Independent Health Benefits Corporation

Independent Health's Small Group Rate Manual

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

Effective January 1, 2015

Independent Health Benefits Corporation
511 Farber Lakes Drive
Buffalo, NY 14221

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

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Independent Health Benefits Corporation
Small Group On Exchange Premium Rates Effective January 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Platinum Plans					ON = On 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				
18029NY1170097-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPN	$477.86	$955.72	$812.36	$1,361.90
18029NY1170098-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPY	$483.47	$966.94	$821.90	$1,377.89
18029NY1170099-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPN	$482.42	$964.84	$820.11	$1,374.90
18029NY1170100-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPN	$477.86	$955.72	$812.36	$1,361.90
18029NY1170101-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPY	$478.90	$957.80	$814.13	$1,364.87
18029NY1170103-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPN	$482.42	$964.84	$820.11	$1,374.90
18029NY1170102-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPY	$483.47	$966.94	$821.90	$1,377.89
18029NY1170104-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPY	$478.90	$957.80	$814.13	$1,364.87
18029NY1170033-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPN	$532.70	$1,065.40	$905.59	$1,518.20
18029NY1170035-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPY	$538.95	$1,077.90	$916.22	$1,536.01
18029NY1170036-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPN	$537.78	$1,075.56	$914.23	$1,532.67
18029NY1170037-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPN	$532.70	$1,065.40	$905.59	$1,518.20
18029NY1170040-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPY	$533.85	$1,067.70	$907.55	$1,521.47
18029NY1170045-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPN	$537.78	$1,075.56	$914.23	$1,532.67
18029NY1170043-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPY	$538.95	$1,077.90	$916.22	$1,536.01
18029NY1170046-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPY	$533.85	$1,067.70	$907.55	$1,521.47
18029NY1170001-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPN	$544.93	$1,089.86	$926.38	$1,553.05
18029NY1170003-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPY	$551.33	$1,102.66	$937.26	$1,571.29
18029NY1170004-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPN	$550.13	$1,100.26	$935.22	$1,567.87
18029NY1170005-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPN	$544.93	$1,089.86	$926.38	$1,553.05
18029NY1170008-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPY	$546.12	$1,092.24	$928.40	$1,556.44
18029NY1170013-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPN	$550.13	$1,100.26	$935.22	$1,567.87
18029NY1170011-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPY	$551.33	$1,102.66	$937.26	$1,571.29
18029NY1170014-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPY	$546.12	$1,092.24	$928.40	$1,556.44

Gold Plans						ON = On 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				
18029NY1200081-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPN	$401.70	$803.40	$682.89	$1,144.85
18029NY1200083-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPY	$406.42	$812.84	$690.91	$1,158.30
18029NY1200084-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPN	$405.53	$811.06	$689.40	$1,155.76
18029NY1200085-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPN	$401.70	$803.40	$682.89	$1,144.85
18029NY1200088-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPY	$402.57	$805.14	$684.37	$1,147.32
18029NY1200093-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPN	$405.53	$811.06	$689.40	$1,155.76
18029NY1200091-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPY	$406.42	$812.84	$690.91	$1,158.30
18029NY1200094-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPY	$402.57	$805.14	$684.37	$1,147.32
18029NY1200033-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPN	$452.80	$905.60	$769.76	$1,290.48
18029NY1200035-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPY	$458.11	$916.22	$778.79	$1,305.61
18029NY1200036-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPN	$457.11	$914.22	$777.09	$1,302.76
18029NY1200037-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPN	$452.80	$905.60	$769.76	$1,290.48
18029NY1200040-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPY	$453.78	$907.56	$771.43	$1,293.27
18029NY1200045-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPN	$457.11	$914.22	$777.09	$1,302.76
18029NY1200043-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPY	$458.11	$916.22	$778.79	$1,305.61
18029NY1200046-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPY	$453.78	$907.56	$771.43	$1,293.27
18029NY1210017-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPN	$505.58	$1,011.16	$859.49	$1,440.90
18029NY1210019-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPY	$511.52	$1,023.04	$869.58	$1,457.83
18029NY1210020-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPN	$510.40	$1,020.80	$867.68	$1,454.64
18029NY1210021-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPN	$505.58	$1,011.16	$859.49	$1,440.90
18029NY1210024-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPY	$506.68	$1,013.36	$861.36	$1,444.04
18029NY1210029-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPN	$510.40	$1,020.80	$867.68	$1,454.64
18029NY1210027-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPY	$511.52	$1,023.04	$869.58	$1,457.83
18029NY1210030-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPY	$506.68	$1,013.36	$861.36	$1,444.04
18029NY1200001-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPN	$463.35	$926.70	$787.70	$1,320.55
18029NY1200003-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPY	$468.79	$937.58	$796.94	$1,336.05
18029NY1200004-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPN	$467.78	$935.56	$795.23	$1,333.17
18029NY1200005-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPN	$463.35	$926.70	$787.70	$1,320.55
18029NY1200008-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPY	$464.37	$928.74	$789.43	$1,323.45
18029NY1200013-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPN	$467.78	$935.56	$795.23	$1,333.17
18029NY1200011-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPY	$468.79	$937.58	$796.94	$1,336.05
18029NY1200014-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPY	$464.37	$928.74	$789.43	$1,323.45

Silver Plans						ON = On 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				
18029NY1240065-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPN	$347.30	$694.60	$590.41	$989.81
18029NY1240067-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPY	$351.35	$702.70	$597.30	$1,001.35
18029NY1240068-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPN	$350.59	$701.18	$596.00	$999.18
18029NY1240069-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPN	$347.30	$694.60	$590.41	$989.81
18029NY1240072-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPY	$348.05	$696.10	$591.69	$991.94
18029NY1240077-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPN	$350.59	$701.18	$596.00	$999.18
18029NY1240075-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPY	$351.35	$702.70	$597.30	$1,001.35
18029NY1240078-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPY	$348.05	$696.10	$591.69	$991.94
18029NY1240033-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPN	$375.61	$751.22	$638.54	$1,070.49
18029NY1240035-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPY	$380.01	$760.02	$646.02	$1,083.03
18029NY1240036-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPN	$379.18	$758.36	$644.61	$1,080.66
18029NY1240037-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPN	$375.61	$751.22	$638.54	$1,070.49
18029NY1240040-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPY	$376.43	$752.86	$639.93	$1,072.83
18029NY1240045-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPN	$379.18	$758.36	$644.61	$1,080.66
18029NY1240043-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPY	$380.01	$760.02	$646.02	$1,083.03
18029NY1240046-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPY	$376.43	$752.86	$639.93	$1,072.83
18029NY1240177-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPN	$389.67	$779.34	$662.44	$1,110.56
18029NY1240178-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPY	$394.22	$788.44	$670.17	$1,123.53
18029NY1240179-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPN	$393.36	$786.72	$668.71	$1,121.08
18029NY1240180-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPN	$389.67	$779.34	$662.44	$1,110.56
18029NY1240181-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPY	$390.51	$781.02	$663.87	$1,112.95
18029NY1240183-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPN	$393.36	$786.72	$668.71	$1,121.08
18029NY1240182-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPY	$394.22	$788.44	$670.17	$1,123.53
18029NY1240184-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPY	$390.51	$781.02	$663.87	$1,112.95
18029NY1240001-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPN	$393.81	$787.62	$669.48	$1,122.36
18029NY1240003-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPY	$398.42	$796.84	$677.31	$1,135.50
18029NY1240004-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPN	$397.56	$795.12	$675.85	$1,133.05
18029NY1240005-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPN	$393.81	$787.62	$669.48	$1,122.36
18029NY1240008-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPY	$394.66	$789.32	$670.92	$1,124.78
18029NY1240013-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPN	$397.56	$795.12	$675.85	$1,133.05
18029NY1240011-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPY	$398.42	$796.84	$677.31	$1,135.50
18029NY1240014-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPY	$394.66	$789.32	$670.92	$1,124.78

