

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

**Index:**

<u>Page #</u>	<u>Description</u>
1	Overview
2	Region Definition
3	Benefit Summary Small Group Plans - Region 2
4	Benefit Summary Small Group Plans - Regions 1 & 7
5-8	Small Group Rates Effective 2015

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

**Overview:**

The rates contained within this rate manual are for use on the New York State Public Health Insurance Exchange in the small group on exchange market. The group medical and pharmacy rates are effective 1/1/2015 through 12/31/2015 and roll on a quarterly basis. The rates are guaranteed for one year from the effective date of the group's policy. The rates are applicable based on the quarter in which the effective date for the plan year begins. The county the group is located in from the region definition should be used to pick the applicable regional rate. Commissions are payable according to HealthNow filed schedules. Underwriting guidelines can be found in the HealthNow underwriting guidelines document. The rates included in this rate manual are filed under HealthNow SERFF number HLTH-129576737 and policy form numbers: CN1C3S0440\_0614, CR1R3F0442\_0614, and CR1R3N0443\_0614. The projected loss ratio for the small group market is 88.5%.

**Region Definition:**

**On Exchange**

<u>Region</u>	<u>Counties</u>	<u>Geographic Factor</u>
1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	1.311
2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	0.940
7	Clinton, Essex	1.434

Notes:

