

State: New York **Filing Company:** Excellus Health Plan, Inc.
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Multiple Community Rated
Project Name/Number: Prior Approval of 2014 Rate Changes/PAR-4

Filing at a Glance

Company: Excellus Health Plan, Inc.
Product Name: Multiple Community Rated
State: New York
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other
Filing Type: Rate Adjustment pursuant to Section 4308(c)
Date Submitted: 07/18/2013
SERFF Tr Num: EXHP-129086188
SERFF Status: Submitted to State
State Tr Num: 2013070090
State Status:
Co Tr Num:

Implementation: 01/01/2014
Date Requested:
Author(s): 
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: Prior Approval of 2014 Rate Changes
 Project Number: PAR-4
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer, Association, Trust
 Filing Status Changed: 07/18/2013
 State Status Changed:
 Created By: [REDACTED]
 Corresponding Filing Tracking Number:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Large
 Overall Rate Impact:
 Deemer Date:
 Submitted By: [REDACTED]

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

This filing includes an application for prior approval of a rate adjustment pursuant to Insurance Law Section 4308 (c). The application requests approval to implement non-rolling rate changes effective January 1, 2014. This filing applies to Plan large group and Medicare Supplemental community rated products.

Company and Contact

Filing Contact Information

[REDACTED]
 [REDACTED]
 [REDACTED] [REDACTED]
 [REDACTED] [REDACTED]

Filing Company Information

Excellus Health Plan, Inc.
 165 Court Street
 Rochester, NY 14647
 [REDACTED]

CoCode: 55107
 Group Code: 99
 Group Name:
 FEIN Number: 15-0329043

State of Domicile: New York
 Company Type: Article 43
 Health Insurer
 State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

State: New York **Filing Company:** Excellus Health Plan, Inc.
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1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Article 43, HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes, Prior Approval Rate Adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, state tracking number is 2013060140, SERFF tracking number is EXHP-129086540

SERFF Tracking #:

EXHP-129086188

State Tracking #:

2013070090

Company Tracking #:

State:

New York

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Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	Please find attached Memorandum and certification.
Attachment(s):	Memorandum.pdf certification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)
Comments:	Please find attached the required Checklist.
Attachment(s):	PA_Rate_Adjustment_Filing_Checklist_07.01.2014pdf.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	Attached are the Draft copies of the final notice of proposed rate adjustment for 2014.
Attachment(s):	Draft Rate Notifications - 2014.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	Please find attached the final Initial Notifications.
Attachment(s):	Initial Notifications - final.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 1 - General Information
Comments:	Please find attached Exhibit 1.
Attachment(s):	PA_Standard_Exhibit_1.pdf PA_Standard_Exhibit_1.xls

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EXHP-129086188

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Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses
Comments:	Please find attached Exhibit 2.
Attachment(s):	PA_Standard_Exhibit_2.pdf PA_Standard_Exhibit_2.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 3 - Narrative Summary
Comments:	This revised attachment is the final approved Narrative included with the associated Prefiling (EXHP-128426539).
Attachment(s):	PA_Standard_Exhibit_3-final.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 4 - Part A - Summary of Proposed Percentage Rate Changes
Comments:	Please find attached Exhibit 4A.
Attachment(s):	PA_Standard_Exhibit_4A.pdf PA_Standard_Exhibit_4A.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 4 - Part C - Summary of Proposed Percentage Rate Changes
Comments:	Please find attached Exhibit 4C.
Attachment(s):	PA_Standard_Exhibit_4C.pdf PA_Standard_Exhibit_4C.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 5 - Part A - Distribution of Contracts Affected by Proposed Rate Adjustments
Comments:	Please find attached Exhibit 5A.

SERFF Tracking #:

EXHP-129086188

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Attachment(s):	PA_Standard_Exhibit_5A.pdf PA_Standard_Exhibit_5A.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 6 - Summary of Policy Form and Product Changes
Comments:	Please find attached Exhibit 6.
Attachment(s):	PA_Standard_Exhibit_6.pdf PA_Standard_Exhibit_6.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 7 - Historical Data
Comments:	Please find attached Exhibit 7.
Attachment(s):	PA_Standard_Exhibit_7.pdf PA_Standard_Exhibit_7.xlsx
Item Status:	
Status Date:	

Excellus Health Plan, Inc.

**2014 Large Group HMO and Medicare
Supplement Submission**

Actuarial Memorandum

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Actuarial Memorandum

Purpose

The purpose of this memorandum is to describe development of premium rates to be offered by Excellus Health Plan to new and renewing groups and subscribers between January 1, 2014 and December 31, 2014 as required by New York statute and regulation for Large Group HMO and Medicare Supplement products. This filing may not be appropriate for other purposes.

With the prior approval law enacted on June 8, 2010, we are following the prior approval procedure outlined in the Department's Checklist for "Review Standards for Medical Rate Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the Insurance Law" ("Prior Approval Review Standards").

