Independent Health Association

Independent Health's Small Group Rate Manual

For Plans offered off New York State's Health Insurance Exchange

Effective January 1, 2015

Independent Health Association

511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health's Group Rate Manual
For Plans Offered Off the NYS Health Insurance Exchange

Table of Contents

Section	Description	Start Page
A.	Premium Pages	1
B.	Benefit Grids	5
C.	Rating Region / Expected Loss Ratio	6
D.	Broker Commissions	7
E.	Underwriting Guidelines	8

Independent Health Association
Small Group off Exchange Premium Rates Effective January 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Gold Plans					**OF = Off Exchange** **SG = Small Group** **DEP25 = Dependents to 25** **DEP29 = Dependents to 29** **SNF200 = Skilled Nursing Facility 200 days max** **SNF365 = Unlimited Skilled Nursing Facility** **DPY = Domestic Partner** **FPY = Family Planning**				
70552NY0210001-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPN	$402.62	$805.24	$684.45	$1,147.47
70552NY0210003-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPY	$407.34	$814.68	$692.48	$1,160.92
70552NY0210004-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPN	$406.46	$812.92	$690.98	$1,158.41
70552NY0210005-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPN	$402.62	$805.24	$684.45	$1,147.47
70552NY0210008-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPY	$403.50	$807.00	$685.95	$1,149.98
70552NY0210013-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPN.FPN	$406.46	$812.92	$690.98	$1,158.41
70552NY0210011-00	IHA-C1003	IHA-SBG004-3	IHA-R1020		Healthy New York	OFSG.DEP29.SNF200.DPN.FPY	$407.34	$814.68	$692.48	$1,160.92
70552NY0210014-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPY	$403.50	$807.00	$685.95	$1,149.98
Riders										
	IHA-R1022				Direct Pay Family Planning Rider - Religious Group Employees		$0.31	$0.62	$0.53	$0.88

Independent Health Association
Small Group off Exchange Premium Rates Effective April 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Gold Plans					**OF = Off Exchange** **SG = Small Group** **DEP25 = Dependents to 25** **DEP29 = Dependents to 29** **SNF200 = Skilled Nursing Facility 200 days max** **SNF365 = Unlimited Skilled Nursing Facility** **DPY = Domestic Partner** **FPY = Family Planning**				
70552NY0210001-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPN	$410.57	$821.14	$697.97	$1,170.12
70552NY0210003-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPY	$415.40	$830.80	$706.18	$1,183.89
70552NY0210004-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPN	$414.49	$828.98	$704.63	$1,181.30
70552NY0210005-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPN	$410.57	$821.14	$697.97	$1,170.12
70552NY0210008-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPY	$411.48	$822.96	$699.52	$1,172.72
70552NY0210013-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPN.FPN	$414.49	$828.98	$704.63	$1,181.30
70552NY0210011-00	IHA-C1003	IHA-SBG004-3	IHA-R1020		Healthy New York	OFSG.DEP29.SNF200.DPN.FPY	$415.40	$830.80	$706.18	$1,183.89
70552NY0210014-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPY	$411.48	$822.96	$699.52	$1,172.72
Riders										
	IHA-R1022				Direct Pay Family Planning Rider - Religious Group Employees		$0.31	$0.62	$0.53	$0.88

Independent Health Association
Small Group off Exchange Premium Rates Effective July 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Gold Plans					**OF = Off Exchange** **SG = Small Group** **DEP25 = Dependents to 25** **DEP29 = Dependents to 29** **SNF200 = Skilled Nursing Facility 200 days max** **SNF365 = Unlimited Skilled Nursing Facility** **DPY = Domestic Partner** **FPY = Family Planning**				
70552NY0210001-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPN	$418.69	$837.38	$711.77	$1,193.27
70552NY0210003-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPY	$423.61	$847.22	$720.14	$1,207.29
70552NY0210004-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPN	$422.68	$845.36	$718.56	$1,204.64
70552NY0210005-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPN	$418.69	$837.38	$711.77	$1,193.27
70552NY0210008-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPY	$419.62	$839.24	$713.35	$1,195.92
70552NY0210013-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPN.FPN	$422.68	$845.36	$718.56	$1,204.64
70552NY0210011-00	IHA-C1003	IHA-SBG004-3	IHA-R1020		Healthy New York	OFSG.DEP29.SNF200.DPN.FPY	$423.61	$847.22	$720.14	$1,207.29
70552NY0210014-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPY	$419.62	$839.24	$713.35	$1,195.92
Riders										
	IHA-R1022		Direct Pay Family Planning Rider - Religious Group Employees				$0.31	$0.62	$0.53	$0.88

