) | \$3.96 | \$3.42 | (\$0.54) | -13.64% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 25. <u>EXR- 1</u> | | | | |
| Domestic Partner Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 26. <u>EXR- 70 Rev. 1; \$100 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.91 | \$0.78 | (\$0.13) | -14.29% |
| Two Person | \$1.75 | \$1.50 | (\$0.25) | -14.29% |
| Subscriber w/Child(ren) | \$1.76 | \$1.51 | (\$0.25) | -14.20% |
| Subscriber and Spouse | \$1.83 | \$1.58 | (\$0.25) | -13.66% |
| Family (4 Tier) | \$2.44 | \$2.11 | (\$0.33) | -13.52% |
| Family (3 Tier) | \$2.34 | \$2.02 | (\$0.32) | -13.68% |
| Family (2 Tier) | \$2.25 | \$1.94 | (\$0.31) | -13.78% |
| 26. <u>EXR- 70 Rev. 1; \$250 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.85 | \$0.73 | (\$0.12) | -14.12% |
| Two Person | \$1.65 | \$1.42 | (\$0.23) | -13.94% |
| Subscriber w/Child(ren) | \$1.66 | \$1.43 | (\$0.23) | -13.86% |
| Subscriber and Spouse | \$1.73 | \$1.49 | (\$0.24) | -13.87% |
| Family (4 Tier) | \$2.32 | \$1.99 | (\$0.33) | -14.22% |
| Family (3 Tier) | \$2.23 | \$1.92 | (\$0.31) | -13.90% |
| Family (2 Tier) | \$2.13 | \$1.84 | (\$0.29) | -13.62% |
| 26. <u>EXR- 70 Rev. 1; \$500 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.84 | \$0.72 | (\$0.12) | -14.29% |
| Two Person | \$1.61 | \$1.40 | (\$0.21) | -13.04% |
| Subscriber w/Child(ren) | \$1.64 | \$1.41 | (\$0.23) | -14.02% |
| Subscriber and Spouse | \$1.69 | \$1.46 | (\$0.23) | -13.61% |
| Family (4 Tier) | \$2.27 | \$1.96 | (\$0.31) | -13.66% |
| Family (3 Tier) | \$2.16 | \$1.88 | (\$0.28) | -12.96% |
| Family (2 Tier) | \$2.09 | \$1.80 | (\$0.29) | -13.88% |
| 26. <u>EXR- 70 Rev. 1; \$750 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.69 | \$0.58 | (\$0.11) | -15.94% |
| Two Person | \$1.30 | \$1.10 | (\$0.20) | -15.38% |
| Subscriber w/Child(ren) | \$1.31 | \$1.11 | (\$0.20) | -15.27% |
| Subscriber and Spouse | \$1.37 | \$1.15 | (\$0.22) | -16.06% |
| Family (4 Tier) | \$1.84 | \$1.55 | (\$0.29) | -15.76% |
| Family (3 Tier) | \$1.75 | \$1.46 | (\$0.29) | -16.57% |
| Family (2 Tier) | \$1.71 | \$1.44 | (\$0.27) | -15.79% |
| 26. <u>EXR- 70 Rev. 1; \$1000 Copayment</u> | | | | |
| Hospice Care | | | | |
| Group Remittance | | | | |
| Single | \$0.61 | \$0.52 | (\$0.09) | -14.75% |
| Two Person | \$1.24 | \$1.03 | (\$0.21) | -16.94% |
| Subscriber w/Child(ren) | \$1.25 | \$1.04 | (\$0.21) | -16.80% |
| Subscriber and Spouse | \$1.27 | \$1.06 | (\$0.21) | -16.54% |
| Family (4 Tier) | \$1.71 | \$1.44 | (\$0.27) | -15.79% |
| Family (3 Tier) | \$1.64 | \$1.37 | (\$0.27) | -16.46% |
| Family (2 Tier) | \$1.57 | \$1.32 | (\$0.25) | -15.92% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 27. <u>EXR- 71 Rev. 1; Eyewear \$60 Allowance</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$7.94 | \$6.84 | (\$1.10) | -13.85% |