Description of Policy Form Aggregation into Rating Pools

Appendix I includes a detailed listing of the policy form aggregation into rating pools. A summary of the aggregation is included below.

Large Group HMO ("LG HMO")

Large Group HMO policies are pooled together across regions. Companies included are: Upstate HMO, Rochester Operating Region, Upstate HMO, Syracuse Operating Region, and Upstate HMO, Utica Operating Region. Since CNY Large Group HMO and Utica Large Group HMO membership is too small to stand as its own pool, the experience is combined with Rochester Large Group HMO to increase credibility and improve stability.

Medicare Supplement ("Med Supp")

Medicare Supplement policies are pooled together (Plans A, B, C, F, F+, H, and N) across regions to improve credibility of the experience and minimize the variance in yearly premium changes.

Non-Rolling Rate Tables

The LG HMO and Med Supp products will use a non-rolling rate table during the January - December 2014 issue and renewal period. The LG HMO products in the Utica Operating Region use a rolling rate table during the January - December 2013 issue and renewal period but will convert to a non-rolling rate table effective January 2014 due to no enrollment renewing outside of the month of January.

Development of Proposed Rate Increases – Large Group HMO

The development of the calculated rate increases is illustrated in Appendix II. Appendix II includes data, assumptions and calculations resulting in the pool's proposed rate change. The framework relies on data from the experience period incurred from 1/1/2012 through 12/31/2012 and paid from 1/1/2012 through 4/30/2013. The data includes member months (A.1.), earned premium (A.2.), and standardized premium (A.3.) from the incurred period and claims from these incurred and paid dates. Standardized premium represents what the actual earned premiums would have been had all policyholders paid premiums according to the rate tables applicable to January 2013 issues and renewals.

Claims in the experience period (A.4.) are split into two categories: medical and prescription drug. Each category is completed and trended at levels that were determined based on each of the category's unique characteristics. The annual trends are determined based on expected cost, utilization, and when applicable, the effect of leveraging and non-system claims' trends for each product. The applied annual trends (C.1.) are shown in Appendix II.

The trend factor (C.3.) is calculated by raising the annual trend to an exponent determined by months of trend (C.2.) divided by 12. Months of trend is based on the number of months necessary to properly trend the experience period claims to the applicable rating period. In this case, 24 months of trend is applied to project the experience from the experience period to the rating.

The computation of rating period claims (D.2) is completed claims multiplied by the trend factor, and the selection factor.

The retention charges in the rating period data section are made up of administrative expenses and an assumed contribution to reserve of 2%. Because DFS has historically not allowed the impact of current and expected future changes in enrollment mix and/or demographics to be included in the rating calculation, the reserve contribution assumption shown in the filing will almost always be overstated.

The required premium is calculated as the sum of the projected claims and retention charges. The calculated rate increase is the percent change from the overall standard premium to the overall required premium. These calculated rate increases represent the required rate increase for each block needed to cover expected costs and the applicable reserve contribution.

Development of Proposed Rate Increases – Medicare Supplement

The development of the calculated rate increases is illustrated in Appendix III. The base period experience relies on individual and small group data from the experience period that is incurred from 1/1/2012 through 12/31/2012, paid from 1/1/2012 through 3/31/2013 and completed to ultimate. The claims data includes the Medicare Supplement Demo pool amounts for 2012. A summary of the experience period claims data is illustrated in Appendix III Page 1.

The base period experience data is benefit adjusted to each of the standardized Medicare Supplement plans according to the Milliman over 65 Health Cost Guidelines manual. Appendix III Page 2 shows the base period experience allocated to each plan based on the plan benefit relativity.

Annual claim trends as shown in Appendix III Page 3 are determined based on expected cost and utilization for Medicare Part A and Part B while incorporating expected changes in the Medicare Part A and Part B deductible as well as the amount Medicare pays for services. The total projection period was 24 months from the midpoint of the experience period to the midpoint of the rating period. The resulting net annual trend to the projection period is 2.2%.

The retention charges in the rating period section are made up of administrative expenses of 18.6% and an assumed contribution to reserve of 1.4%.

As a result of calculating projected claims that have been allocated by plan based on plan benefit relativity adjustments and adding retention charges, an overall required index rate by plan is calculated in Appendix III Page 4. The overall calculated rate increase is the percent change from the overall standard premium to the overall required premium. The net result for Medicare Supplement is -4.3%.

In order to calculate regional rates and adjustments by the segments group and direct, a regional factor (e) and pool adjustment (f) were applied as shown in Appendix III Page 5-8. The regional factor represents the factor needed to ensure that each region in total has an overall rate change of -4.3%. A pool adjustment was made to differentiate the individual and employer group rates. The pool adjustment reflects the demographic changes among individual and group and addresses the variance in the historical medical loss ratios with the segments.

