

**New York State Catholic Health Plan, Inc. dba
Fidelis Care New York**

**Rate Manual - Individual
Effective Date: January 1, 2015**

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Fidelis Care New York
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Rate Manual - Individual Exchange

Albany

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$222.38	\$182.45	\$147.04	\$118.13	
Individual	\$539.75	\$442.84	\$356.90	\$286.74	\$165.27
Ind+Sp	\$1,079.52	\$885.68	\$713.79	\$573.48	\$330.55
Ind+Ch(ren)	\$917.59	\$752.83	\$606.73	\$487.45	\$280.97
Family	\$1,538.30	\$1,262.09	\$1,017.16	\$817.21	\$471.03

Buffalo

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$209.99	\$172.28	\$138.85	\$111.55	
Individual	\$509.67	\$418.16	\$337.00	\$270.76	\$156.06
Ind+Sp	\$1,019.35	\$836.32	\$674.02	\$541.52	\$312.13
Ind+Ch(ren)	\$866.45	\$710.87	\$572.91	\$460.29	\$265.30
Family	\$1,452.57	\$1,191.75	\$960.46	\$771.67	\$444.77

Long Island

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$236.65	\$194.15	\$156.47	\$125.72	
Individual	\$574.38	\$471.25	\$379.79	\$305.13	\$175.88
Ind+Sp	\$1,148.75	\$942.49	\$759.58	\$610.26	\$351.74
Ind+Ch(ren)	\$976.44	\$801.11	\$645.64	\$518.73	\$298.98
Family	\$1,636.98	\$1,343.04	\$1,082.40	\$869.63	\$501.24

MidHudson

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$248.10	\$203.55	\$164.05	\$131.80	
Individual	\$602.19	\$494.06	\$398.18	\$319.91	\$184.38
Ind+Sp	\$1,204.38	\$988.13	\$796.35	\$639.81	\$368.78
Ind+Ch(ren)	\$1,023.72	\$839.90	\$676.91	\$543.84	\$313.46
Family	\$1,716.23	\$1,408.08	\$1,134.81	\$911.73	\$525.50

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New York City

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$238.99	\$196.07	\$158.02	\$126.96	
Individual	\$580.06	\$475.90	\$383.54	\$308.15	\$177.61
Ind+Sp	\$1,160.10	\$951.80	\$767.08	\$616.29	\$355.22
Ind+Ch(ren)	\$986.09	\$809.03	\$652.02	\$523.85	\$301.94
Family	\$1,653.15	\$1,356.32	\$1,093.09	\$878.22	\$506.19

Rochester

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$223.78	\$183.60	\$147.96	\$118.89	
Individual	\$543.16	\$445.63	\$359.14	\$288.55	\$166.31
Ind+Sp	\$1,086.33	\$891.27	\$718.30	\$577.10	\$332.63
Ind+Ch(ren)	\$923.37	\$757.58	\$610.55	\$490.54	\$282.74
Family	\$1,548.01	\$1,270.06	\$1,023.57	\$822.37	\$473.99

Syracuse

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$224.95	\$184.56	\$148.75	\$119.50	
Individual	\$546.00	\$447.96	\$361.02	\$290.05	\$167.19
Ind+Sp	\$1,092.00	\$895.92	\$722.05	\$580.11	\$334.36
Ind+Ch(ren)	\$928.20	\$761.53	\$613.74	\$493.10	\$284.21
Family	\$1,556.10	\$1,276.69	\$1,028.92	\$826.66	\$476.47

UticaWatertown

	Platinum	Gold	Silver	Bronze	Catastrophic
Child Only	\$221.91	\$182.06	\$146.73	\$117.88	
Individual	\$538.63	\$441.91	\$356.15	\$286.14	\$164.92
Ind+Sp	\$1,077.24	\$883.82	\$712.30	\$572.27	\$329.84
Ind+Ch(ren)	\$915.65	\$751.24	\$605.44	\$486.43	\$280.37
Family	\$1,535.07	\$1,259.44	\$1,015.02	\$815.49	\$470.03