Bronze Plans						ON = On 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				
18029NY1300065-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPN	$285.23	$570.46	$484.89	$812.91
18029NY1300067-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPY.FPY	$288.55	$577.10	$490.54	$822.37
18029NY1300068-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPY.FPN	$287.93	$575.86	$489.48	$820.60
18029NY1300069-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPN	$285.23	$570.46	$484.89	$812.91
18029NY1300072-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPY	$285.85	$571.70	$485.95	$814.67
18029NY1300077-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPN	$287.93	$575.86	$489.48	$820.60
18029NY1300075-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPY	$288.55	$577.10	$490.54	$822.37
18029NY1300078-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPY	$285.85	$571.70	$485.95	$814.67
18029NY1300097-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPN	$314.07	$628.14	$533.92	$895.10
18029NY1300099-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPY	$317.74	$635.48	$540.16	$905.56
18029NY1300100-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPN	$317.05	$634.10	$538.99	$903.59
18029NY1300101-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPN	$314.07	$628.14	$533.92	$895.10
18029NY1300104-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPY	$314.75	$629.50	$535.08	$897.04
18029NY1300109-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPN	$317.05	$634.10	$538.99	$903.59
18029NY1300107-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPY	$317.74	$635.48	$540.16	$905.56
18029NY1300110-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPY	$314.75	$629.50	$535.08	$897.04
18029NY1300137-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPN	$323.39	$646.78	$549.76	$921.66
18029NY1300138-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPY	$327.16	$654.32	$556.17	$932.41
18029NY1300139-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPN	$326.46	$652.92	$554.98	$930.41
18029NY1300140-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPN	$323.39	$646.78	$549.76	$921.66
18029NY1300141-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPY	$324.09	$648.18	$550.95	$923.66
18029NY1300143-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPN	$326.46	$652.92	$554.98	$930.41
18029NY1300142-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPY	$327.16	$654.32	$556.17	$932.41
18029NY1300144-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPY	$324.09	$648.18	$550.95	$923.66
18029NY1300001-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPN	$329.63	$659.26	$560.37	$939.45
18029NY1300003-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPY	$333.49	$666.98	$566.93	$950.45
18029NY1300004-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPN	$332.76	$665.52	$565.69	$948.37
18029NY1300005-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPN	$329.63	$659.26	$560.37	$939.45
18029NY1300008-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPY	$330.35	$660.70	$561.60	$941.50
18029NY1300013-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPN	$332.76	$665.52	$565.69	$948.37
18029NY1300011-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPY	$333.49	$666.98	$566.93	$950.45
18029NY1300014-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPY	$330.35	$660.70	$561.60	$941.50

Independent Health Benefits Corporation
Small Group On Exchange Premium Rates Effective April 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Platinum Plans					ON = On 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				
18029NY1170097-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPN	$487.33	$974.66	$828.46	$1,388.89
18029NY1170098-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPY	$493.04	$986.08	$838.17	$1,405.16
18029NY1170099-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPN	$491.97	$983.94	$836.35	$1,402.11
18029NY1170100-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPN	$487.33	$974.66	$828.46	$1,388.89
18029NY1170101-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPY	$488.38	$976.76	$830.25	$1,391.88
18029NY1170103-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPN	$491.97	$983.94	$836.35	$1,402.11
18029NY1170102-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPY	$493.04	$986.08	$838.17	$1,405.16
18029NY1170104-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPY	$488.38	$976.76	$830.25	$1,391.88
18029NY1170033-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPN	$543.25	$1,086.50	$923.53	$1,548.26
18029NY1170035-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPY	$549.63	$1,099.26	$934.37	$1,566.45
18029NY1170036-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPN	$548.45	$1,096.90	$932.37	$1,563.08
18029NY1170037-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPN	$543.25	$1,086.50	$923.53	$1,548.26
18029NY1170040-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPY	$544.43	$1,088.86	$925.53	$1,551.63
18029NY1170045-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPN	$548.45	$1,096.90	$932.37	$1,563.08
18029NY1170043-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPY	$549.63	$1,099.26	$934.37	$1,566.45
18029NY1170046-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPY	$544.43	$1,088.86	$925.53	$1,551.63
18029NY1170001-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPN	$555.74	$1,111.48	$944.76	$1,583.86
18029NY1170003-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPY	$562.27	$1,124.54	$955.86	$1,602.47
18029NY1170004-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPN	$561.04	$1,122.08	$953.77	$1,598.96
18029NY1170005-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPN	$555.74	$1,111.48	$944.76	$1,583.86
18029NY1170008-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPY	$556.94	$1,113.88	$946.80	$1,587.28
18029NY1170013-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPN	$561.04	$1,122.08	$953.77	$1,598.96
18029NY1170011-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPY	$562.27	$1,124.54	$955.86	$1,602.47
18029NY1170014-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPY	$556.94	$1,113.88	$946.80	$1,587.28

Gold Plans						ON = On 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				
18029NY1200081-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPN	$409.64	$819.28	$696.39	$1,167.47
18029NY1200083-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPY	$414.46	$828.92	$704.58	$1,181.21
18029NY1200084-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPN	$413.54	$827.08	$703.02	$1,178.59
18029NY1200085-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPN	$409.64	$819.28	$696.39	$1,167.47
18029NY1200088-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPY	$410.53	$821.06	$697.90	$1,170.01
18029NY1200093-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPN	$413.54	$827.08	$703.02	$1,178.59
18029NY1200091-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPY	$414.46	$828.92	$704.58	$1,181.21
18029NY1200094-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPY	$410.53	$821.06	$697.90	$1,170.01
18029NY1200033-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPN	$461.77	$923.54	$785.01	$1,316.04
18029NY1200035-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPY	$467.18	$934.36	$794.21	$1,331.46
18029NY1200036-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPN	$466.16	$932.32	$792.47	$1,328.56
18029NY1200037-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPN	$461.77	$923.54	$785.01	$1,316.04
18029NY1200040-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPY	$462.77	$925.54	$786.71	$1,318.89
18029NY1200045-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPN	$466.16	$932.32	$792.47	$1,328.56
18029NY1200043-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPY	$467.18	$934.36	$794.21	$1,331.46
18029NY1200046-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPY	$462.77	$925.54	$786.71	$1,318.89
18029NY1210017-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPN	$515.59	$1,031.18	$876.50	$1,469.43
18029NY1210019-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPY	$521.66	$1,043.32	$886.82	$1,486.73
18029NY1210020-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPN	$520.52	$1,041.04	$884.88	$1,483.48
18029NY1210021-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPN	$515.59	$1,031.18	$876.50	$1,469.43
18029NY1210024-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPY	$516.72	$1,033.44	$878.42	$1,472.65
18029NY1210029-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPN	$520.52	$1,041.04	$884.88	$1,483.48
18029NY1210027-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPY	$521.66	$1,043.32	$886.82	$1,486.73
18029NY1210030-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPY	$516.72	$1,033.44	$878.42	$1,472.65
18029NY1200001-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPN	$472.52	$945.04	$803.28	$1,346.68
18029NY1200003-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPY	$478.07	$956.14	$812.72	$1,362.50
18029NY1200004-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPN	$477.05	$954.10	$810.99	$1,359.59
18029NY1200005-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPN	$472.52	$945.04	$803.28	$1,346.68
18029NY1200008-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPY	$473.56	$947.12	$805.05	$1,349.65
18029NY1200013-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPN	$477.05	$954.10	$810.99	$1,359.59
18029NY1200011-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPY	$478.07	$956.14	$812.72	$1,362.50
18029NY1200014-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPY	$473.56	$947.12	$805.05	$1,349.65