Independent Health Association
Small Group off Exchange Premium Rates Effective October 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Gold Plans					**OF = Off Exchange** **SG = Small Group** **DEP25 = Dependents to 25** **DEP29 = Dependents to 29** **SNF200 = Skilled Nursing Facility 200 days max** **SNF365 = Unlimited Skilled Nursing Facility** **DPY = Domestic Partner** **FPY = Family Planning**				
70552NY0210001-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPN	$426.96	$853.92	$725.83	$1,216.84
70552NY0210003-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPY	$431.98	$863.96	$734.37	$1,231.14
70552NY0210004-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPY.FPN	$431.04	$862.08	$732.77	$1,228.46
70552NY0210005-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPN	$426.96	$853.92	$725.83	$1,216.84
70552NY0210008-00	IHA-C1003	IHA-SBG004-3		IHA-R1021	Healthy New York	OFSG.DEP25.SNF200.DPY.FPY	$427.91	$855.82	$727.45	$1,219.54
70552NY0210013-00	IHA-C1003	IHA-SBG004-3	IHA-R1020	IHA-R1021	Healthy New York	OFSG.DEP29.SNF200.DPN.FPN	$431.04	$862.08	$732.77	$1,228.46
70552NY0210011-00	IHA-C1003	IHA-SBG004-3	IHA-R1020		Healthy New York	OFSG.DEP29.SNF200.DPN.FPY	$431.98	$863.96	$734.37	$1,231.14
70552NY0210014-00	IHA-C1003	IHA-SBG004-3			Healthy New York	OFSG.DEP25.SNF200.DPN.FPY	$427.91	$855.82	$727.45	$1,219.54
Riders										
	IHA-R1022		Direct Pay Family Planning Rider - Religious Group Employees				$0.31	$0.62	$0.53	$0.88

	Healthy New York
In-Network Deductible	$600
Integrated Medical and Drug Deductible	No
In-Network Coinsurance	N/A
In-Network OOP Maximum	$4,000
Emergency Room Services	$150
All Inpatient Hospital Services (inc. MHSA)	$1,000
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	$25
Specialist Visit	$40
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	$25
Imaging (CT/PET Scans, MRIs)	$40
Rehabilitative Speech Therapy	$30
Rehabilitative Occupational and Rehabilitative Physician Therapy	$30
Laboratory Outpatient and Professional Services	$40
X-ray and Diagnostic Imaging	$25
Skilled Nursing Facility	$1,000
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$100
Outpatient Surgery Physician/Surgical Services	$100
Generics	$10 ND
Preferred Brand Drugs	$35 ND
Non-Preferred Brand Drugs	$70 ND
Specialty Drugs (i.e., high cost)	$70 ND
Out-of-Network Deductible	N/A
Out-of-Network Coinsurance	100%
OON OOP Maximum	N/A
Region Available	All 8 WNY

ND: No Deductible

Independent Health Association
511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health's Small Group Rate Manual
For Plans Offered Off the NYS Health Insurance Exchange

Rating Regions

The rating region for this rate manual is the Western New York service area including Erie, Chautauqua, Cattaraugus, Genesee, Niagara, Wyoming, Allegany, and Orleans Counties.

Expected Loss Ratio

The Expected Loss Ratio for all products in this manual is 87%

Independent Health Association

Small Group Off Exchange Premium Rates Effective January 1, 2015

New Business	
Total Annual Premium from New Business	Commission Rate
≤ $250,000	2.5
> $250,000 ≤ $750,000	3.5
>$750,000	4

• Pertains to the sale of a Client that does not currently offer Independent Health for period of at least 12 months prior to contract effective date.
• New Clients will remain classified as New until completion of contract year at which time, upon renewal with Independent Health Client will move into Existing Business classification.
• Commissions and bonuses will only be paid on new business sold from 1/1/2015 to 12/31/2015 where Independent Health is the sole offering.

Existing Business
4%

• Paid on entire premium received as long as a Broker of Record (BOR) is received at least 45 days prior to open enrollment date
• Brokers who receive a BOR on an existing Client with no current BOR become eligible on and after the next open enrollment date after which the BOR is received.
• Once the commission for a Client is established as Existing Community-Rated Commercial Business, it remains in this component unless the Client changes to an experience-rated product, even if the Client issues a new Broker of Record letter (BOR).

New Product Placement Bonus
An Additional $7.50 per contract per month will be paid on subscribers enrolled in Choice Plus products as a new product placement in groups of 2-50 eligibles. The payment will be made for 12 months from the effective date of the new product placement and will be paid quarterly.