Projected Loss Ratios

The Prior Approval Review Standards require that the projected loss ratio meets the applicable minimum loss ratio requirement for each permitted policy form aggregation within each permitted regional aggregation. Based on the expected expenses and proposed rate increases for each rating pool, the projected loss ratio for Medicare Supplement is 80.0% and 84.2% for Large Group HMO. For Large Group HMO, the federal MLR calculation is expected to be about 86%.

Other Required Information

Based on the requirements in Prior Approval Review Standards, this rate application includes:

- Rate manuals for each rating region.
- An exhibit (part of rate manual) which shows the following: (a) current rates, (b) revised rates, (c) dollar change in rates, and (d) percentage change in rates. The proposed rate increases for each rating pool is applied to each policy form within that aggregation. The calculated rate increases may differ slightly from this due to rounding (“Exhibit A”).
- Expected loss ratios (Exhibit B) shown on the last page of each rate manual.
- Sample copy of initial and final rate change notices to be sent.
- Required Exhibits
 - Exhibit 1: General information about the rate adjustment submission
 - Exhibit 2: Summary of average claim trend and administrative expenses included in current and prior rate adjustments filings
 - Exhibit 3: Narrative Summary
 - Exhibit 4: Summary of proposed percentage rate change to existing rate
 - Exhibit 5: Distribution of contracts affected by proposed rate adjustments
 - Exhibit 6: Summary of policy form and product changes
 - Exhibit 7: Historical data by each policy form included in rate adjustment filing.

Actuarial Certification

I am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering opinions with regard to health rate filings. I certify that this rate submission is in compliance with the applicable laws and regulations of the State of New York and that expected loss ratios meet or exceed minimum requirements.

Based on my review of the underlying experience, expected contracting changes for the rating period and assuming the experience period enrollment distribution between rating pools remains relatively constant in the rating period, it is my opinion that, in aggregate, the proposed rates are adequate to cover total projected expenses, reasonable in relation to the benefits provided and are neither excessive nor unfairly discriminatory.



July 16, 2013

**Excellus Health Plan
Rating Pool Aggregation Detail**

Rating Pool / Policy Form Aggregation	NYS Insurance Law Article	Company / Region	Policy Forms
(1) LG HMO	44	Excellus BlueCross BlueShield - Rochester Region, Excellus BlueCross BlueShield - Central New York Region, Excellus BlueCross BlueShield - Utica Region	EXC-8 (HMO)
(2) Med Supp	43	Excellus BlueCross BlueShield - Rochester Region, Excellus BlueCross BlueShield - Central New York Region, Excellus BlueCross BlueShield - Utica Region, Univera Healthcare	EXC-22, EXC-23, EXC-24, EXC-25, EXC-26, EXC-27, EXC-28, EXC-29, EXC-30, EXC-31, EXC-32, EXC-33, EXC-39, EXC-40, EXC-83, EXC-84, EXC-85, EXC-86, EXC-87, EXC-88, EXC-89, EXC-90, EXC-91, EXC-92, EXC-93, EXC-94

**Excellus Health Plan
Rate Development**

A. Experience Period Data:

1. Member Months
2. Earned Premium
3. Standardized Premium
4. Claims:
 - Medical
 - Prescription Drug
 - Total

B. Completed Claims:

1. Completion Factors:
 - Medical
 - Prescription Drug
2. Completed Claims [A.10. * B.1.]:
 - Medical
 - Prescription Drug
 - Total

C. Claims Trends:

1. Annual Trend:
 - Medical
 - Prescription Drug
2. Months of Trend
3. Trend Factor [C.1. ^ (C.2./12)]:
 - Medical
 - Prescription Drug
4. Selection Factor

D. Projected Period Data:

1. Member Months
2. Claims:
 - Medical [B.2. * C.3. * C.4.]
 - Prescription Drug [B.2. * C.3. * C.4. * C.5.]
 - Total Claims
3. Retention:
 - Operating Expense
 - NYS Section 332 Assessment
 - Broker Commissions
 - Contribution to Reserve
 - Total Retention
4. Required Premium [D.2. + D.3. + D.4.]