Silver Plans

ON = On 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

18029NY1240065-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPN	$354.15	$708.30	$602.06	$1,009.33
18029NY1240067-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPY	$358.28	$716.56	$609.08	$1,021.10
18029NY1240068-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPN	$357.51	$715.02	$607.77	$1,018.90
18029NY1240069-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPN	$354.15	$708.30	$602.06	$1,009.33
18029NY1240072-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPY	$354.92	$709.84	$603.36	$1,011.52
18029NY1240077-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPN	$357.51	$715.02	$607.77	$1,018.90
18029NY1240075-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPY	$358.28	$716.56	$609.08	$1,021.10
18029NY1240078-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPY	$354.92	$709.84	$603.36	$1,011.52
18029NY1240033-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPN	$383.03	$766.06	$651.15	$1,091.64
18029NY1240035-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPY	$387.52	$775.04	$658.78	$1,104.43
18029NY1240036-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPN	$386.67	$773.34	$657.34	$1,102.01
18029NY1240037-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPN	$383.03	$766.06	$651.15	$1,091.64
18029NY1240040-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPY	$383.87	$767.74	$652.58	$1,094.03
18029NY1240045-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPN	$386.67	$773.34	$657.34	$1,102.01
18029NY1240043-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPY	$387.52	$775.04	$658.78	$1,104.43
18029NY1240046-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPY	$383.87	$767.74	$652.58	$1,094.03
18029NY1240177-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPN	$397.36	$794.72	$675.51	$1,132.48
18029NY1240178-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPY	$402.00	$804.00	$683.40	$1,145.70
18029NY1240179-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPN	$401.13	$802.26	$681.92	$1,143.22
18029NY1240180-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPN	$397.36	$794.72	$675.51	$1,132.48
18029NY1240181-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPY	$398.22	$796.44	$676.97	$1,134.93
18029NY1240183-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPN	$401.13	$802.26	$681.92	$1,143.22
18029NY1240182-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPY	$402.00	$804.00	$683.40	$1,145.70
18029NY1240184-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPY	$398.22	$796.44	$676.97	$1,134.93
18029NY1240001-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPN	$401.59	$803.18	$682.70	$1,144.53
18029NY1240003-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPY	$406.29	$812.58	$690.69	$1,157.93
18029NY1240004-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPN	$405.42	$810.84	$689.21	$1,155.45
18029NY1240005-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPN	$401.59	$803.18	$682.70	$1,144.53
18029NY1240008-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPY	$402.46	$804.92	$684.18	$1,147.01
18029NY1240013-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPN	$405.42	$810.84	$689.21	$1,155.45
18029NY1240011-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPY	$406.29	$812.58	$690.69	$1,157.93
18029NY1240014-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPY	$402.46	$804.92	$684.18	$1,147.01

Bronze Plans						ON = On 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				
18029NY1300065-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPN	$290.85	$581.70	$494.45	$828.92
18029NY1300067-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPY.FPY	$294.22	$588.44	$500.17	$838.53
18029NY1300068-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPY.FPN	$293.60	$587.20	$499.12	$836.76
18029NY1300069-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPN	$290.85	$581.70	$494.45	$828.92
18029NY1300072-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPY	$291.47	$582.94	$495.50	$830.69
18029NY1300077-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPN	$293.60	$587.20	$499.12	$836.76
18029NY1300075-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPY	$294.22	$588.44	$500.17	$838.53
18029NY1300078-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPY	$291.47	$582.94	$495.50	$830.69
18029NY1300097-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPN	$320.25	$640.50	$544.43	$912.71
18029NY1300099-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPY	$323.99	$647.98	$550.78	$923.37
18029NY1300100-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPN	$323.29	$646.58	$549.59	$921.38
18029NY1300101-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPN	$320.25	$640.50	$544.43	$912.71
18029NY1300104-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPY	$320.95	$641.90	$545.62	$914.71
18029NY1300109-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPN	$323.29	$646.58	$549.59	$921.38
18029NY1300107-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPY	$323.99	$647.98	$550.78	$923.37
18029NY1300110-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPY	$320.95	$641.90	$545.62	$914.71
18029NY1300137-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPN	$329.76	$659.52	$560.59	$939.82
18029NY1300138-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPY	$333.62	$667.24	$567.15	$950.82
18029NY1300139-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPN	$332.90	$665.80	$565.93	$948.77
18029NY1300140-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPN	$329.76	$659.52	$560.59	$939.82
18029NY1300141-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPY	$330.47	$660.94	$561.80	$941.84
18029NY1300143-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPN	$332.90	$665.80	$565.93	$948.77
18029NY1300142-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPY	$333.62	$667.24	$567.15	$950.82
18029NY1300144-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPY	$330.47	$660.94	$561.80	$941.84
18029NY1300001-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPN	$336.13	$672.26	$571.42	$957.97
18029NY1300003-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPY	$340.06	$680.12	$578.10	$969.17
18029NY1300004-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPN	$339.31	$678.62	$576.83	$967.03
18029NY1300005-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPN	$336.13	$672.26	$571.42	$957.97
18029NY1300008-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPY	$336.86	$673.72	$572.66	$960.05
18029NY1300013-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPN	$339.31	$678.62	$576.83	$967.03
18029NY1300011-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPY	$340.06	$680.12	$578.10	$969.17
18029NY1300014-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPY	$336.86	$673.72	$572.66	$960.05