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

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

Benefit	Cost Share By Plan - In-Network							
	Platinum	Platinum	Gold	Gold	Silver	Silver	Bronze	Bronze
Plan	Platinum Standard	Platinum POS 110 Plus	Gold Standard	Gold POS 250**	Silver Standard	Silver POS 8100	Bronze Standard	Bronze POS 8100EX
Standard/ NonStandard Availability (On / Off)	Standard Both	Non-Standard On Exchange	Standard Both	Non-Standard Both	Standard Both	Non-Standard Both	Standard Both	Non-Standard Both
AV	88%	89%	79%	78%	71%	70%	62%	61%
First Dollar	0%	0%	0%	0%	0%	0%	0%	0%
Deductible (single)	0%	0%	\$600	\$1,500	\$2,000	\$2,000	\$3,000	\$4,000
OOP Maximum (single)	\$2,000	\$4,000	\$4,000	\$4,000	\$5,500	\$5,500	\$6,350	\$6,450
Network	Local	Local	Local	Local	Local	Local	Local	Local
Deductible Applies to Rx Embedded Deductible	No	No	No	No	No	Yes	Yes	Yes
Embedded Deductible	No	No	Yes	No	Yes	No	Yes	No
<b>Inpatient Hospital</b>								
ASA Rehab	\$500	\$500	\$1,000	20%	\$1,500	\$750	50%	20%
Detox	\$500	\$500	\$1,000	20%	\$1,500	\$750	50%	20%
Maternity	\$500	\$500	\$1,000	20%	\$1,500	\$750	50%	20%
Med/Surg	\$500	\$500	\$1,000	20%	\$1,500	\$750	50%	20%
Mental Health	\$500	\$500	\$1,000	20%	\$1,500	\$750	50%	20%
Newborn	\$500	\$500	\$1,000	20%	\$1,500	\$750	50%	20%
SNF	\$500	\$500	\$1,000	20%	\$1,500	20%	50%	20%
<b>Outpatient Facility</b>								
Preventive*	0%	0%	0%*	0%*	0%*	0%*	0%*	0%*
Abortion - Elective	\$100	\$150	\$100	20%	\$100	20%	50%	25%
Abortion - Non Elective	\$100	\$150	\$100	20%	\$100	20%	50%	25%
Cardiology	\$15	\$20	\$25	\$25*	\$30	20%	50%	20%
Chemotherapy	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Diagnostic	\$35	\$30	\$40	20%	\$50	20%	50%	20%
Dialysis	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Emergency Room	\$100	\$100	\$150	20%	\$150	20%	50%	20%
Home Health	\$15	\$30	\$25	\$40*	\$30	20%	50%	20%
Hospice	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Infusion Therapy	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Laboratory Tests	\$35	0%	\$40	20%	\$50	20%	50%	20%
Mental Health / Substance Abuse	\$15	\$30	\$25	0%	\$30	20%	50%	20%
Outpatient Surgery	\$100	\$150	\$100	20%	\$100	20%	50%	20%
Pre-Admission Testing	0%	0%	0%	0%	0%	0%	0%	0%
PT / OT / ST	\$25	\$20	\$30	20%	\$30	20%	50%	20%
Radiation Therapy	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Radiology	\$35	\$30	\$40	20%	\$50	20%	50%	20%
Radiology - Advanced	\$35	\$30	\$40	20%	\$50	20%	50%	20%
Urgent Care	\$55	\$40	\$40	20%	\$70	20%	50%	20%
Other	\$35	\$30	\$40	20%	\$50	20%	50%	20%
<b>Professional</b>								
Preventive*	0%	0%	0%*	0%*	0%*	0%*	0%*	0%*
Office/Home Visit - PCP	\$15	\$20	\$25	\$25*	\$30	20%	50%	20%
Office/Home Visit - SCP	\$35	\$30	\$40	\$40*	\$50	20%	50%	20%
Abortion - Elective	\$35	\$25	\$40	\$40*	\$50	20%	50%	25%
Abortion - Non Elective	\$35	\$25	\$40	\$40*	\$50	20%	50%	25%
Advanced Radiology	\$35	\$25	\$40	20%	\$50	20%	50%	20%
Allergy Shots	\$25	\$25	\$33	\$32.5*	\$40	20%	50%	20%
Allergy Tests	\$25	\$25	\$33	\$32.5*	\$40	20%	50%	20%
Ambulance	\$100	\$100	\$150	20%	\$150	20%	50%	20%
Anesthesia	0%	0%	0%	20%	0%*	20%	50%	20%
Cardiovascular	\$15	\$20	\$25	\$25*	\$30	20%	50%	20%
Chemotherapy	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Chiropractic	\$35	\$20	\$40	\$25*	\$50	20%	50%	20%
Consults	\$25	\$25	\$33	\$32.5*	\$40	20%	50%	25%
Diabetic Drugs/Supplies	\$15	\$20	\$25	\$25*	\$30	20%*	50%	20%
Diabetic Education	\$15	\$20	\$25	\$25*	\$30	20%	50%	20%
Dialysis	\$15	\$30	\$25	20%	\$30	20%	50%	20%
DME and Supplies	10%	50%	20%	20%	30%	20%	50%	20%
Facility Visits	\$25	\$25	\$33	\$32.5*	\$40	20%	50%	20%
Hearing Aid	10%	50%	20%	20%	30%	20%	50%	20%
Hearing Exam	\$35	\$30	\$40	\$32.5*	\$50	20%	50%	20%
Home Care	\$15	\$30	\$33	\$32.5*	\$40	20%	50%	20%
Maternity	\$15	0%	\$25	0%	\$30	0%*	50%	0%
Mental Health	\$15	\$30	\$25	0%	\$30	20%	50%	20%
Office-Administered Drugs	\$35	\$30	\$40	20%	\$50	20%	50%	20%
Pathology / Laboratory	\$35	0%	\$40	20%	\$50	20%	50%	20%
PT/OT/ST	\$25	\$20	\$30	20%	\$30	20%	50%	20%
Radiation Therapy	\$15	\$30	\$25	20%	\$30	20%	50%	20%
Radiology	\$35	\$30	\$40	20%	\$50	20%	50%	20%
Substance Abuse	\$15	\$30	\$25	0%	\$30	20%	50%	20%
Surgery - Facility (IP)	0%	0%	0%	20%	0%	20%	50%	25%
Surgery - Facility (OP)	0%	\$30	0%	20%	0%	20%	50%	20%
Surgery - Office	\$25	\$25	\$33	\$32.5*	\$40	20%	50%	20%
Vision - Exam	\$15	\$30	\$25	\$40*	\$30	0%*	50%	20%
Vision - Lenses & Frames	10%	\$30	20%	20%	30%	30%	50%	20%
Other	\$35	\$30	\$40	\$40*	\$50	20%	50%	20%
<b>Drug</b>								
Generic	\$10	\$5	\$10*	\$5*	\$10*	\$5	\$10	\$5
Brand	\$30	\$30	\$35*	\$30*	\$35*	\$30	\$35	\$30
Non Formulary	\$60	50%	\$70*	50%*	\$70*	50%	\$70	50%
Supplies	10%	50%	20%	20%	30%	20%	50%	20%
<b>Out of Network</b>								
First Dollar	0%	0%	N/A	0%	0%	0%	N/A	0%
Deductible (single)	\$5,000	\$1,500	N/A	\$3,000	\$5,000	\$2,000	N/A	\$4,000
Coinsurance (Member)	50%	40%	N/A	30%	50%	40%	N/A	40%
OOP Maximum (single)	\$10,000	\$4,000	N/A	\$10,000	\$10,000	\$10,000	N/A	\$10,000

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

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

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

\*Deductible does not apply.  
 Deductible applies to all non-Rx services on all plans (except preventive or other indicated services).  
 Deductible applies to Rx where specified.  
 There are no pediatric dental benefits on the above plans.  
 Non-single deductible and OOP Maximum are at 2X single amounts.