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Albany

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$566.74	\$464.99	\$374.74	\$301.07
Ind+Sp	\$1,133.49	\$929.96	\$749.49	\$602.16
Ind+Ch(ren)	\$963.46	\$790.47	\$637.06	\$511.83
Family	\$1,615.22	\$1,325.20	\$1,068.01	\$858.07

Buffalo

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$535.16	\$439.07	\$353.86	\$284.30
Ind+Sp	\$1,070.31	\$878.13	\$707.71	\$568.60
Ind+Ch(ren)	\$909.77	\$746.41	\$601.55	\$483.31
Family	\$1,525.20	\$1,251.35	\$1,008.50	\$810.25

Long Island

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$603.09	\$494.81	\$398.78	\$320.39
Ind+Sp	\$1,206.20	\$989.61	\$797.56	\$640.78
Ind+Ch(ren)	\$1,025.26	\$841.17	\$677.92	\$544.66
Family	\$1,718.83	\$1,410.20	\$1,136.52	\$913.11

MidHudson

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$632.30	\$518.77	\$418.09	\$335.91
Ind+Sp	\$1,264.59	\$1,037.53	\$836.17	\$671.80
Ind+Ch(ren)	\$1,074.91	\$881.90	\$710.75	\$571.04
Family	\$1,802.04	\$1,478.48	\$1,191.55	\$957.32

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Includes Through Age 29 Rider

New York City

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$609.06	\$499.70	\$402.71	\$323.55
Ind+Sp	\$1,218.11	\$999.39	\$805.44	\$647.11
Ind+Ch(ren)	\$1,035.40	\$849.48	\$684.62	\$550.04
Family	\$1,735.81	\$1,424.13	\$1,147.75	\$922.13

Rochester

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$570.31	\$467.91	\$377.10	\$302.97
Ind+Sp	\$1,140.64	\$935.83	\$754.21	\$605.95
Ind+Ch(ren)	\$969.54	\$795.46	\$641.08	\$515.06
Family	\$1,625.41	\$1,333.56	\$1,074.76	\$863.48

Syracuse

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$573.30	\$470.36	\$379.08	\$304.56
Ind+Sp	\$1,146.59	\$940.72	\$758.15	\$609.12
Ind+Ch(ren)	\$974.61	\$799.61	\$644.43	\$517.75
Family	\$1,633.90	\$1,340.53	\$1,080.36	\$868.00

UticaWatertown

	Platinum 29	Gold 29	Silver 29	Bronze 29
Child Only				
Individual	\$565.56	\$464.00	\$373.95	\$300.45
Ind+Sp	\$1,131.10	\$928.00	\$747.91	\$600.89
Ind+Ch(ren)	\$961.44	\$788.81	\$635.72	\$510.75
Family	\$1,611.82	\$1,322.41	\$1,065.77	\$856.26

Fidelis Care New York
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Counties within each Rating Region

Albany Region

Albany
Columbia
Fulton
Greene
Montgomery
Rensselaer
Saratoga
Schenectady
Schoharie
Warren
Washington

Buffalo Region

Allegany
Cattaraugus
Chautauqua
Erie
Genesee
Niagara
Orleans
Wyoming

Long Island Region

Nassau
Suffolk

MidHudson Region

Delaware
Dutchess
Orange
Putnam
Sullivan
Ulster

New York City Region

Bronx
Kings
New York City
Queens
Richmond
Rockland
Westchester

Rochester Region

Livingston
Monroe
Ontario
Seneca
Wayne
Yates

Syracuse Region

Broome
Cayuga
Chemung
Cortland
Onondaga
Schuyler
Steuben
Tioga
Tompkins

Utica/Watertown Region

Chenango
Clinton
Essex
Franklin
Hamilton
Herkimer
Jefferson
Lewis
Madison
Oneida
Oswego
Otsego
St. Lawrence