Independent Health Benefits Corporation
Small Group On Exchange Premium Rates Effective July 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Platinum Plans					**ON = On 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**				
18029NY1170097-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPN	$496.98	$993.96	$844.87	$1,416.39
18029NY1170098-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPY	$502.81	$1,005.62	$854.78	$1,433.01
18029NY1170099-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPN	$501.71	$1,003.42	$852.91	$1,429.87
18029NY1170100-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPN	$496.98	$993.96	$844.87	$1,416.39
18029NY1170101-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPY	$498.05	$996.10	$846.69	$1,419.44
18029NY1170103-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPN	$501.71	$1,003.42	$852.91	$1,429.87
18029NY1170102-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPY	$502.81	$1,005.62	$854.78	$1,433.01
18029NY1170104-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPY	$498.05	$996.10	$846.69	$1,419.44
18029NY1170033-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPN	$554.02	$1,108.04	$941.83	$1,578.96
18029NY1170035-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPY	$560.53	$1,121.06	$952.90	$1,597.51
18029NY1170036-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPN	$559.31	$1,118.62	$950.83	$1,594.03
18029NY1170037-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPN	$554.02	$1,108.04	$941.83	$1,578.96
18029NY1170040-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPY	$555.23	$1,110.46	$943.89	$1,582.41
18029NY1170045-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPN	$559.31	$1,118.62	$950.83	$1,594.03
18029NY1170043-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPY	$560.53	$1,121.06	$952.90	$1,597.51
18029NY1170046-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPY	$555.23	$1,110.46	$943.89	$1,582.41
18029NY1170001-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPN	$566.77	$1,133.54	$963.51	$1,615.29
18029NY1170003-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPY	$573.42	$1,146.84	$974.81	$1,634.25
18029NY1170004-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPN	$572.17	$1,144.34	$972.69	$1,630.68
18029NY1170005-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPN	$566.77	$1,133.54	$963.51	$1,615.29
18029NY1170008-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPY	$567.98	$1,135.96	$965.57	$1,618.74
18029NY1170013-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPN	$572.17	$1,144.34	$972.69	$1,630.68
18029NY1170011-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPY	$573.42	$1,146.84	$974.81	$1,634.25
18029NY1170014-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPY	$567.98	$1,135.96	$965.57	$1,618.74

Gold Plans						ON = On 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				
18029NY1200081-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPN	$417.74	$835.48	$710.16	$1,190.56
18029NY1200083-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPY	$422.65	$845.30	$718.51	$1,204.55
18029NY1200084-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPN	$421.72	$843.44	$716.92	$1,201.90
18029NY1200085-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPN	$417.74	$835.48	$710.16	$1,190.56
18029NY1200088-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPY	$418.64	$837.28	$711.69	$1,193.12
18029NY1200093-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPN	$421.72	$843.44	$716.92	$1,201.90
18029NY1200091-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPY	$422.65	$845.30	$718.51	$1,204.55
18029NY1200094-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPY	$418.64	$837.28	$711.69	$1,193.12
18029NY1200033-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPN	$470.91	$941.82	$800.55	$1,342.09
18029NY1200035-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPY	$476.43	$952.86	$809.93	$1,357.83
18029NY1200036-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPN	$475.39	$950.78	$808.16	$1,354.86
18029NY1200037-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPN	$470.91	$941.82	$800.55	$1,342.09
18029NY1200040-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPY	$471.92	$943.84	$802.26	$1,344.97
18029NY1200045-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPN	$475.39	$950.78	$808.16	$1,354.86
18029NY1200043-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPY	$476.43	$952.86	$809.93	$1,357.83
18029NY1200046-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPY	$471.92	$943.84	$802.26	$1,344.97
18029NY1210017-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPN	$525.80	$1,051.60	$893.86	$1,498.53
18029NY1210019-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPY	$532.00	$1,064.00	$904.40	$1,516.20
18029NY1210020-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPN	$530.83	$1,061.66	$902.41	$1,512.87
18029NY1210021-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPN	$525.80	$1,051.60	$893.86	$1,498.53
18029NY1210024-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPY	$526.96	$1,053.92	$895.83	$1,501.84
18029NY1210029-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPN	$530.83	$1,061.66	$902.41	$1,512.87
18029NY1210027-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPY	$532.00	$1,064.00	$904.40	$1,516.20
18029NY1210030-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPY	$526.96	$1,053.92	$895.83	$1,501.84
18029NY1200001-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPN	$481.87	$963.74	$819.18	$1,373.33
18029NY1200003-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPY	$487.54	$975.08	$828.82	$1,389.49
18029NY1200004-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPN	$486.49	$972.98	$827.03	$1,386.50
18029NY1200005-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPN	$481.87	$963.74	$819.18	$1,373.33
18029NY1200008-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPY	$482.94	$965.88	$821.00	$1,376.38
18029NY1200013-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPN	$486.49	$972.98	$827.03	$1,386.50
18029NY1200011-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPY	$487.54	$975.08	$828.82	$1,389.49
18029NY1200014-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPY	$482.94	$965.88	$821.00	$1,376.38

Silver Plans						ON = On 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				
18029NY1240065-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPN	$361.13	$722.26	$613.92	$1,029.22
18029NY1240067-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPY	$365.35	$730.70	$621.10	$1,041.25
18029NY1240068-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPN	$364.56	$729.12	$619.75	$1,039.00
18029NY1240069-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPN	$361.13	$722.26	$613.92	$1,029.22
18029NY1240072-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPY	$361.92	$723.84	$615.26	$1,031.47
18029NY1240077-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPN	$364.56	$729.12	$619.75	$1,039.00
18029NY1240075-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPY	$365.35	$730.70	$621.10	$1,041.25
18029NY1240078-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPY	$361.92	$723.84	$615.26	$1,031.47
18029NY1240033-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPN	$390.59	$781.18	$664.00	$1,113.18
18029NY1240035-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPY	$395.18	$790.36	$671.81	$1,126.26
18029NY1240036-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPN	$394.31	$788.62	$670.33	$1,123.78
18029NY1240037-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPN	$390.59	$781.18	$664.00	$1,113.18
18029NY1240040-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPY	$391.45	$782.90	$665.47	$1,115.63
18029NY1240045-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPN	$394.31	$788.62	$670.33	$1,123.78
18029NY1240043-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPY	$395.18	$790.36	$671.81	$1,126.26
18029NY1240046-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPY	$391.45	$782.90	$665.47	$1,115.63
18029NY1240177-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPN	$405.22	$810.44	$688.87	$1,154.88
18029NY1240178-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPY	$409.94	$819.88	$696.90	$1,168.33
18029NY1240179-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPN	$409.06	$818.12	$695.40	$1,165.82
18029NY1240180-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPN	$405.22	$810.44	$688.87	$1,154.88
18029NY1240181-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPY	$406.09	$812.18	$690.35	$1,157.36
18029NY1240183-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPN	$409.06	$818.12	$695.40	$1,165.82
18029NY1240182-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPY	$409.94	$819.88	$696.90	$1,168.33
18029NY1240184-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPY	$406.09	$812.18	$690.35	$1,157.36
18029NY1240001-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPN	$409.53	$819.06	$696.20	$1,167.16
18029NY1240003-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPY	$414.31	$828.62	$704.33	$1,180.78
18029NY1240004-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPN	$413.43	$826.86	$702.83	$1,178.28
18029NY1240005-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPN	$409.53	$819.06	$696.20	$1,167.16
18029NY1240008-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPY	$410.41	$820.82	$697.70	$1,169.67
18029NY1240013-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPN	$413.43	$826.86	$702.83	$1,178.28
18029NY1240011-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPY	$414.31	$828.62	$704.33	$1,180.78
18029NY1240014-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPY	$410.41	$820.82	$697.70	$1,169.67