5. Calculated Rate Incr [D.5. / A.7. - 1]

E. Proposed Rate Change:

1. Proposed Rate Increase
2. Premium [A.7. * (1 + E.1.)]
3. MLR [(D.2. + D.3)/ E.2.]

LG HMO		
	Aggregate	PMPM
1. Member Months	283,646	
2. Earned Premium	\$117,819,624	\$415.38
3. Standardized Premium	\$123,358,293	\$434.90
4. Claims:		
Medical	\$81,827,894	\$288.49
Prescription Drug	\$17,242,715	\$60.79
Total	\$99,070,608	\$349.28
B. Completed Claims:		
1. Completion Factors:		
Medical	0.996	
Prescription Drug	1.000	
2. Completed Claims [A.10. * B.1.]:		
Medical	\$82,179,755	\$289.73
Prescription Drug	\$17,242,715	\$60.79
Total	\$240,888,234	\$849.26
C. Claims Trends:		
1. Annual Trend:		
Medical	1.062	
Prescription Drug	1.098	
2. Months of Trend	24.0	
3. Trend Factor [C.1. ^ (C.2./12)]:		
Medical	1.128	
Prescription Drug	1.205	
4. Selection Factor	1.000	
D. Projected Period Data:		
1. Member Months	283,646	
2. Claims:		
Medical [B.2. * C.3. * C.4.]	\$92,725,576	\$326.91
Prescription Drug [B.2. * C.3. * C.4. * C.5.]	\$20,778,390	\$73.25
Total Claims	\$113,503,966	\$400.16
3. Retention:		
Operating Expense	\$9,087,326	\$32.04
NYS Section 332 Assessment	\$1,606,807	\$5.66
Broker Commissions	\$3,332,715	\$11.75
Contribution to Reserve	\$2,696,342	\$9.51
Total Retention	\$16,723,189	\$58.96
4. Required Premium [D.2. + D.3. + D.4.]	\$134,817,089	\$475.30
5. Calculated Rate Incr [D.5. / A.7. - 1]		9.3%
E. Proposed Rate Change:		
1. Proposed Rate Increase		9.3%
2. Premium [A.7. * (1 + E.1.)]	\$134,817,089	\$475.30
3. MLR [(D.2. + D.3)/ E.2.]		84.2%

**Excellus Health Plan
2014 Medicare Supplement Rate Filing
Experience Period Data**

Benefit	(a) Paid Claims	(b) Completion Factor	(c) Estimated Incurred Claims	(d) System Claims Distribution	(e) Allocation of Non System Claims ⁽¹⁾	(f) Adjusted Est Incurred Claims
Part A						
Deductible	\$4,727,120	0.980	\$4,821,338	15.4%	(\$205,208)	\$4,616,131
Coinsurance	\$3,182,658	0.980	\$3,246,093	10.3%	(\$138,161)	\$3,107,932
IP Excess Days	\$1,405,722	0.980	\$1,433,740	4.6%	(\$61,023)	\$1,372,716
Total Part A	\$9,315,499		\$9,501,171	30.3%	(\$404,393)	\$9,096,779
Part B						
Deductible	\$2,365,196	0.980	\$2,412,338	7.7%	(\$102,675)	\$2,309,663
Coinsurance						
OP Hospital	\$6,559,752	0.980	\$6,690,498	21.3%	(\$284,764)	\$6,405,734
Professional	\$12,410,909	0.980	\$12,658,277	40.3%	(\$538,766)	\$12,119,511
Coinsurance Subtotal	\$18,970,660		\$19,348,775	61.6%	(\$823,530)	\$18,525,245
Extended Benefits	\$128,079	0.980	\$130,632	0.4%	(\$5,560)	\$125,072
Total Part B	\$21,463,936		\$21,891,745	69.7%	(\$931,765)	\$20,959,980
Drug ⁽²⁾	\$226,591	0.999	\$226,818	100.0%	(\$53,936)	\$172,882
Total Claims	\$31,006,026		\$31,619,734		(\$1,390,093)	\$30,229,641

⁽¹⁾ Non system claims include the Medicare Supplement Demo Pool amounts, Drug rebates, and other misc. items

⁽²⁾ Drug paid claims were adjusted to reflect the value of the benefit from the Milliman RX Rating Model.