Net Retention Commission			
	Annual Premium		
Net Retention	$9M - $24.9M	$25M - $49M	>$50M
	PEPM Payment		
>105%	$7.90	$8.25	$9.25
100% - 104.9%	$5.50	$6.15	$6.80
98% - 99.9%	$2.10	$2.50	$2.75
95% - 97.9%	$0.84	$1.00	$1.10
<95%	$0.00	$0.00	$0.00

• Minimum of $9 million book of business on 12/31/14
• A minimum of 30 Clients in book of business on 12/31/14
• For books of business of $9 million - $49 million, must write 100 subscribers from new business during 2015 (Only applies to Clients where Independent Health is the sole offering)
• For books of business over $50 million, must write 250 subscribers from new business during 2015 (Only applies to Clients where Independent Health is the sole offering)
• New BORs effective in 2015 are not included except for BORs received on Large (>50 eligibles) Clients prior to 2015 open enrollment effective date
• Total Net Retention Commission may not exceed $75,000 per Client
• BORs lost will be removed from that broker's book of business

Independent Health Association
511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health's Small Group Rate Manual
For Plans Offered Off the NYS Health Insurance Exchange

Underwriting Guidelines

Eligible Group –

An employer, labor union, trade association or a trustee of a fund established by an employer, labor union or trade association recognized under subparagraph (A), (B), (D), (H), (K), (L) or (M) of Section 4235 (c) (1) and 4237 of the New York State Insurance Law employing at least 2 but no more than 50 eligible active employees within the WNY service area.

Also included as eligible, are employer groups with more than 50 eligible employees nationwide but with 50 or less eligible employees at a regional office within the WNY service area. Also included as eligible, are employer groups where 2 employees are related, i.e. husband and wife.

Small Group certification –

The determination of small group status is made on the date of application and at each subsequent anniversary. Once a determination has been made, the plan will be administered in accordance with that determination until the next certification. Renewal groups increasing enrollment to greater than 50 eligible employees will be referred to Underwriting for a large group renewal.

Eligible Employee -

Eligible employees include the officers, directors, managers, partners, employees and retired employees (if included in the Commercial plan) of the employer and of subsidiary or affiliated corporations of a corporate employer and of firms controlled by the insured employer through stock ownership, contract or otherwise, working a minimum of 20 hours per week.

Union employees are not considered eligible if the employer contributes to their coverage under a separate health & welfare plan. Seasonal employees are not considered eligible unless they work at least 9 months of the year.

Rating arrangement –

Community rated, meaning a rating methodology in which the premium for all persons covered is the same and based on the experience of the entire pool without regard to age, sex, health status or occupation. Rates are based on a Rolling Rate, which is a method that establishes a scale of annual Subscriber rates varying by quarter of issue.

Independent Health Association
511 Farber Lakes Drive
Buffalo, NY 14221

Independent Health's Small Group Rate Manual
For Plans Offered Off the NYS Health Insurance Exchange

Underwriting Guidelines

Out of area employees –

A group's corporate headquarters does not need to be located within the eight counties of WNY, but 70% of the total group eligible employees must reside within the eight counties of WNY. The Out of Area product does not apply to the maximum number of products referenced below. Out of Area products may only be offered if Independent Health is the sole carrier.

Off cycle plan changes -
All plan changes must occur on the anniversary date.

Anniversary date changes –
Once enrolled, changes in anniversary date will be considered if the group has experienced a significant business change, such as a merger or acquisition.

Maximum number of products –

Two products may be offered if Independent Health is the sole carrier, otherwise groups are limited to one product. A Medicare product is not counted when determining the number of products offered (can be the 2nd or 3rd product). More than two products may only be offered under a private exchange model where technology is in place to facilitate member choice, using a predetermined set of products, as defined by Independent Health.

Prime Access and Choice Plus should be considered one product, if offered together. Neither product shall count against the maximum number of products offered.

Dual and triple Option -

Where more than 1 product is offered, each product offering must be in a different metal tier, with the exception of Choice Plus and Prime Access. If Choice Plus and Prime Access are offered together, they must be from the same metal tier.

Parity of Benefits -

In a multi-carrier arrangement, the product offered by Independent Health must be equivalent to or less rich than the other carriers'. Metal tier will determine parity.

Minimum Contribution –
There is no required minimum contribution for small groups.

Minimum Participation –
Minimum participation requirements (50%) outlined in Section 4235 of New York Insurance law apply, depending on the nature of the group.

Pre-existing conditions limitations –

Per Section 1501 of PPACA, pre-existing conditions limitations are waived for all enrollees.