Bronze Plans

ON = On 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

18029NY1300065-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPN	$296.57	$593.14	$504.17	$845.22
18029NY1300067-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPY.FPY	$300.00	$600.00	$510.00	$855.00
18029NY1300068-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPN	$299.39	$598.78	$508.96	$853.26
18029NY1300069-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPN	$296.57	$593.14	$504.17	$845.22
18029NY1300072-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPY	$297.21	$594.42	$505.26	$847.05
18029NY1300077-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPN	$299.39	$598.78	$508.96	$853.26
18029NY1300075-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPY	$300.00	$600.00	$510.00	$855.00
18029NY1300078-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPY	$297.21	$594.42	$505.26	$847.05
18029NY1300097-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPN	$326.56	$653.12	$555.15	$930.70
18029NY1300099-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPY	$330.37	$660.74	$561.63	$941.55
18029NY1300100-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPN	$329.66	$659.32	$560.42	$939.53
18029NY1300101-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPN	$326.56	$653.12	$555.15	$930.70
18029NY1300104-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPY	$327.27	$654.54	$556.36	$932.72
18029NY1300109-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPN	$329.66	$659.32	$560.42	$939.53
18029NY1300107-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPY	$330.37	$660.74	$561.63	$941.55
18029NY1300110-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPY	$327.27	$654.54	$556.36	$932.72
18029NY1300137-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPN	$336.26	$672.52	$571.64	$958.34
18029NY1300138-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPY	$340.20	$680.40	$578.34	$969.57
18029NY1300139-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPN	$339.47	$678.94	$577.10	$967.49
18029NY1300140-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPN	$336.26	$672.52	$571.64	$958.34
18029NY1300141-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPY	$336.99	$673.98	$572.88	$960.42
18029NY1300143-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPN	$339.47	$678.94	$577.10	$967.49
18029NY1300142-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPY	$340.20	$680.40	$578.34	$969.57
18029NY1300144-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPY	$336.99	$673.98	$572.88	$960.42
18029NY1300001-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPN	$342.75	$685.50	$582.68	$976.84
18029NY1300003-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPY	$346.77	$693.54	$589.51	$988.29
18029NY1300004-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPN	$346.01	$692.02	$588.22	$986.13
18029NY1300005-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPN	$342.75	$685.50	$582.68	$976.84
18029NY1300008-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPY	$343.50	$687.00	$583.95	$978.98
18029NY1300013-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPN	$346.01	$692.02	$588.22	$986.13
18029NY1300011-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPY	$346.77	$693.54	$589.51	$988.29
18029NY1300014-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPY	$343.50	$687.00	$583.95	$978.98

Independent Health Benefits Corporation
Small Group On Exchange Premium Rates Effective October 1, 2015

HIOS Plan ID	Form Numbers				Marketing Name	Product Description	Single	Double	Employee / Child(ren)	Family
	Platinum Plans					**ON = On 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**				
18029NY1170097-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPN	$506.82	$1,013.64	$861.59	$1,444.44
18029NY1170098-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPY	$512.78	$1,025.56	$871.73	$1,461.42
18029NY1170099-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064	IHBC-R1065	Choice Plus Platinum	ONSG.DEP29.365SNF.DPY.FPN	$511.65	$1,023.30	$869.81	$1,458.20
18029NY1170100-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPN	$506.82	$1,013.64	$861.59	$1,444.44
18029NY1170101-01	IHBC-C1036	IHBC-SBP014-1		IHBC-R1065	Choice Plus Platinum	ONSG.DEP25.365SNF.DPY.FPY	$507.92	$1,015.84	$863.46	$1,447.57
18029NY1170103-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPN	$511.65	$1,023.30	$869.81	$1,458.20
18029NY1170102-01	IHBC-C1036	IHBC-SBP014-1	IHBC-R1064		Choice Plus Platinum	ONSG.DEP29.365SNF.DPN.FPY	$512.78	$1,025.56	$871.73	$1,461.42
18029NY1170104-01	IHBC-C1036	IHBC-SBP014-1			Choice Plus Platinum	ONSG.DEP25.365SNF.DPN.FPY	$507.92	$1,015.84	$863.46	$1,447.57
18029NY1170033-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPN	$565.00	$1,130.00	$960.50	$1,610.25
18029NY1170035-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPY	$571.64	$1,143.28	$971.79	$1,629.17
18029NY1170036-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064	IHBC-R1065	FlexFit Platinum	ONSG.DEP29.365SNF.DPY.FPN	$570.41	$1,140.82	$969.70	$1,625.67
18029NY1170037-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPN	$565.00	$1,130.00	$960.50	$1,610.25
18029NY1170040-01	IHBC-C1027	IHBC-SBP005-1		IHBC-R1065	FlexFit Platinum	ONSG.DEP25.365SNF.DPY.FPY	$566.24	$1,132.48	$962.61	$1,613.78
18029NY1170045-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPN	$570.41	$1,140.82	$969.70	$1,625.67
18029NY1170043-01	IHBC-C1027	IHBC-SBP005-1	IHBC-R1064		FlexFit Platinum	ONSG.DEP29.365SNF.DPN.FPY	$571.64	$1,143.28	$971.79	$1,629.17
18029NY1170046-01	IHBC-C1027	IHBC-SBP005-1			FlexFit Platinum	ONSG.DEP25.365SNF.DPN.FPY	$566.24	$1,132.48	$962.61	$1,613.78
18029NY1170001-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPN	$578.01	$1,156.02	$982.62	$1,647.33
18029NY1170003-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPY	$584.79	$1,169.58	$994.14	$1,666.65
18029NY1170004-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064	IHBC-R1065	Standard Platinum	ONSG.DEP29.200SNF.DPY.FPN	$583.52	$1,167.04	$991.98	$1,663.03
18029NY1170005-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPN	$578.01	$1,156.02	$982.62	$1,647.33
18029NY1170008-01	IHBC-C1027	IHBC-SBP001-1		IHBC-R1065	Standard Platinum	ONSG.DEP25.200SNF.DPY.FPY	$579.25	$1,158.50	$984.73	$1,650.86
18029NY1170013-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPN	$583.52	$1,167.04	$991.98	$1,663.03
18029NY1170011-01	IHBC-C1027	IHBC-SBP001-1	IHBC-R1064		Standard Platinum	ONSG.DEP29.200SNF.DPN.FPY	$584.79	$1,169.58	$994.14	$1,666.65
18029NY1170014-01	IHBC-C1027	IHBC-SBP001-1			Standard Platinum	ONSG.DEP25.200SNF.DPN.FPY	$579.25	$1,158.50	$984.73	$1,650.86