**Fidelis Care New York
Rate Manual - Individual Exchange**

2014

Rate Table Reference	Marketing Name	Subscriber Contract	Schedule of Benefits
Platinum	Fidelis Care Platinum	FC-HBX-001-Platinum	Schedule of Benefits_FC-HBX-001-Platinum
Gold	Fidelis Care Gold	FC-HBX-001-Gold	Schedule of Benefits_FC-HBX-001-Gold
Silver	Fidelis Care Silver	FC-HBX-001-Silver	Schedule of Benefits_FC-HBX-001-Silver
Silver 250	Fidelis Care Silver 250	FC-HBX-001-Silver 250	Schedule of Benefits_FC-HBX-001-Silver 250
Silver 200	Fidelis Care Silver 200	FC-HBX-001-Silver 200	Schedule of Benefits_FC-HBX-001-Silver 200
Silver 150	Fidelis Care Silver 150	FC-HBX-001-Silver 150	Schedule of Benefits_FC-HBX-001-Silver 150
Bronze	Fidelis Care Bronze	FC-HBX-001-Bronze	Schedule of Benefits_FC-HBX-001-Bronze
Catastrophic	Fidelis Care Catastrophic Coverage	FC-HBX-001-Catastrophic	Schedule of Benefits_FC-HBX-001-Catastrophic
Platinum Child Only	Fidelis Care Platinum for Children	FC-HBX-001-Platinum (Child)	Schedule of Benefits_FC-HBX-001-Platinum (Child)
Gold Child Only	Fidelis Care Gold for Children	FC-HBX-001-Gold (Child)	Schedule of Benefits_FC-HBX-001-Gold (Child)
Silver Child Only	Fidelis Care Silver for Children	FC-HBX-001-Silver (Child)	Schedule of Benefits_FC-HBX-001-Silver (Child)
Bronze Child Only	Fidelis Care Bronze for Children	FC-HBX-001-Bronze (Child)	Schedule of Benefits_FC-HBX-001-Bronze (Child)

An American Indian who earns less than 300% of the federal poverty level can be on a Bronze, Silver, Gold or Platinum plan. There will be no cost-sharing.

Fidelis Care for Native American	FC-HBX-001-Native American	Schedule of Benefits_FC-HBX-001-Native American
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2015

Rate Table Reference	Marketing Name	Subscriber Contract	Schedule of Benefits
Platinum	Fidelis Care Platinum	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Platinum
Gold	Fidelis Care Gold	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Gold
Silver	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver
Silver 250	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver 250
Silver 200	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver 200
Silver 150	Fidelis Care Silver	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Silver 150
Bronze	Fidelis Care Bronze	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-Bronze
Catastrophic	Fidelis Care Catastrophic Coverage	Subscriber Contract_FC-HBX-003_2015_06162014-Catastrophic	Schedule of Benefits_FC-HBX-003_2015_06162014-Catastrophic
Platinum Child Only	Fidelis Care Platinum for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Platinum for Children
Gold Child Only	Fidelis Care Gold for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Gold for Children
Silver Child Only	Fidelis Care Silver for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Silver for Children
Bronze Child Only	Fidelis Care Bronze for Children	Subscriber Contract_FC-HBX-002_2015_06162014-Child-Only	Schedule of Benefits_FC-HBX-002_2015_06162014-Bronze for Children

An American Indian who earns less than 300% of the federal poverty level can be on a Bronze, Silver, Gold or Platinum plan. There will be no cost-sharing.

Fidelis Care [Metal Tier]	Subscriber Contract_FC-HBX-001_2015_06162014	Schedule of Benefits_FC-HBX-001_2015_06162014-[Metal Tier]-Zero
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An American Indian who earns more than 300% of the federal poverty level can be on a Bronze, Silver, Gold, or Platinum plan. There will be no cost-sharing at certain providers.