**Excellus Health Plan
2014 Medicare Supplement Rate Filing**

Claim Data Allocated Based on Plan Benefit Relativity

Benefit	(a) Estimated Incurred Claims	(b) Benefit Claim Distribution	(c) Final Est. Incurred Claims	(d) Plan A	(e) Plan B	(f) Plan C	(g) Plan F	(h) Plan F+	(i) Plan H	(j) Plan H w/o Rx	(k) Plan N
Part A											
Deductible	\$4,616,131		\$4,616,131	\$0	\$453,113	\$3,056,389	\$864,644	\$11,579	\$110,181	\$115,715	\$4,510
Coinsurance											
IP Hospital		39%	\$1,196,789	\$30,845	\$114,447	\$771,984	\$218,392	\$2,925	\$27,830	\$29,227	\$1,139
SNF		61%	\$1,911,143	\$0	\$0	\$1,403,116	\$396,938	\$5,315	\$50,582	\$53,122	\$2,070
Coinsurance Subtotal	\$3,107,932	100%	\$3,107,932	\$30,845	\$114,447	\$2,175,099	\$615,330	\$8,240	\$78,411	\$82,350	\$3,209
IP Excess Days	\$1,372,716		\$1,372,716	\$35,379	\$131,271	\$885,465	\$250,496	\$3,354	\$31,921	\$33,524	\$1,306
Total Part A	\$9,096,779		\$9,096,779	\$66,224	\$698,832	\$6,116,953	\$1,730,469	\$23,173	\$220,513	\$231,589	\$9,025
Part B											
Deductible	\$2,309,663		\$2,309,663	\$0	\$0	\$1,795,049	\$507,814	\$6,800	\$0	\$0	\$0
Coinsurance											
OP Hospital	\$6,405,734		\$6,405,734	\$165,104	\$612,602	\$4,132,189	\$1,168,985	\$15,654	\$148,963	\$156,445	\$5,791
Professional	\$12,119,511		\$12,119,511	\$312,410	\$1,159,162	\$7,818,904	\$2,211,947	\$29,621	\$281,867	\$296,025	\$9,576
Coinsurance Subtotal	\$12,119,511		\$18,525,245	\$477,514	\$1,771,764	\$11,951,092	\$3,380,932	\$45,275	\$430,831	\$452,470	\$15,367
Extended Benefits	\$125,072		\$125,072	\$0	\$0	\$53,667	\$67,235	\$203	\$1,935	\$2,032	\$0
Total Part B	\$20,959,980		\$20,959,980	\$477,514	\$1,771,764	\$13,799,808	\$3,955,982	\$52,278	\$432,765	\$454,502	\$15,367
Drug	\$172,882		\$172,882	\$0	\$0	\$0	\$0	\$0	\$172,882	\$0	\$0
Grand Total	\$30,229,641		\$30,229,641	\$543,738	\$2,470,596	\$19,916,761	\$5,686,451	\$75,451	\$826,160	\$686,091	\$24,392
2012 Member Months Distribution			191,277 100%	5,460 3%	18,314 10%	122,928 64%	34,776 18%	1,163 1%	3,774 2%	4,677 2%	185 0%

- Notes:**
- (a) Estimated incurred claims from column (f), page 1
 - (b) Part A Coinsurance claim distribution to IP Hospital/SNF are based on claim distributions from Milliman's Health Care Cost Guidelines
 - (c) Final estimated incurred claims are based on re-distribution of components identified in column (b)
 - (d)-(k) Final estimated incurred claims are allocated to Plan based on Plan specific benefits relative to Plan C

**Excelsus Health Plan
2014 Medicare Supplement Rate Filing**

PMPMs and Trend by Plan and Benefit Category

Plan / Component	(a)	(b)	(c)	(e)		(f)	Projected Incurred Claim PMPM
	Estimated Incurred Claims	Member Months	Estimated Incurred Claim PMPM	Cost	Utilization	Total	
Plan A							
Part A	\$66,224	5,460	\$12.13	2.4%	-2.0%	0.4%	\$12.21
Part B							
Deductible	\$0	5,460	\$0.00	2.7%	0.3%	2.9%	\$0.00
Prof Coinsurance	\$312,410	5,460	\$57.22	1.5%	1.4%	2.9%	\$60.63
Op Coins & Other	\$165,104	5,460	\$30.24	1.5%	1.4%	2.9%	\$32.04
Drug	\$0	5,460	\$0.00	0.5%	0.5%	1.0%	\$0.00
Plan B							
Part A	\$698,832	18,314	\$38.16	2.4%	-2.0%	0.4%	\$38.43
Part B							
Deductible	\$0	18,314	\$0.00	2.7%	0.3%	2.9%	\$0.00
Prof Coinsurance	\$1,159,162	18,314	\$63.29	1.5%	1.4%	2.9%	\$67.07
Op Coins & Other	\$612,602	18,314	\$33.45	1.5%	1.4%	2.9%	\$35.45
Drug	\$0	18,314	\$0.00	0.5%	0.5%	1.0%	\$0.00
Plan C							
Part A	\$6,116,953	122,928	\$49.76	2.4%	-2.0%	0.4%	\$50.11
Part B							
Deductible	\$1,795,049	122,928	\$14.60	2.7%	0.3%	2.9%	\$15.47
Prof Coinsurance	\$7,818,904	122,928	\$63.61	1.5%	1.4%	2.9%	\$67.40
Op Coins & Other	\$4,185,855	122,928	\$34.05	1.5%	1.4%	2.9%	\$36.08
Drug	\$0	122,928	\$0.00	0.5%	0.5%	1.0%	\$0.00
Plan F							
Part A	\$1,730,469	34,776	\$49.76	2.4%	-2.0%	0.4%	\$50.11
Part B							
Deductible	\$507,814	34,776	\$14.60	2.7%	0.3%	2.9%	\$15.47
Prof Coinsurance	\$2,211,947	34,776	\$63.61	1.5%	1.4%	2.9%	\$67.40
Op Coins & Other	\$1,236,220	34,776	\$35.55	1.5%	1.4%	2.9%	\$37.67
Drug	\$0	34,776	\$0.00	0.5%	0.5%	1.0%	\$0.00
Plan F+							
Part A	\$23,173	1,163	\$19.93	2.4%	-2.0%	0.4%	\$20.07
Part B							
Deductible	\$6,800	1,163	\$5.85	2.7%	0.3%	2.9%	\$6.20
Prof Coinsurance	\$29,621	1,163	\$25.47	1.5%	1.4%	2.9%	\$26.99
Op Coins & Other	\$15,857	1,163	\$13.63	1.5%	1.4%	2.9%	\$14.45
Drug	\$0	1,163	\$0.00	0.5%	0.5%	1.0%	\$0.00
Plan H							
Part A	\$220,513	3,774	\$58.43	2.4%	-2.0%	0.4%	\$58.84
Part B							
Deductible	\$0	3,774	\$0.00	2.7%	0.3%	2.9%	\$0.00
Prof Coinsurance	\$281,867	3,774	\$74.69	1.5%	1.4%	2.9%	\$79.15
Op Coins & Other	\$150,898	3,774	\$39.98	1.5%	1.4%	2.9%	\$42.37
Drug	\$172,882	3,774	\$45.81	0.5%	0.5%	1.0%	\$46.73
Plan H w/o Rx							
Part A	\$231,589	4,677	\$49.52	2.4%	-2.0%	0.4%	\$49.87
Part B							
Deductible	\$0	4,677	\$0.00	2.7%	0.3%	2.9%	\$0.00
Prof Coinsurance	\$296,025	4,677	\$63.29	1.5%	1.4%	2.9%	\$67.07
Op Coins & Other	\$158,477	4,677	\$33.88	1.5%	1.4%	2.9%	\$35.91
Drug	\$0	4,677	\$0.00	0.5%	0.5%	1.0%	\$0.00
Plan N							
Part A	\$9,025	185	\$48.78	2.4%	-2.0%	0.4%	\$49.13
Part B							
Deductible	\$0	185	\$0.00	2.7%	0.3%	2.9%	\$0.00
Prof Coinsurance	\$9,576	185	\$51.76	1.5%	1.4%	2.9%	\$54.85
Op Coins & Other	\$5,791	185	\$31.30	1.5%	1.4%	2.9%	\$33.17
Drug	\$0	185	\$0.00	0.5%	0.5%	1.0%	\$0.00