Gold Plans

ON = On 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

18029NY1200081-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPN	$425.99	$851.98	$724.18	$1,214.07
18029NY1200083-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPY	$431.01	$862.02	$732.72	$1,228.38
18029NY1200084-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064	IHBC-R1065	Choice Plus Gold	ONSG.DEP29.365SNF.DPY.FPN	$430.06	$860.12	$731.10	$1,225.67
18029NY1200085-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPN	$425.99	$851.98	$724.18	$1,214.07
18029NY1200088-01	IHBC-C1036	IHBC-SBG009-1		IHBC-R1065	Choice Plus Gold	ONSG.DEP25.365SNF.DPY.FPY	$426.92	$853.84	$725.76	$1,216.72
18029NY1200093-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPN	$430.06	$860.12	$731.10	$1,225.67
18029NY1200091-01	IHBC-C1036	IHBC-SBG009-1	IHBC-R1064		Choice Plus Gold	ONSG.DEP29.365SNF.DPN.FPY	$431.01	$862.02	$732.72	$1,228.38
18029NY1200094-01	IHBC-C1036	IHBC-SBG009-1			Choice Plus Gold	ONSG.DEP25.365SNF.DPN.FPY	$426.92	$853.84	$725.76	$1,216.72
18029NY1200033-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPN	$480.23	$960.46	$816.39	$1,368.66
18029NY1200035-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPY	$485.87	$971.74	$825.98	$1,384.73
18029NY1200036-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064	IHBC-R1065	iDirect Gold Copay	ONSG.DEP29.365SNF.DPY.FPN	$484.80	$969.60	$824.16	$1,381.68
18029NY1200037-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPN	$480.23	$960.46	$816.39	$1,368.66
18029NY1200040-01	IHBC-C1027	IHBC-SBG005-1		IHBC-R1065	iDirect Gold Copay	ONSG.DEP25.365SNF.DPY.FPY	$481.26	$962.52	$818.14	$1,371.59
18029NY1200045-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPN	$484.80	$969.60	$824.16	$1,381.68
18029NY1200043-01	IHBC-C1027	IHBC-SBG005-1	IHBC-R1064		iDirect Gold Copay	ONSG.DEP29.365SNF.DPN.FPY	$485.87	$971.74	$825.98	$1,384.73
18029NY1200046-01	IHBC-C1027	IHBC-SBG005-1			iDirect Gold Copay	ONSG.DEP25.365SNF.DPN.FPY	$481.26	$962.52	$818.14	$1,371.59
18029NY1210017-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPN	$536.22	$1,072.44	$911.57	$1,528.23
18029NY1210019-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPY	$542.54	$1,085.08	$922.32	$1,546.24
18029NY1210020-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064	IHBC-R1065	NY PA Gold	ONSG.DEP29.365SNF.DPY.FPN	$541.35	$1,082.70	$920.30	$1,542.85
18029NY1210021-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPN	$536.22	$1,072.44	$911.57	$1,528.23
18029NY1210024-01	IHBC-C1037	IHBC-SBG007-1		IHBC-R1065	NY PA Gold	ONSG.DEP25.365SNF.DPY.FPY	$537.39	$1,074.78	$913.56	$1,531.56
18029NY1210029-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPN	$541.35	$1,082.70	$920.30	$1,542.85
18029NY1210027-01	IHBC-C1037	IHBC-SBG007-1	IHBC-R1064		NY PA Gold	ONSG.DEP29.365SNF.DPN.FPY	$542.54	$1,085.08	$922.32	$1,546.24
18029NY1210030-01	IHBC-C1037	IHBC-SBG007-1			NY PA Gold	ONSG.DEP25.365SNF.DPN.FPY	$537.39	$1,074.78	$913.56	$1,531.56
18029NY1200001-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPN	$491.41	$982.82	$835.40	$1,400.52
18029NY1200003-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPY	$497.20	$994.40	$845.24	$1,417.02
18029NY1200004-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064	IHBC-R1065	Standard Gold	ONSG.DEP29.200SNF.DPY.FPN	$496.12	$992.24	$843.40	$1,413.94
18029NY1200005-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPN	$491.41	$982.82	$835.40	$1,400.52
18029NY1200008-01	IHBC-C1027	IHBC-SBG001-1		IHBC-R1065	Standard Gold	ONSG.DEP25.200SNF.DPY.FPY	$492.51	$985.02	$837.27	$1,403.65
18029NY1200013-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPN	$496.12	$992.24	$843.40	$1,413.94
18029NY1200011-01	IHBC-C1027	IHBC-SBG001-1	IHBC-R1064		Standard Gold	ONSG.DEP29.200SNF.DPN.FPY	$497.20	$994.40	$845.24	$1,417.02
18029NY1200014-01	IHBC-C1027	IHBC-SBG001-1			Standard Gold	ONSG.DEP25.200SNF.DPN.FPY	$492.51	$985.02	$837.27	$1,403.65

Silver Plans						ON = On 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				
18029NY1240065-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPN	$368.26	$736.52	$626.04	$1,049.54
18029NY1240067-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPY	$372.56	$745.12	$633.35	$1,061.80
18029NY1240068-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064	IHBC-R1065	Choice Plus Silver	ONSG.DEP29.365SNF.DPY.FPN	$371.76	$743.52	$631.99	$1,059.52
18029NY1240069-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPN	$368.26	$736.52	$626.04	$1,049.54
18029NY1240072-01	IHBC-C1036	IHBC-SBS015-1		IHBC-R1065	Choice Plus Silver	ONSG.DEP25.365SNF.DPY.FPY	$369.06	$738.12	$627.40	$1,051.82
18029NY1240077-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPN	$371.76	$743.52	$631.99	$1,059.52
18029NY1240075-01	IHBC-C1036	IHBC-SBS015-1	IHBC-R1064		Choice Plus Silver	ONSG.DEP29.365SNF.DPN.FPY	$372.56	$745.12	$633.35	$1,061.80
18029NY1240078-01	IHBC-C1036	IHBC-SBS015-1			Choice Plus Silver	ONSG.DEP25.365SNF.DPN.FPY	$369.06	$738.12	$627.40	$1,051.82
18029NY1240033-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPN	$398.30	$796.60	$677.11	$1,135.16
18029NY1240035-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPY	$402.99	$805.98	$685.08	$1,148.52
18029NY1240036-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064	IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPY.FPN	$402.10	$804.20	$683.57	$1,145.99
18029NY1240037-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPN	$398.30	$796.60	$677.11	$1,135.16
18029NY1240040-01	IHBC-C1027	IHBC-SBS0021-1		IHBC-R1065	iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPY.FPY	$399.19	$798.38	$678.62	$1,137.69
18029NY1240045-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPN	$402.10	$804.20	$683.57	$1,145.99
18029NY1240043-01	IHBC-C1027	IHBC-SBS0021-1	IHBC-R1064		iDirect Silver Coinsurance	ONSG.DEP29.365SNF.DPN.FPY	$402.99	$805.98	$685.08	$1,148.52
18029NY1240046-01	IHBC-C1027	IHBC-SBS0021-1			iDirect Silver Coinsurance	ONSG.DEP25.365SNF.DPN.FPY	$399.19	$798.38	$678.62	$1,137.69
18029NY1240177-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPN	$413.23	$826.46	$702.49	$1,177.71
18029NY1240178-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPY	$418.05	$836.10	$710.69	$1,191.44
18029NY1240179-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064	IHBC-R1065	Max Silver	ONSG.DEP29.365SNF.DPY.FPN	$417.14	$834.28	$709.14	$1,188.85
18029NY1240180-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPN	$413.23	$826.46	$702.49	$1,177.71
18029NY1240181-01	IHBC-C1039	IHBC-SBS029-1		IHBC-R1065	Max Silver	ONSG.DEP25.365SNF.DPY.FPY	$414.11	$828.22	$703.99	$1,180.21
18029NY1240183-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPN	$417.14	$834.28	$709.14	$1,188.85
18029NY1240182-01	IHBC-C1039	IHBC-SBS029-1	IHBC-R1064		Max Silver	ONSG.DEP29.365SNF.DPN.FPY	$418.05	$836.10	$710.69	$1,191.44
18029NY1240184-01	IHBC-C1039	IHBC-SBS029-1			Max Silver	ONSG.DEP25.365SNF.DPN.FPY	$414.11	$828.22	$703.99	$1,180.21
18029NY1240001-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPN	$417.63	$835.26	$709.97	$1,190.25
18029NY1240003-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPY	$422.51	$845.02	$718.27	$1,204.15
18029NY1240004-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064	IHBC-R1065	Standard Silver	ONSG.DEP29.200SNF.DPY.FPN	$421.60	$843.20	$716.72	$1,201.56
18029NY1240005-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPN	$417.63	$835.26	$709.97	$1,190.25
18029NY1240008-01	IHBC-C1027	IHBC-SBS001-1		IHBC-R1065	Standard Silver	ONSG.DEP25.200SNF.DPY.FPY	$418.53	$837.06	$711.50	$1,192.81
18029NY1240013-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPN	$421.60	$843.20	$716.72	$1,201.56
18029NY1240011-01	IHBC-C1027	IHBC-SBS001-1	IHBC-R1064		Standard Silver	ONSG.DEP29.200SNF.DPN.FPY	$422.51	$845.02	$718.27	$1,204.15
18029NY1240014-01	IHBC-C1027	IHBC-SBS001-1			Standard Silver	ONSG.DEP25.200SNF.DPN.FPY	$418.53	$837.06	$711.50	$1,192.81