| Two Person | \$15.31 | \$13.21 | (\$2.10) | -13.72% |
| Subscriber w/Child(ren) | \$15.48 | \$13.35 | (\$2.13) | -13.76% |
| Subscriber and Spouse | \$15.86 | \$13.70 | (\$2.16) | -13.62% |
| Family (4 Tier) | \$21.35 | \$18.42 | (\$2.93) | -13.72% |
| Family (3 Tier) | \$20.46 | \$17.66 | (\$2.80) | -13.69% |
| Family (2 Tier) | \$19.76 | \$17.04 | (\$2.72) | -13.77% |
| 27. <u>EXR- 71 Rev. 1; Vision Exam \$40 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$1.71 | \$1.48 | (\$0.23) | -13.45% |
| Two Person | \$3.28 | \$2.84 | (\$0.44) | -13.41% |
| Subscriber w/Child(ren) | \$3.32 | \$2.86 | (\$0.46) | -13.86% |
| Subscriber and Spouse | \$3.40 | \$2.94 | (\$0.46) | -13.53% |
| Family (4 Tier) | \$4.56 | \$3.93 | (\$0.63) | -13.82% |
| Family (3 Tier) | \$4.39 | \$3.80 | (\$0.59) | -13.44% |
| Family (2 Tier) | \$4.22 | \$3.64 | (\$0.58) | -13.74% |
| 27. <u>EXR- 71 Rev. 1; Vision Exam \$50 Copay</u> | | | | |
| Vision Care Benefits | | | | |
| Group Remittance | | | | |
| Single | \$0.57 | \$0.49 | (\$0.08) | -14.04% |
| Two Person | \$1.10 | \$0.93 | (\$0.17) | -15.45% |
| Subscriber w/Child(ren) | \$1.10 | \$0.93 | (\$0.17) | -15.45% |
| Subscriber and Spouse | \$1.14 | \$0.95 | (\$0.19) | -16.67% |
| Family (4 Tier) | \$1.53 | \$1.28 | (\$0.25) | -16.34% |
| Family (3 Tier) | \$1.46 | \$1.23 | (\$0.23) | -15.75% |
| Family (2 Tier) | \$1.40 | \$1.18 | (\$0.22) | -15.71% |
| 28. <u>EXR-130</u> | | | | |
| HMO 25 Hearing Aid (Language Clarification) Rider | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$180.67 | \$159.40 | (\$21.27) | -11.77% |
| Two Person | \$348.70 | \$307.64 | (\$41.06) | -11.78% |
| Subscriber w/Child(ren) | \$352.32 | \$310.84 | (\$41.48) | -11.77% |
| Subscriber and Spouse | \$361.32 | \$318.78 | (\$42.54) | -11.77% |
| Family (4 Tier) | \$486.00 | \$428.78 | (\$57.22) | -11.77% |
| Family (3 Tier) | \$466.11 | \$411.24 | (\$54.87) | -11.77% |
| Family (2 Tier) | \$449.86 | \$396.89 | (\$52.97) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/out Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$173.48 | \$153.05 | (\$20.43) | -11.78% |
| Two Person | \$334.79 | \$295.37 | (\$39.42) | -11.77% |
| Subscriber w/Child(ren) | \$338.27 | \$298.44 | (\$39.83) | -11.77% |
| Subscriber and Spouse | \$346.94 | \$306.09 | (\$40.85) | -11.77% |
| Family (4 Tier) | \$466.63 | \$411.69 | (\$54.94) | -11.77% |
| Family (3 Tier) | \$447.55 | \$394.86 | (\$52.69) | -11.77% |
| Family (2 Tier) | \$431.93 | \$381.08 | (\$50.85) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$166.33 | \$146.74 | (\$19.59) | -11.78% |
| Two Person | \$321.04 | \$283.24 | (\$37.80) | -11.77% |
| Subscriber w/Child(ren) | \$324.35 | \$286.16 | (\$38.19) | -11.77% |
| Subscriber and Spouse | \$332.67 | \$293.50 | (\$39.17) | -11.77% |
| Family (4 Tier) | \$447.42 | \$394.74 | (\$52.68) | -11.77% |