**Small Group Rates Effective Quarter 1 2015:**

Rates will roll quarterly from the Q1 rates.  
 Quarterly rolling rate factor:

1.50%

**Tier Rates Region #2 Effective Q1:**

		Age	Platinum Standard	Platinum POS 110 Plus	Gold Standard	Gold POS 250	Silver Standard	Silver POS 8100	Bronze Standard	Bronze POS 8100EX
Single	26		493.80	495.80	461.28	418.89	374.61	360.40	330.77	325.03
	30		496.46	498.48	463.78	421.14	376.63	362.35	332.55	326.80
2 Person	26		987.60	991.60	922.56	837.78	749.22	720.80	661.54	650.06
	30		998.33	1,002.39	932.61	846.87	757.36	728.65	668.73	657.16
Sub + Child(ren)	26		839.46	842.87	784.17	712.11	636.84	612.69	562.31	552.55
	30		848.55	852.00	792.70	719.81	643.73	619.33	568.40	558.57
Family	26		1,407.33	1,413.03	1,314.65	1,193.83	1,067.64	1,027.14	942.69	926.34
	30		1,422.60	1,428.40	1,328.96	1,206.77	1,079.23	1,038.31	952.92	936.44

**Tier Rates Region #1 Effective Q1:**

		Age	Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
Single	26		631.03	567.06	474.79	404.25
	30		634.44	570.12	477.35	406.42
2 Person	26		1,262.06	1,134.12	949.58	808.50
	30		1,275.79	1,146.45	959.90	817.27
Sub + Child(ren)	26		1,072.75	964.00	807.14	687.23
	30		1,084.38	974.45	815.89	694.66
Family	26		1,798.44	1,616.13	1,353.16	1,152.11
	30		1,817.99	1,633.68	1,367.84	1,164.60

**Tier Rates Region #7 Effective Q1:**

		Age	Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
Single	26		684.36	614.56	514.05	437.20
	30		688.05	617.88	516.83	439.56
2 Person	26		1,368.72	1,229.12	1,028.10	874.40
	30		1,383.60	1,242.50	1,039.29	883.92
Sub + Child(ren)	26		1,163.41	1,044.76	873.89	743.24
	30		1,176.01	1,056.08	883.37	751.29
Family	26		1,950.43	1,751.50	1,465.04	1,246.02
	30		1,971.61	1,770.54	1,480.97	1,259.56

**Small Group Rates Effective Quarter 2 2015:**

Rates will roll quarterly from the Q1 rates.  
 Quarterly rolling rate factor:

1.50%

**Tier Rates Region #2 Effective Q2:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Platinum POS 110 Plus	Gold Standard	Gold POS 250	Silver Standard	Silver POS 8100	Bronze Standard	Bronze POS 8100EX
501.21	503.24	468.20	425.17	380.23	365.81	335.73	329.91
503.91	505.96	470.74	427.46	382.28	367.78	337.54	331.70
1,002.42	1,006.48	936.40	850.34	760.46	731.62	671.46	659.82
1,013.31	1,017.43	946.61	859.58	768.72	739.57	678.75	667.02
852.05	855.50	795.94	722.79	646.40	621.88	570.74	560.85
861.28	864.79	804.59	730.62	653.39	628.61	576.92	566.94
1,428.45	1,434.24	1,334.37	1,211.74	1,083.65	1,042.56	956.84	940.24
1,443.96	1,449.83	1,348.90	1,224.88	1,095.42	1,053.87	967.22	950.49

**Tier Rates Region #1 Effective Q2:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
640.50	575.57	481.92	410.32
643.96	578.68	484.51	412.51
1,281.00	1,151.14	963.84	820.64
1,294.94	1,163.67	974.30	829.52
1,088.86	978.47	819.26	697.55
1,100.66	989.08	828.12	705.07
1,825.43	1,640.38	1,373.48	1,169.41
1,845.26	1,658.21	1,388.36	1,182.05