Bronze Plans						ON = On 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				
18029NY1300065-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPN	$302.41	$604.82	$514.10	$861.87
18029NY1300067-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPY.FPY	$305.91	$611.82	$520.05	$871.84
18029NY1300068-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064	IHBC-R1065	Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPN	$305.28	$610.56	$518.98	$870.05
18029NY1300069-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPN	$302.41	$604.82	$514.10	$861.87
18029NY1300072-01	IHBC-C1036	IHBC-SBB005-1		IHBC-R1065	Choice Plus Bronze	ONSG.DEP25.365SNF.DPY.FPY	$303.07	$606.14	$515.22	$863.75
18029NY1300077-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPN	$305.28	$610.56	$518.98	$870.05
18029NY1300075-01	IHBC-C1036	IHBC-SBB005-1	IHBC-R1064		Choice Plus Bronze	ONSG.DEP29.365SNF.DPN.FPY	$305.91	$611.82	$520.05	$871.84
18029NY1300078-01	IHBC-C1036	IHBC-SBB005-1			Choice Plus Bronze	ONSG.DEP25.365SNF.DPN.FPY	$303.07	$606.14	$515.22	$863.75
18029NY1300097-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPN	$333.00	$666.00	$566.10	$949.05
18029NY1300099-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPY	$336.89	$673.78	$572.71	$960.14
18029NY1300100-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064	IHBC-R1065	iDirect Bronze	ONSG.DEP29.365SNF.DPY.FPN	$336.16	$672.32	$571.47	$958.06
18029NY1300101-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPN	$333.00	$666.00	$566.10	$949.05
18029NY1300104-01	IHBC-C1027	IHBC-SBB007-1		IHBC-R1065	iDirect Bronze	ONSG.DEP25.365SNF.DPY.FPY	$333.73	$667.46	$567.34	$951.13
18029NY1300109-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPN	$336.16	$672.32	$571.47	$958.06
18029NY1300107-01	IHBC-C1027	IHBC-SBB007-1	IHBC-R1064		iDirect Bronze	ONSG.DEP29.365SNF.DPN.FPY	$336.89	$673.78	$572.71	$960.14
18029NY1300110-01	IHBC-C1027	IHBC-SBB007-1			iDirect Bronze	ONSG.DEP25.365SNF.DPN.FPY	$333.73	$667.46	$567.34	$951.13
18029NY1300137-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPN	$342.88	$685.76	$582.90	$977.21
18029NY1300138-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPY	$346.91	$693.82	$589.75	$988.69
18029NY1300139-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064	IHBC-R1065	Max Bronze	ONSG.DEP29.365SNF.DPY.FPN	$346.17	$692.34	$588.49	$986.58
18029NY1300140-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPN	$342.88	$685.76	$582.90	$977.21
18029NY1300141-01	IHBC-C1039	IHBC-SBB014-1		IHBC-R1065	Max Bronze	ONSG.DEP25.365SNF.DPY.FPY	$343.63	$687.26	$584.17	$979.35
18029NY1300143-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPN	$346.17	$692.34	$588.49	$986.58
18029NY1300142-01	IHBC-C1039	IHBC-SBB014-1	IHBC-R1064		Max Bronze	ONSG.DEP29.365SNF.DPN.FPY	$346.91	$693.82	$589.75	$988.69
18029NY1300144-01	IHBC-C1039	IHBC-SBB014-1			Max Bronze	ONSG.DEP25.365SNF.DPN.FPY	$343.63	$687.26	$584.17	$979.35
18029NY1300001-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPN	$349.51	$699.02	$594.17	$996.10
18029NY1300003-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPY	$353.61	$707.22	$601.14	$1,007.79
18029NY1300004-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064	IHBC-R1065	Standard Bronze	ONSG.DEP29.200SNF.DPY.FPN	$352.84	$705.68	$599.83	$1,005.59
18029NY1300005-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPN	$349.51	$699.02	$594.17	$996.10
18029NY1300008-01	IHBC-C1027	IHBC-SBB001-1		IHBC-R1065	Standard Bronze	ONSG.DEP25.200SNF.DPY.FPY	$350.27	$700.54	$595.46	$998.27
18029NY1300013-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPN	$352.84	$705.68	$599.83	$1,005.59
18029NY1300011-01	IHBC-C1027	IHBC-SBB001-1	IHBC-R1064		Standard Bronze	ONSG.DEP29.200SNF.DPN.FPY	$353.61	$707.22	$601.14	$1,007.79
18029NY1300014-01	IHBC-C1027	IHBC-SBB001-1			Standard Bronze	ONSG.DEP25.200SNF.DPN.FPY	$350.27	$700.54	$595.46	$998.27

	Choice Plus Platinum	FlexFit Platinum	Standard Platinum
In-Network Deductible	A: $0 B:$1,000	$0	$0
Integrated Medical and Drug Deductible	Yes	Yes	No
In-Network Coinsurance	A: 0% B: 40%	N/A	N/A
In-Network OOP Maximum	A: $5,000 B: $6,450	$5,000	$2,000
Emergency Room Services	A: $150 ND B: $150 ND	$150 ND	$100 ND
All Inpatient Hospital Services (inc. MHSA)	A: $500 ND B: 40%	$500 ND	$500 ND
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: $10 ND B: 40%	$10 ND	$15 ND
Specialist Visit	A: $30 ND B: 40%	$30 ND	$35 ND
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: $30 ND B: 40%	$30 ND	$15 ND
Imaging (CT/PET Scans, MRIs)	A: $75 ND B: 40%	$75 ND	$35 ND
Rehabilitative Speech Therapy	A: $30 ND B: 40%	$30 ND	$25 ND
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: $30 ND B: 40%	$30 ND	$25 ND
Laboratory Outpatient and Professional Services	A: $0 ND B: 40%	$10 ND	$35 ND
X-ray and Diagnostic Imaging	A: $30 ND B: 40%	$30 ND	$35 ND
Skilled Nursing Facility	A: $500 ND B: 40%	$500 ND	$500 ND
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: $150 ND B: 40%	$150 ND	$100 ND
Outpatient Surgery Physician/Surgical Services	A: $30 ND B: 40%	$30 ND	$100 ND
Generics	A: $4 ND B: $4 ND	$4 ND	$10 ND
Preferred Brand Drugs	A: $30 ND B: $30 ND	$30 ND	$30 ND
Non-Preferred Brand Drugs	A: 50% ND B: 50% ND	50% ND	$60 ND
Specialty Drugs (i.e., high cost)	A: 50% ND B: 50% ND	50% ND	$60 ND
Out-of-Network Deductible	$2,000	$2,000	$2,000
Out-of-Network Coinsurance	40%	40%	40%
OON OOP Maximum	$6,750	$6,750	$6,750
Region Available	Erie/Niagara	All 8 WNY	All 8 WNY