| Family (3 Tier) | \$429.14 | \$378.61 | (\$50.53) | -11.77% |
| Family (2 Tier) | \$414.17 | \$365.41 | (\$48.76) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/out Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$159.67 | \$140.87 | (\$18.80) | -11.77% |
| Two Person | \$308.17 | \$271.88 | (\$36.29) | -11.78% |
| Subscriber w/Child(ren) | \$311.34 | \$274.68 | (\$36.66) | -11.77% |
| Subscriber and Spouse | \$319.33 | \$281.73 | (\$37.60) | -11.77% |
| Family (4 Tier) | \$429.49 | \$378.93 | (\$50.56) | -11.77% |
| Family (3 Tier) | \$411.93 | \$363.43 | (\$48.50) | -11.77% |
| Family (2 Tier) | \$397.58 | \$350.77 | (\$46.81) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$144.61 | \$127.59 | (\$17.02) | -11.77% |
| Two Person | \$279.09 | \$246.24 | (\$32.85) | -11.77% |
| Subscriber w/Child(ren) | \$281.99 | \$248.79 | (\$33.20) | -11.77% |
| Subscriber and Spouse | \$289.21 | \$255.16 | (\$34.05) | -11.77% |
| Family (4 Tier) | \$388.99 | \$343.19 | (\$45.80) | -11.77% |
| Family (3 Tier) | \$373.10 | \$329.17 | (\$43.93) | -11.77% |
| Family (2 Tier) | \$360.09 | \$317.69 | (\$42.40) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/out Oral)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$138.83 | \$122.48 | (\$16.35) | -11.78% |
| Two Person | \$267.94 | \$236.39 | (\$31.55) | -11.78% |
| Subscriber w/Child(ren) | \$270.73 | \$238.85 | (\$31.88) | -11.78% |
| Subscriber and Spouse | \$277.67 | \$244.98 | (\$32.69) | -11.77% |
| Family (4 Tier) | \$373.47 | \$329.49 | (\$43.98) | -11.78% |
| Family (3 Tier) | \$358.19 | \$316.02 | (\$42.17) | -11.77% |
| Family (2 Tier) | \$345.69 | \$304.99 | (\$40.70) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/Oral with \$0 Copay on Generic up to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$146.77 | \$129.49 | (\$17.28) | -11.77% |
| Two Person | \$283.27 | \$249.92 | (\$33.35) | -11.77% |
| Subscriber w/Child(ren) | \$286.21 | \$252.52 | (\$33.69) | -11.77% |
| Subscriber and Spouse | \$293.55 | \$258.99 | (\$34.56) | -11.77% |
| Family (4 Tier) | \$394.82 | \$348.34 | (\$46.48) | -11.77% |
| Family (3 Tier) | \$378.68 | \$334.09 | (\$44.59) | -11.78% |
| Family (2 Tier) | \$365.46 | \$322.43 | (\$43.03) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/out Oral with \$0 Copay on Generic up to age 19)</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$140.92 | \$124.33 | (\$16.59) | -11.77% |
| Two Person | \$271.98 | \$239.95 | (\$32.03) | -11.78% |
| Subscriber w/Child(ren) | \$274.80 | \$242.45 | (\$32.35) | -11.77% |
| Subscriber and Spouse | \$281.84 | \$248.66 | (\$33.18) | -11.77% |
| Family (4 Tier) | \$379.05 | \$334.42 | (\$44.63) | -11.77% |
| Family (3 Tier) | \$363.56 | \$320.76 | (\$42.80) | -11.77% |
| Family (2 Tier) | \$350.89 | \$309.58 | (\$41.31) | -11.77% |