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Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
Deductible	\$0	\$600	\$2,000	\$3,000	\$6,600
Maximum Out-of-Pocket Includes the deductible	\$2,000	\$4,000	\$5,500	\$6,350	\$6,600
Cost Sharing Summary					
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	50% cost sharing	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	50% cost sharing	0% cost sharing
PCP	\$15	\$25	\$30	50% cost sharing	0% cost sharing
Specialist	\$35	\$40	\$50	50% cost sharing	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	50% cost sharing	0% cost sharing
ER	\$100	\$150	\$150	50% cost sharing	0% cost sharing
Ambulance	\$100	\$150	\$150	50% cost sharing	0% cost sharing
Urgent Care	\$55	\$60	\$70	50% cost sharing	0% cost sharing
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing
Eyewear	10% cost sharing	20% cost sharing	30% cost sharing	50% cost sharing	0% cost sharing

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Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
INPATIENT HOSPITAL SERVICES					
Observation stay		ER copay per case		50% cost sharing	0% cost sharing
Hospital services - non-maternity		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Maternity care stay (covers mother and well newborn combined)		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Mental health/Behavioral health care		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Detoxification		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Substance abuse disorder services		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Skilled nursing facility		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
Hospice (inpatient)		Inpatient Facility copay per admission #		50% cost sharing	0% cost sharing
EMERGENCY MEDICAL SERVICES					
Facility charge - Emergency Room		ER copay per case		50% cost sharing	0% cost sharing
Physician charge - Emergency Room visit		\$0 copay per visit		50% cost sharing	0% cost sharing
Facility charge - Freestanding urgent care center		Urgent Care copay per visit		50% cost sharing	0% cost sharing
Physician charge - Free standing urgent care center visit		\$0 copay per visit		50% cost sharing	0% cost sharing
Prehospital emergency services/ transportation, includes air		Ambulance copay per case		50% cost sharing	0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES					
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters		Outpatient Facility-Surgery copay per case		50% cost sharing	0% cost sharing
Pre-admission/pre-operative testing		\$0 copay		50% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology		Specialist copay per visit		50% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI		Specialist copay per visit		50% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI		Specialist copay		50% cost sharing	0% cost sharing
Chemotherapy		PCP copay per visit		50% cost sharing	0% cost sharing
Radiation therapy		PCP copay per visit		50% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		50% cost sharing	0% cost sharing
Mental health/Behavioral health care		PCP copay per visit		50% cost sharing	0% cost sharing
Substance abuse disorder services		PCP copay per visit		50% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative		PT/OT/ST copay per visit		50% cost sharing	0% cost sharing
Home care		PCP copay per visit		50% cost sharing	0% cost sharing
Hospice		PCP copay per visit		50% cost sharing	0% cost sharing

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Benefit Descriptions

Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
PREVENTIVE & PRIMARY CARE SERVICES					
Allergy testing	OTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing apply				
Bone density testing	Otherwise the cost sharing indicated below applies to all services in this benefit service category.				
Cervical cytology					
Colonoscopy screening					
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Immunizations					
Mammography					
Prenatal maternity care					
Prostate cancer screening					
Routine exams					
Women's preventive health services					
PHYSICIAN/PROFESSIONAL SERVICES					
Inpatient hospital surgery - surgeon	Surgeon copay per case			50% cost sharing	0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case			50% cost sharing	0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies			50% cost sharing	0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habitative	PT/OT/ST copay per visit			50% cost sharing	0% cost sharing
Additional surgical opinion	Specialist copay per visit			50% cost sharing	0% cost sharing
Second medical opinion for cancer	Specialist copay per visit			50% cost sharing	0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)			50% cost sharing	0% cost sharing
In-hospital physician visits	\$0 copay per visit			50% cost sharing	0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit			50% cost sharing	0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit			50% cost sharing	0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit			50% cost sharing	0% cost sharing
Allergy shots	PCP/Specialist copay per visit			50% cost sharing	0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)			50% cost sharing	0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			50% cost sharing	0% cost sharing
Substance abuse disorder services	PCP copay per visit			50% cost sharing	0% cost sharing
Chemotherapy	PCP copay per visit			50% cost sharing	0% cost sharing
Radiation therapy	PCP copay per visit			50% cost sharing	0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit			50% cost sharing	0% cost sharing
Chiropractic care	Specialist copay per visit			50% cost sharing	0% cost sharing