ND: No Deductible

	Choice Plus Gold	iDirect Gold Copay	NY PA Gold	Standard Gold
In-Network Deductible	A: $1,000 B: $2,000	$750	$1,000	$600
Integrated Medical and Drug Deductible	No	No	No	No
In-Network Coinsurance	A: 0% B: 50%	N/A	20%	N/A
In-Network OOP Maximum	A: $5,450 B: $6,450	$6,250	$6,300	$4,000
Emergency Room Services	A: $150 B: $150	$150	20%	$150
All Inpatient Hospital Services (inc. MHSA)	A: $500 B: 50%	$1,000	20%	$1,000
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: $20 ND B: 50%	$20 ND	20% ND	$25
Specialist Visit	A: $40 B: 50%	$45	20%	$40
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: $40 B: 50%	$45	20%	$25
Imaging (CT/PET Scans, MRIs)	A: $75 B:50%	$100	20%	$40
Rehabilitative Speech Therapy	A: $40 B: 50%	$45	20%	$30
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: $40 B: 50%	$45	20%	$30
Laboratory Outpatient and Professional Services	A: $20 B: 50%	$25	20%	$40
X-ray and Diagnostic Imaging	A: $40 B: 50%	$45	20%	$25
Skilled Nursing Facility	A: $500 B: 50%	$1,000	20%	$1,000
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: $150 B: 50%	$150	20%	$100
Outpatient Surgery Physician/Surgical Services	A: $40 B: 50%	$45	20%	$100
Generics	A: $4 ND B: $4 ND	$4 ND	$4 ND	$10 ND
Preferred Brand Drugs	A: $30 ND B: $30 ND	$30 ND	$30 ND	$35 ND
Non-Preferred Brand Drugs	A: 50% ND B: 50% ND	50% ND	50% ND	$70 ND
Specialty Drugs (i.e., high cost)	A: 50% ND B: 50% ND	50% ND	50% ND	$70 ND
Out-of-Network Deductible	$2,500	$2,500	$2,500	$2,500
Out-of-Network Coinsurance	50%	40%	40%	40%
OON OOP Maximum	Unlimited	$10,000	$10,000	$10,000
Region Available	Erie/Niagara	All 8 WNY	Allegany/ Chautauqua/ Cattaraugus	All 8 WNY

ND: No Deductible

	Choice Plus Silver	iDirect Silver Coinsurance	Max Silver	Standard Silver
In-Network Deductible	A: $1,500 B: $4,000	$1,500	$2,000	$2,000
Integrated Medical and Drug Deductible	Yes	No	Yes	No
In-Network Coinsurance	A: 0% B: 50%	N/A	N/A	N/A
In-Network OOP Maximum	A: $5,000 B: $6,450	$6,350	$6,000	$5,500
Emergency Room Services	A: $200 B: $200	$200	$200	$150
All Inpatient Hospital Services (inc. MHSA)	A: $1,500 B: 50%	$1,000	$1,000	$1,500
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: $30 B: 50%	$30	$35 ND	$30
Specialist Visit	A: $50 B: 50%	$50	$50	$50
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: $50 B: 50%	$50	$50	$30
Imaging (CT/PET Scans, MRIs)	A: $100 B: 50%	$100	$100	$50
Rehabilitative Speech Therapy	A: $50 B: 50%	$50	$50	$30
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: $50 B: 50%	$50	$50	$30
Laboratory Outpatient and Professional Services	A: $30 B: 50%	$30	$30	$50
X-ray and Diagnostic Imaging	A: $50 B: 50%	$50	$50	$50
Skilled Nursing Facility	A: $1500 B: 50%	$1,000	$1,000	$1,500
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: $200 B: 50%	$150	$150	$100
Outpatient Surgery Physician/Surgical Services	A: $50 B: 50%	$50	$50	$100
Generics	A: $4 B: $4	$4 ND	$10 ND	$10 ND
Preferred Brand Drugs	A: $45 B: $45	$45 ND	$45	$35 ND
Non-Preferred Brand Drugs	A: 50% B: 50%	50% ND	50%	$70 ND
Specialty Drugs (i.e., high cost)	A: 50% B: 50%	50% ND	50%	$70 ND
Out-of-Network Deductible	$5,000	$3,000	$3,000	$3,000
Out-of-Network Coinsurance	50%	40%	40%	40%
OON OOP Maximum	$10,000	$10,000	$10,000	$10,000
Region Available	Erie/Niagara	All 8 WNY	All 8 WNY	All 8 WNY

ND: No Deductible

	Choice Plus Bronze	iDirect Bronze	Max Bronze	Standard Bronze
In-Network Deductible	A: $3,500 B: $5,000	$4,000	$5,500	$3,000
Integrated Medical and Drug Deductible	Yes	Yes	Yes	Yes
In-Network Coinsurance	A: 30% B: 50%	30%	25%	50%
In-Network OOP Maximum	A: $6,350 B: $6,450	$6,350	$6,600	$6,350
Emergency Room Services	A: 30% B: 30%	30%	25%	50%
All Inpatient Hospital Services (inc. MHSA)	A: 30% B: 50%	30%	25%	50%
Primary Care Visit to Treat an injury or Illness (exc. Preventive, and X-ray)	A: 30% B: 50%	30%	$40 ND	50%
Specialist Visit	A: 30% B: 50%	30%	25%	50%
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	A: 30% B: 50%	30%	25%	50%
Imaging (CT/PET Scans, MRIs)	A: 30% B: 50%	30%	25%	50%
Rehabilitative Speech Therapy	A: 30% B: 50%	30%	25%	50%
Rehabilitative Occupational and Rehabilitative Physician Therapy	A: 30% B: 50%	30%	25%	50%
Laboratory Outpatient and Professional Services	A: 30% B: 50%	30%	25%	50%
X-ray and Diagnostic Imaging	A: 30% B: 50%	30%	25%	50%
Skilled Nursing Facility	A: 30% B: 50%	30%	25%	50%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	A: 30% B: 50%	30%	25%	50%
Outpatient Surgery Physician/Surgical Services	A: 30% B: 50%	30%	25%	50%
Generics	A: 50% B: 50%	50%	$10 ND	$10
Preferred Brand Drugs	A: 50% B: 50%	50%	50%	$35
Non-Preferred Brand Drugs	A: 50% B: 50%	50%	50%	$70
Specialty Drugs (i.e., high cost)	A: 50% B: 50%	50%	50%	$70
Out-of-Network Deductible	$5,000	$5,000	$8,000	$5,000
Out-of-Network Coinsurance	50%	50%	50%	50%
OON OOP Maximum	$10,000	$10,000	$10,000	$10,000
Region Available	Erie/Niagara	All 8 WNY	All 8 WNY	All 8 WNY

ND: No Deductible

Independent Health Benefits Corporation
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.

Certain products, as noted in the Benefit Grids, are only available for sale in a subset of the 8 county region.

Expected Loss Ratio

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

Independent Health Benefits Corporation
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

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.

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.