**Excellus Health Plan
2014 Medicare Supplement Rate Filing**

Projected Rating Period PMPM Components

	(a)	(b)	(c)	(d)	(e)	(f)	(e)
Plan	Incurred Claims	Admin. Expense	Reserve Contribution	Required Monthly Rate	Standard Premium Rate	Required Rate Change	Benefit Relativity Change to Plan C
Plan A							
Part A	\$12.21						
Part B	\$92.68						
Drug	\$0.00						
Plan A Total	\$104.89	\$24.45	\$1.78	\$131.12	\$136.30	-3.8%	0.620
Plan B							
Part A	\$38.43						
Part B	\$102.52						
Drug	\$0.00						
Plan B Total	\$140.95	\$32.85	\$2.39	\$176.18	\$182.39	-3.4%	0.834
Plan C							
Part A	\$50.11						
Part B	\$118.96						
Drug	\$0.00						
Plan C Total	\$169.07	\$39.40	\$2.87	\$211.34	\$218.62	-3.3%	1.000
Plan F							
Part A	\$50.11						
Part B	\$120.55						
Drug	\$0.00						
Plan F Total	\$170.66	\$39.77	\$2.89	\$213.32	\$230.95	-7.6%	1.009
Plan F+							
Part A	\$20.07						
Part B	\$47.63						
Drug	\$0.00						
Plan F+ Total	\$67.70	\$15.78	\$1.15	\$84.63	\$91.43	-7.4%	0.400
Plan H							
Part A	\$58.84						
Part B	\$121.52						
Drug	\$46.73						
Plan H Total	\$227.09	\$52.92	\$3.85	\$283.86	\$298.39	-4.9%	1.343
Plan H w/o Rx							
Part A	\$49.87						
Part B	\$102.98						
Drug	\$0.00						
Plan H w/o Rx Total	\$152.85	\$35.62	\$2.59	\$191.06	\$199.35	-4.2%	0.904
Plan N							
Part A	\$49.13						
Part B	\$88.03						
Drug	\$0.00						
Plan N Total	\$137.15	\$31.96	\$2.32	\$171.44	\$173.11	-1.0%	0.811
All Plans							
Part A	\$47.89						
Part B	\$116.12						
Drug	\$0.92						
All Plans Total	\$164.94	38.44	\$2.80	\$206.17	\$215.33	-4.3%	