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Type of Service	Platinum	Gold	Silver	Bronze	Catastrophic
ADDITIONAL BENEFITS/SERVICES					
ABA treatment for Autism Spectrum Disorder		PCP copay per visit		50% cost sharing	0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder		PCP copay per device		50% cost sharing	0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies			50% cost sharing	0% cost sharing
Hearing evaluations/testing		Specialist copay per visit		50% cost sharing	0% cost sharing
Hearing aids		Hearing aid coinsurance cost sharing applies		50% cost sharing	0% cost sharing
Diabetic drugs and supplies		PCP copay per 30 days supply		50% cost sharing	0% cost sharing
Diabetic education and self-management		PCP copay per visit		50% cost sharing	0% cost sharing
Home care		PCP copay per visit		50% cost sharing	0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.				
PEDIATRIC DENTAL SERVICES					
Dental office visit		PCP copay per visit		50% cost sharing	0% cost sharing
PEDIATRIC VISION SERVICES					
Eye exam visit		PCP copay per visit		50% cost sharing	0% cost sharing
Prescribed lenses and frames	Eyewear coinsurance cost sharing applies to combined cost of lenses and frames			50% cost sharing	0% cost sharing
Contact lenses	Eyewear coinsurance cost sharing applies			50% cost sharing	0% cost sharing
PRESCRIPTION DRUGS					
Generic or Tier 1	\$10	\$10	\$10	\$10	0% cost sharing
Formulary Brand or Tier 2	\$30	\$35	\$35	\$35	0% cost sharing
Non-Formulary Brand or Tier 3	\$60	\$70	\$70	\$70	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply					

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Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
Deductible	\$1,200	\$250	\$0	\$0
Maximum Out-of-Pocket Includes the deductible	\$5,200	\$2,000	\$1,000	\$0

Cost Sharing Summary

Inpatient Facility/SNF/Hospice	\$1,500 per admission	\$250 per admission	\$100 per admission	0% cost sharing
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$75	\$25	0% cost sharing
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$75	\$25	0% cost sharing
PCP	\$30	\$15	\$10	0% cost sharing
Specialist	\$50	\$35	\$20	0% cost sharing
PT/OT/ST - rehabilitative & habilitative therapies	\$30	\$25	\$15	0% cost sharing
ER	\$150	\$75	\$50	0% cost sharing
Ambulance	\$150	\$75	\$50	0% cost sharing
Urgent Care	\$70	\$50	\$30	0% cost sharing
DME/Medical supplies	25% cost sharing	10% cost sharing	5% cost sharing	0% cost sharing
Hearing aids	25% cost sharing	10% cost sharing	5% cost sharing	0% cost sharing
Eyewear	25% cost sharing	10% cost sharing	5% cost sharing	0% cost sharing