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
Effective 1/1/2015

| Policy Form | Present Monthly Rates | Filed Monthly Rates | Rate Change | Percent Change |
|--|-----------------------|---------------------|-------------|----------------|
| HMO | | | | |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/Oral) Limited Network</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$137.44 | \$121.26 | (\$16.18) | -11.77% |
| Two Person | \$265.27 | \$234.03 | (\$31.24) | -11.78% |
| Subscriber w/Child(ren) | \$268.01 | \$236.46 | (\$31.55) | -11.77% |
| Subscriber and Spouse | \$274.88 | \$242.52 | (\$32.36) | -11.77% |
| Family (4 Tier) | \$369.73 | \$326.20 | (\$43.53) | -11.77% |
| Family (3 Tier) | \$354.60 | \$312.85 | (\$41.75) | -11.77% |
| Family (2 Tier) | \$342.24 | \$301.95 | (\$40.29) | -11.77% |
| 29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/out Oral) Limited Network</u> | | | | |
| Prescription Drug Rider | | | | |
| Group Remittance | | | | |
| Single | \$131.93 | \$116.40 | (\$15.53) | -11.77% |
| Two Person | \$254.61 | \$224.64 | (\$29.97) | -11.77% |
| Subscriber w/Child(ren) | \$257.26 | \$226.97 | (\$30.29) | -11.77% |
| Subscriber and Spouse | \$263.84 | \$232.78 | (\$31.06) | -11.77% |
| Family (4 Tier) | \$354.89 | \$313.11 | (\$41.78) | -11.77% |
| Family (3 Tier) | \$340.36 | \$300.29 | (\$40.07) | -11.77% |
| Family (2 Tier) | \$328.49 | \$289.81 | (\$38.68) | -11.78% |
| 30. <u>HSERVRIDER</u> | | | | |
| Service Area | | | | |
| Group Remittance | | | | |
| Single | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Two Person | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber w/Child(ren) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Subscriber and Spouse | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (4 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (3 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Family (2 Tier) | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 31. <u>NYSHIP-12</u> | | | | |
| HMO Blue Rider | | | | |
| Group Remittance | | | | |
| Single | \$2.52 | \$2.22 | (\$0.30) | -11.90% |
| Family | \$6.56 | \$5.78 | (\$0.78) | -11.89% |

Factors

Factors

Factor Calculation to add Contraceptives to Drug riders

EXHP-91 (Contraceptives)

Four-Tier

| | |
|---------------------------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Two Person | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Single Parent w/ Children | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Three-Tier

| | |
|------------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Two Person | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Two-Tier

| | |
|--------|--|
| Single | $((1 / 0.96) - 1) \times$ selected drug rider rate |
| Family | $((1 / 0.96) - 1) \times$ selected drug rider rate |

Factors

Factor Calculation for Specialty Drug Pharmacy Network

EXR-108 (Specialty Drug Pharmacy Network)

Four-Tier

| | |
|---------------------------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Two Person | (0.992) x selected drug rider rate |
| Single Parent w/ Children | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

Three-Tier

| | |
|------------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Two Person | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

Two-Tier

| | |
|--------|------------------------------------|
| Single | (0.992) x selected drug rider rate |
| Family | (0.992) x selected drug rider rate |

This prescription drug [rider; endorsement] incorporates a mandatory specialty drug pharmacy network into all Article 43 prescription drug forms to which it is attached.

Specialty medications are those medications that are designed for conditions that are difficult to treat with traditional therapies, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, growth hormone deficiency, and others.

| <u>Prescribed for:</u> | <u>Specialty Medication</u> |
|---------------------------|--|
| Blood Cell Modification | Neumega |
| Cancer: Antineoplastic | Alferon N, Roferon-A |
| Cystic Fibrosis | Pulmozyme, TOBI |
| Infertility | Bravelle, Cetrotide, Chorionic Gonadotrophin, Fertinex, Follistim AQ, Gonal F, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Profasi, Repronex, Synarel |
| Growth Hormone Deficiency | Genotropin, Humatrope, Increlex, Norditropin, Nutropin/AQ, Saizen, Serostim |
| Hepatitis C | Copegus, Infergen, Peg Intron, Pegasys, Rebetol (ribavirin) |
| Multiple Sclerosis | Avonex, Betaseron, Copaxone, Rebif |
| Osteoporosis | Forteo |
| Psoriasis | Enbrel, Raptiva |
| Rheumatoid Arthritis | Enbrel, Humira, Kineret |

[Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.