**Tier Rates Region #7 Effective Q2:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
694.63	623.78	521.76	443.76
698.37	627.15	524.58	446.15
1,389.26	1,247.56	1,043.52	887.52
1,404.35	1,261.14	1,054.88	897.17
1,180.87	1,060.43	886.99	754.39
1,193.65	1,071.92	896.61	762.56
1,979.69	1,777.77	1,487.02	1,264.72
2,001.18	1,797.10	1,503.19	1,278.45

**Small Group Rates Effective Quarter 3 2015:**

Rates will roll quarterly from the Q1 rates.  
 Quarterly rolling rate factor:

1.50%

**Tier Rates Region #2 Effective Q3:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Platinum POS 110 Plus	Gold Standard	Gold POS 250	Silver Standard	Silver POS 8100	Bronze Standard	Bronze POS 8100EX
508.73	510.79	475.23	431.55	385.93	371.30	340.77	334.86
511.47	513.55	477.80	433.88	388.01	373.29	342.60	336.67
1,017.46	1,021.58	950.46	863.10	771.86	742.60	681.54	669.72
1,028.51	1,032.70	960.81	872.49	780.25	750.65	688.93	677.01
864.84	868.35	807.89	733.64	656.08	631.21	579.31	569.26
874.21	877.76	816.66	741.58	663.19	638.03	585.57	575.43
1,449.88	1,455.75	1,354.40	1,229.91	1,099.90	1,058.21	971.20	954.35
1,465.62	1,471.58	1,369.14	1,243.28	1,111.85	1,069.67	981.72	964.73

**Tier Rates Region #1 Effective Q3:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
650.11	584.20	489.14	416.47
653.62	587.36	491.78	418.70
1,300.22	1,168.40	978.28	832.94
1,314.36	1,181.12	988.92	841.96
1,105.18	993.14	831.54	708.00
1,117.17	1,003.92	840.55	715.64
1,852.82	1,664.97	1,394.04	1,186.94
1,872.95	1,683.08	1,409.20	1,199.79

**Tier Rates Region #7 Effective Q3:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
705.05	633.14	529.59	450.42
708.85	636.56	532.45	452.85
1,410.10	1,266.28	1,059.18	900.84
1,425.43	1,280.05	1,070.70	910.64
1,198.59	1,076.34	900.30	765.72
1,211.57	1,088.01	910.06	774.01
2,009.39	1,804.45	1,509.34	1,283.70
2,031.21	1,824.06	1,525.73	1,297.65

**Small Group Rates Effective Quarter 4 2015:**

Rates will roll quarterly from the Q1 rates.  
 Quarterly rolling rate factor:

1.50%

**Tier Rates Region #2 Effective Q4:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Platinum POS 110 Plus	Gold Standard	Gold POS 250	Silver Standard	Silver POS 8100	Bronze Standard	Bronze POS 8100EX
516.36	518.45	482.36	438.03	391.72	376.87	345.88	339.88
519.14	521.26	484.96	440.39	393.83	378.89	347.74	341.72
1,032.72	1,036.90	964.72	876.06	783.44	753.74	691.76	679.76
1,043.94	1,048.20	975.20	885.58	791.95	761.91	699.27	687.16
877.81	881.36	820.02	744.65	665.93	640.68	587.99	577.79
887.32	890.94	828.89	752.71	673.14	647.60	594.36	584.07
1,471.63	1,477.59	1,374.72	1,248.38	1,116.40	1,074.08	985.76	968.66
1,487.59	1,493.67	1,389.65	1,261.94	1,128.52	1,085.71	996.45	979.20

**Tier Rates Region #1 Effective Q4:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
659.86	592.96	496.47	422.72
663.43	596.17	499.16	424.98
1,319.72	1,185.92	992.94	845.44
1,334.09	1,198.84	1,003.76	854.59
1,121.76	1,008.03	844.00	718.63
1,133.93	1,018.97	853.17	726.38
1,880.60	1,689.93	1,414.94	1,204.75
1,901.06	1,708.33	1,430.34	1,217.78

**Tier Rates Region #7 Effective Q4:**

	Age
Single	26
	30
2 Person	26
	30
Sub + Child(ren)	26
	30
Family	26
	30

Platinum Standard	Gold Standard	Silver Standard	Bronze Standard
715.62	642.63	537.53	457.18
719.48	646.10	540.44	459.64
1,431.24	1,285.26	1,075.06	914.36
1,446.80	1,299.24	1,086.77	924.29
1,216.56	1,092.47	913.80	777.20
1,229.73	1,104.31	923.72	785.62
2,039.51	1,831.50	1,531.96	1,302.97
2,061.67	1,851.40	1,548.63	1,317.10