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Benefit Descriptions -Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
INPATIENT HOSPITAL SERVICES				
Observation stay	ER copay per case			0% cost sharing
Hospital services - non-maternity	Inpatient Facility copay per admission #			0% cost sharing
Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission #			0% cost sharing
Mental health/Behavioral health care	Inpatient Facility copay per admission #			0% cost sharing
Detoxification	Inpatient Facility copay per admission #			0% cost sharing
Substance abuse disorder services	Inpatient Facility copay per admission #			0% cost sharing
Skilled nursing facility	Inpatient Facility copay per admission #			0% cost sharing
Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility			0% cost sharing
EMERGENCY MEDICAL SERVICES				
Facility charge - Emergency Room	ER copay per case			0% cost sharing
Physician charge - Emergency Room visit	\$0 copay per visit			0% cost sharing
Facility charge - Freestanding urgent care center	Urgent Care copay per visit			0% cost sharing
Physician charge - Free standing urgent care center visit	\$0 copay per visit			0% cost sharing
Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case			0% cost sharing
OUTPATIENT HOSPITAL/FACILITY SERVICES				
Outpatient facility surgery - hospital facility charge, including freestanding surgicenters	Outpatient Facility-Surgery copay per case			0% cost sharing
Pre-admission/pre-operative testing	\$0 copay			0% cost sharing
Diagnostic and routine laboratory and pathology	Specialist copay per visit			0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	Specialist copay per visit			0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay			0% cost sharing
Chemotherapy	PCP copay per visit			0% cost sharing
Radiation therapy	PCP copay per visit			0% cost sharing
Hemodialysis/Renal dialysis	PCP copay per visit			0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			0% cost sharing
Substance abuse disorder services	PCP copay per visit			0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit			0% cost sharing
Home care	PCP copay per visit			0% cost sharing
Hospice	PCP copay per visit			0% cost sharing

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Rate Manual - Individual Exchange
Benefit Descriptions - Cost Sharing Reduction Variations

These plans are only available to individuals and families who meet certain income qualifications or who are an American Indian

Type of Service	Silver - CSR Versions			American Indians Less than or equal to 300% FPL
	200 - 250 % FPL	150 - 200% FPL	100 - 150% FPL	
PREVENTIVE & PRIMARY CARE SERVICES				
Allergy testing	NOTE: For preventive care visits/services as defined in section 2713 of ACA no deductible or cost sharing applies.			
Bone density testing	Otherwise the cost sharing indicated below applies to all services in this benefit service category.			
Cervical cytology				
Colonoscopy screening				
Gynecological exams	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Immunizations				
Mammography				
Prenatal maternity care				
Prostate cancer screening				
Routine exams				
Women's preventive health services				
PHYSICIAN/PROFESSIONAL SERVICES				
Inpatient hospital surgery - surgeon	Surgeon copay per case			0% cost sharing
Outpatient hospital and freestanding surgicenter - surgeon	Surgeon copay per case			0% cost sharing
Office surgery	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Anesthesia (any setting)	Covered in full, no deductible and no cost sharing applies			0% cost sharing
Covered therapies (PT, OT, ST) - rehabilitative & habilitative	PT/OT/ST copay per visit			0% cost sharing
Additional surgical opinion	Specialist copay per visit			0% cost sharing
Second medical opinion for cancer	Specialist copay per visit			0% cost sharing
Maternity delivery and post natal care - physician or midwife	Surgeon copay per case for delivery and post natal care services combined (only one such copay per pregnancy)			0% cost sharing
In-hospital physician visits	\$0 copay per visit			0% cost sharing
Diagnostic office visits	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Diagnostic and routine laboratory and pathology	PCP/Specialist copay per visit			0% cost sharing
Diagnostic and routine imaging services including Xray; excluding CAT/PET scans, MRI	PCP/Specialist copay per visit			0% cost sharing
Imaging: CAT/PET scans, MRI	Specialist copay per visit			0% cost sharing
Allergy shots	PCP/Specialist copay per visit			0% cost sharing
Office/outpatient consultations	PCP/Specialist copay per visit (based on type of physician performing the service)			0% cost sharing
Mental health/Behavioral health care	PCP copay per visit			0% cost sharing

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Substance abuse disorder services		PCP copay per visit		0% cost sharing
Chemotherapy		PCP copay per visit		0% cost sharing
Radiation therapy		PCP copay per visit		0% cost sharing
Hemodialysis/Renal dialysis		PCP copay per visit		0% cost sharing
Chiropractic care		Specialist copay per visit		0% cost sharing

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ADDITIONAL BENEFITS/SERVICES