**Excellus Health Plan
2014 Medicare Supplement Rate Filing**

Regional Rate Changes - Direct Pay

Plan	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	Rochester		(e) Regional Rate Factor	(f) Direct Pay Demographic Score	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
				(d) Required 2014 Index Rate					
Plan A	92	1,107	\$137.23	\$131.12		1.035	1.050	\$142.45	3.8%
Plan B	357	4,288	\$191.60	\$176.18		1.035	1.050	\$191.41	-0.1%
Plan C	136	1,637	\$224.58	\$211.34		1.035	1.050	\$229.60	2.2%
Plan F	1,310	15,725	\$238.81	\$213.32		1.035	1.050	\$231.76	-3.0%
Plan F+	25	295	\$90.73	\$84.63		1.035	1.050	\$91.94	1.3%
Plan H	145	1,736	\$312.91	\$283.86		1.035	1.050	\$308.39	-1.4%
Plan H w/o Rx	112	1,345	\$213.28	\$191.06		1.035	1.050	\$207.57	-2.7%
Plan N	4	49	\$187.37	\$171.44		1.035	1.050	\$186.26	-0.6%
All Plans	2,182	26,182	\$227.73	\$205.65				\$223.42	-1.9%

Plan	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	CNY		(e) Regional Rate Factor	(f) Direct Pay Demographic Score	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
				(d) Required 2014 Index Rate					
Plan A	283	3,394	\$133.74	\$131.12		0.958	1.050	\$131.94	-1.3%
Plan B	832	9,978	\$178.54	\$176.18		0.958	1.050	\$177.29	-0.7%
Plan C	4,963	59,553	\$222.48	\$211.34		0.958	1.050	\$212.66	-4.4%
Plan F	633	7,594	\$216.95	\$213.32		0.958	1.050	\$214.66	-1.1%
Plan F+	38	461	\$87.36	\$84.63		0.958	1.050	\$85.16	-2.5%
Plan H	138	1,657	\$283.76	\$283.86		0.958	1.050	\$285.64	0.7%
Plan H w/o Rx	232	2,781	\$192.46	\$191.06		0.958	1.050	\$192.25	-0.1%
Plan N	2	23	\$175.00	\$171.44		0.958	1.050	\$172.52	-1.4%
All Plans	7,120	85,441	\$212.80	\$204.28				\$205.56	-3.4%

**Excellus Health Plan
2014 Medicare Supplement Rate Filing**

Regional Rate Changes - Direct Pay

Plan	Utica							
	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	(d) Required 2014 Index Rate	(e) Regional Rate Factor	(f) Direct Pay Demographic Score	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
Plan A	69	828	\$142.25	\$131.12	0.935	1.050	\$128.68	-9.5%
Plan B	268	3,214	\$180.73	\$176.18	0.935	1.050	\$172.90	-4.3%
Plan C	3,261	39,130	\$211.70	\$211.34	0.935	1.050	\$207.41	-2.0%
Plan F	99	1,193	\$231.00	\$213.32	0.935	1.050	\$209.35	-9.4%
Plan F+	23	271	\$94.07	\$84.63	0.935	1.050	\$83.05	-11.7%
Plan H	18	219	\$283.32	\$283.86	0.935	1.050	\$278.58	-1.7%
Plan H w/o Rx	30	359	\$192.30	\$191.06	0.935	1.050	\$187.50	-2.5%
Plan N	9	113	\$166.54	\$171.44	0.935	1.050	\$168.25	1.0%
All Plans	3,777	45,327	\$208.12	\$206.77			\$202.92	-2.5%

Plan	WNY							
	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	(d) Required 2014 Index Rate	(e) Regional Rate Factor	(f) Direct Pay Demographic Score	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
Plan A	10	119	\$159.25	\$131.12	1.130	1.050	\$155.64	-2.3%
Plan B	8	91	\$212.93	\$176.18	1.130	1.050	\$209.13	-1.8%
Plan C	22	259	\$254.67	\$211.34	1.130	1.050	\$250.86	-1.5%
Plan F	74	893	\$255.64	\$213.32	1.130	1.050	\$253.22	-0.9%
Plan F+	10	118	\$102.98	\$84.63	1.130	1.050	\$100.45	-2.5%
Plan H	0	0	\$345.02	\$283.86	1.130	1.050	\$336.95	-2.3%
Plan H w/o Rx	1	12	\$235.10	\$191.06	1.130	1.050	\$226.79	-3.5%
Plan N	0	0	\$200.58	\$171.44	1.130	1.050	\$203.50	1.5%
All Plans	124	1,492	\$232.94	\$193.80			\$230.04	-1.2%

**Excellus Health Plan
2014 Medicare Supplement Rate Filing**

Regional Rate Changes - Employer Group

Plan	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	Rochester		(e) Regional Rate Factor	(f) Employer Group Pool Factor	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
				(d) Required 2014 Index Rate					
Plan A	1	12	\$137.23	\$131.12		1.035	0.950	\$128.88	-6.1%
Plan B	28	338	\$191.60	\$176.18		1.035	0.950	\$173.18	-9.6%
Plan C	686	8,236	\$224.58	\$211.34		1.035	0.950	\$207.74	-7.5%
Plan F	311	3,726	\$238.81	\$213.32		1.035	0.950	\$209.68	-12.2%
Plan F+	1	12	\$90.73	\$84.63		1.035	0.950	\$83.18	-8.3%
Plan H	14	162	\$312.91	\$283.86		1.035	0.950	\$279.02	-10.8%
Plan H w/o Rx	15	180	\$213.28	\$191.06		1.035	0.950	\$187.80	-11.9%
Plan N	0	0	\$187.37	\$171.44		1.035	0.950	\$168.52	-10.1%
All Plans	1,056	12,666	\$228.65	\$211.43				\$207.82	-9.1%