Limitations and exclusions of underlying forms:

First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

Commission Schedule

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section A below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **Commissionable Medical Products**

A. Large Group

- (1) [HealthyBlue High Deductible Health Plan; ActiveUnivera High Deductible Health Plan]
- (2) [BluePPO HSA Options 1-4; UniveraPPO HSA Options 1-4]
- (3) [SimplyBlue High Deductible Health Plan; valUcare High Deductible Health Plan]
- (4) [HealthyBlue Copay Plan, SimplyBlue Copay Plan; ActiveUnivera Copay Plan, valUcare Copay Plan]
- (5) [HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan; ActiveUnivera Copay/Deductible Plan, valUcare Copay/Deductible Plan]
- (6) [Excellus BluePPO; UniveraPPO]
- (7) [Blue Point 3; Univera POS Select]
- (8) Blue Preferred PPO
- (9) Excellus BlueEPO
- (10) Blue Point 2]
- (11) [Classic Blue Traditional, Classic Blue Comprehensive, Classic Blue Secure; Classic Univera Traditional, Classic Univera Comprehensive]
- (12) [Blue Choice/HMO Blue \$25 and \$30]

B. Small Group

- (1) Off- SHOP
 - i. [SimplyBlue+ PPO, valUcare+ PPO]
 - ii. Healthy New York
- (2) SHOP
 - i. [SimplyBlue+ PPO, valUcare+ PPO]

C. Individual

- (1) Off Exchange
 - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
 - ii. [ExchangeBassettEPO]
- (2) On Exchange
 - i. [ExchangeBlueEPO, ExchangeUniveraEPO]
 - ii. [ExchangeBassettEPO]

3. **Commissionable Dental Products**

- A. [Dental Blue Options; Univera Dental Select]
- B. [Dental Blue Classic; Univera Dental Traditions]
- C. Smile Saver (Growth only)
- D. Dental Blue PPO (Growth only)
- E. Dental Options I or II (Growth only)
- F. Dental Schedule A, B or C (Growth only)
- G. Prime Blue Dental (Growth only)]

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.
2. **Existing Medical Business** commissions will be subject to a \$150,000 annual maximum per group, with the exception of exclusive business with effective dates on or after January 1, 2014.

3. **Commission Schedules**

- A. Small Group (includes HMO business): 4% of Paid Premium
- B. Large Group (excludes HMO business): % of Paid Premium as follows:

| Cumulative YTD Paid Premium | Percent of Paid Premium |
|-----------------------------|-------------------------|
| First \$500,000 | 4.5% |
| \$500,001 - \$1,000,000 | 4.0% |
| \$1,000,001 - \$1,500,000 | 3.5% |
| \$1,500,001 - \$2,000,000 | 2.5% |
| \$2,000,001-\$5,000,000 | 1.5% |
| \$5,000,001+ | 1.0% |

- C. Individual Market: \$25.00 Per Contract Per Month (PCPM)

4. **Medical Business Override Program**

- A. New Medical Business Override

The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

| New Medical Contracts | New Medical Group Minimum | Payment |
|-----------------------|---------------------------|-----------|
| 100-249 | Two | \$15,000 |
| 250-499 | Two | \$30,000 |
| 500-999 | Three | \$50,000 |
| 1,000-1,499 | Four | \$100,000 |
| 1,500 or more | Five | \$150,000 |

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation. Payments will be made on Large Group (non HMO) business only. RMSCO business will be included in the qualifying calculation.

| % of Medical Contracts Retained | Payment | Maximum Payment |
|--|---------------------------|------------------------|
| 95.0% | 0.50% of in force premium | \$50,000 per agency |
| 98.0% | 0.75% of in force premium | \$75,000 per agency |

SECTION C – DENTAL BUSINESS

- New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in [Dental Blue Options or Dental Blue Classic; Univera Dental Select or Univera Dental Traditions] plans for all Broker of Record Letters in effect on or after 01/01/2014.

| Annual Premium Paid by Group | Commission Percentage |
|-------------------------------------|------------------------------|
| Up to \$20,000 | 12% |
| \$20,001-\$30,000 | 10% |
| \$30,001-\$40,000 | 8% |
| \$40,001-\$50,000 | 6% |
| \$50,001-\$100,000 | 5% |
| Greater than \$100,000 | 2% |

- Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

| Annual Premium Paid by Group | Commission Percentage |
|-------------------------------------|------------------------------|
| Up to \$20,000 | 12% |
| \$20,001-\$30,000 | 10% |
| \$30,001-\$40,000 | 8% |
| \$40,001-\$50,000 | 6% |
| \$50,001-\$100,000 | 5% |
| Greater than \$100,000 | 2% |