ABA treatment for Autism Spectrum Disorder		PCP copay per visit		0% cost sharing
Assistive Communication Devices for Autism Spectrum Disorder		PCP copay per device		0% cost sharing
Durable medical equipment and medical supplies	DME/Medical supplies coinsurance cost sharing applies			0% cost sharing
Hearing evaluations/testing		Specialist copay per visit		0% cost sharing
Hearing aids	Hearing aid coinsurance cost sharing applies			0% cost sharing
Diabetic drugs and supplies		PCP copay per 30 days supply		0% cost sharing
Diabetic education and self-management		PCP copay per visit		0% cost sharing
Home care		PCP copay per visit		0% cost sharing
Exercise facility reimbursements	Deductible does not apply. \$200/\$100 reimbursement every six months for member/spouse. * Partial reimbursement for facility fees every six months if member attains at least 50 visits.			

PEDIATRIC DENTAL SERVICES

Dental office visit		PCP copay per visit		0% cost sharing
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PEDIATRIC VISION SERVICES

Eye exam visit		PCP copay per visit		0% cost sharing
Prescribed lenses and frames		Eyewear coinsurance cost sharing applies to combined cost of lenses and frames		0% cost sharing
Contact lenses		Eyewear coinsurance cost sharing applies		0% cost sharing

PRESCRIPTION DRUGS

Generic or Tier 1	\$10	\$9	\$6	0% cost sharing
Formulary Brand or Tier 2	\$35	\$20	\$15	0% cost sharing
Non-Formulary Brand or Tier 3	\$70	\$40	\$30	0% cost sharing
Above are retail copay amounts; mail order copays are 2.5 times retail (except for Catastrophic Plans) for a 90 day supply				

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Rate Manual - Individual Exchange
Rating Instructions and Example

Instructions

- 1) Determine which tier is desired: Child Only, Individual, Individual+Spouse, Individual+Child(ren), or Family
- 2) Determine the rating region where the applicant lives
- 3) Determine which plan the applicant wants.
- 4) Determine if there is a child between the ages of 26 and up to 30 to be covered: If so, use the appropriate rate table with the rider included.
- 5) Look up the rate in the rate table.

Example:

An applicant lives in Erie county. The applicant wished to cover themselves, a 22-year old child and a 28 year-old child. The applicant desires a Silver plan.

- 1) The desired tier is Individual + Child(ren)
- 2) The rating region is Buffalo
- 3) The applicant wants a Silver plan
- 4) Since there is a child over the age of 26 but younger than 30, the family is eligible for the "Through Age 29" rider. Use the rate table labeled "Includes Through Age 29"
- 5) The rate is \$601.55 per month

The unsubsidized premium will be \$601.55 monthly.

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Marketing Rules and Underwriting Guidelines

These products are guaranteed issue and guaranteed renewable. There are only a few reasons where an applicant can be turned away.

These include:

- The applicant is no longer a resident of New York state or of Fidelis' service area.
- Non-payment of premium.

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Expected Loss Ratio

Plan	Expected Loss Ratio
Platinum	90.1%
Gold	90.1%
Silver	90.1%
Bronze	90.1%
Catastrophic	83.1%
Platinum through Age 29	90.1%
Gold through Age 29	90.1%
Silver through Age 29	90.1%
Bronze through Age 29	90.1%

**Fidelis Care New York
Rate Manual - Individual Exchange
Marketplace Broker Program**

Fidelis will offer commissions to certain licensed insurance brokers. There are two programs.

Referrals:

The broker simply refers the individual to a Fidelis CAC who then assists the individual with enrollment. There is a per contract referral fee of up to \$75 for product referrals that enroll. This fee does not increase based on volume and is recouped if the individual dis-enrolls in the first 90 days. Fidelis services and completes the renewal. No renewal is paid to the broker and there are no on-going service expectations of broker.

Full Assistance:

In this program, the broker assists the individual with enrollment and renewal. A per contract payment of up to \$15 per month is paid to the broker for each of the first 12 months. A per contract payment of up to \$10 per month is paid to the broker for each of the second 12 months. This fee does not increase based on volume and is recouped if the individual dis-enrolls in the first 90 days.