Excellus Health Plan, Inc.
 Excellus BlueCross BlueShield; Univera Healthcare
 Agent/Broker Commission Schedule
 Effective Date: January 01, 2014
 Community and Experience Rated
Rate Manual

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2014 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment. RMSCO business will be included in the qualifying calculation.

| New Dental Contracts | New Dental Group Minimum | Payment |
|-----------------------------|---------------------------------|----------------|
| 100-199 | Two | \$2,000 |
| 200-299 | Three | \$5,000 |
| 300-399 | Four | \$10,000 |
| 400-499 | Five | \$15,000 |
| 500 or more | Six | \$30,000 |

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation. RMSCO business will be included in the qualifying calculation.

| % of Dental Contracts Retained | Payment | Maximum Payment |
|---------------------------------------|------------------------|------------------------|
| 95.0% | 3% of in force premium | \$20,000 per agency |
| 98.0% | 5% of in force premium | \$40,000 per agency |

Underwriting Guidelines

Excellus



Medical Commercial Community Rated Underwriting Guidelines Applied on a Group Level

Policies Effective: January 1, 2014

Last Revised: April 3, 2014

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Introduction

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

Disclaimer

The health plan reserves the right to make exceptions to these guidelines for circumstances where the group/subscriber/dependent does not meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2014, and replace all previous group commercial guidelines in use.

Table of Contents:

- I. Group Eligibility 4
 - A. Eligible Groups 4
 - B. Ineligible Groups 4
 - C. Group Size 5
 - D. Group Effective Date 5
 - E. Group Renewal Date 5
 - F. Guaranteed Renewal 6
 - G. Open Enrollment Period 6
 - H. Special Open Enrollment Periods 6
- II. Subscriber/Dependent Eligibility 6
 - A. Eligible Subscriber 6
 - B. Employer Probationary Periods 7
 - C. Eligible Dependent 7
 - D. Subscriber/Dependent Initial Enrollment and Retroactivity 8
 - E. Special Enrollment Periods 8
- III. Product Offering Requirements 8
 - A. Participation Percentages 8
 - B. Maximum Number of Products or Options 9
 - C. Multiple Offerings 9
 - D. Group-Initiated Changes in Coverage 10
 - E. Rating 10
 - F. Rate Changes 10
 - G. Other Requirements Eligibility Verification 10

I. Group Eligibility

A. Eligible Groups:

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

Employer group/trust:

The group/trust:

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

Association groups:

The association:

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

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

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

C. Group Size:

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

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

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

D. Group Effective Date:

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

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

E. Group Renewal Date:

Groups renew annually as follows:

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

F. Guaranteed Renewal:

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

1. Nonpayment of premium.

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

G. Open Enrollment Period:

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

H. Special Open Enrollment Periods:

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

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

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

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

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

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

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

B. Employer Probationary Periods:

Employers may select probationary periods from zero to ninety days.

C. Eligible Dependent:

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

1. Spouses

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

2. Dependent Children

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

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

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

D. Subscriber/Dependent Initial Enrollment and Retroactivity

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

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

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

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

E. Special Enrollment Periods:

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

III. Product Offering Requirements

A. Participation Percentages:

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

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

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

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

B. Maximum Number of Products or Options:

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

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

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

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

C. Multiple Offerings:

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

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

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

D. Group-Initiated Changes in Coverage:

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

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

E. Rating:

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

F. Rate Changes:

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

G. Other Requirements Eligibility Verification:

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

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

Expected Medical Loss Ratio

Expected loss ratios for each permitted aggregation of policy forms

| Rating Pool / Policy Form Aggregation | Projected Loss Ratio |
|--|-----------------------------|
| LG HMO | 85.8% |

Composition of Rating Regions

Excellus Health Plan Inc.
Excellus BCBS Utica Region

Rating Region Definitions

New York State County

Utica

Northern Region

Clinton

Essex

Franklin

Jefferson

St. Lawrence

Southern Region

Chenango

Delaware

Fulton

Hamilton

Herkimer

Lewis

Madison (East*)

Montgomery

Oneida

Oswego

Otsego

*ZIP codes 13310, 13032, 13043, 13061, 13072, 13134, 13151, 13163, 13314, 13332, 13334, 13346, 13355, 13364, 13402, 13408, 13409, 13418, 13421, 13432, 13465, 13484, and 13485