Plan	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	CNY		(e) Regional Rate Factor	(f) Employer Group Pool Factor	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
				(d) Required 2014 Index Rate					
Plan A	0	0	\$133.74	\$131.12		0.958	0.950	\$119.37	-10.7%
Plan B	34	405	\$178.54	\$176.18		0.958	0.950	\$160.40	-10.2%
Plan C	338	4,051	\$222.48	\$211.34		0.958	0.950	\$192.41	-13.5%
Plan F	409	4,912	\$216.95	\$213.32		0.958	0.950	\$194.22	-10.5%
Plan F+	0	0	\$87.36	\$84.63		0.958	0.950	\$77.05	-11.8%
Plan H	0	0	\$283.76	\$283.86		0.958	0.950	\$258.44	-8.9%
Plan H w/o Rx	0	0	\$192.46	\$191.06		0.958	0.950	\$173.94	-9.6%
Plan N	0	0	\$175.00	\$171.44		0.958	0.950	\$156.09	-10.8%
All Plans	781	9,368	\$217.68	\$210.86				\$191.97	-11.8%

**Excelsus Health Plan
2014 Medicare Supplement Rate Filing**

Regional Rate Changes - Employer Group

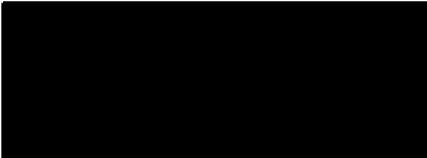
Plan	Utica							
	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	(d) Required 2014 Index Rate	(e) Regional Rate Factor	(f) Employer Group Pool Factor	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
Plan A	0	0	\$142.25	\$131.12	0.935	0.950	\$116.42	-18.2%
Plan B	0	0	\$180.73	\$176.18	0.935	0.950	\$156.44	-13.4%
Plan C	787	9,442	\$211.70	\$211.34	0.935	0.950	\$187.65	-11.4%
Plan F	61	733	\$231.00	\$213.32	0.935	0.950	\$189.41	-18.0%
Plan F+	1	6	\$94.07	\$84.63	0.935	0.950	\$75.14	-20.1%
Plan H	0	0	\$283.32	\$283.86	0.935	0.950	\$252.05	-11.0%
Plan H w/o Rx	0	0	\$192.30	\$191.06	0.935	0.950	\$169.64	-11.8%
Plan N	0	0	\$166.54	\$171.44	0.935	0.950	\$152.23	-8.6%
All Plans	848	10,181	\$213.02	\$211.41			\$187.71	-11.9%

Plan	WNY							
	(a) 2012 Average Members	(b) 2012 Member Months	(c) Standard Premium Rate	(d) Required 2014 Index Rate	(e) Regional Rate Factor	(f) Employer Group Pool Factor	(g) = (d)*(e)*(f) Required Monthly Rate	(h) = (g)/(c)-1 Rate Change
Plan A	0	0	\$159.25	\$131.12	1.130	0.950	\$140.81	-11.6%
Plan B	0	0	\$212.93	\$176.18	1.130	0.950	\$189.21	-11.1%
Plan C	52	620	\$254.67	\$211.34	1.130	0.950	\$226.97	-10.9%
Plan F	0	0	\$255.64	\$213.32	1.130	0.950	\$229.10	-10.4%
Plan F+	0	0	\$102.98	\$84.63	1.130	0.950	\$90.88	-11.7%
Plan H	0	0	\$345.02	\$283.86	1.130	0.950	\$304.86	-11.6%
Plan H w/o Rx	0	0	\$235.10	\$191.06	1.130	0.950	\$205.19	-12.7%
Plan N	0	0	\$200.58	\$171.44	1.130	0.950	\$184.12	-8.2%
All Plans	52	620	\$254.67	\$211.34			\$226.97	-10.9%

Actuarial Certification

I am an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering opinions with regard to health rate filings. I certify that this rate submission is in compliance with the applicable laws and regulations of the State of New York and that expected loss ratios meet or exceed minimum requirements.

Based on my review of the underlying experience, expected contracting changes for the rating period and assuming the experience period enrollment distribution between rating pools remains relatively constant in the rating period, it is my opinion that, in aggregate, the proposed rates are adequate to cover total projected expenses, reasonable in relation to the benefits provided and are neither excessive nor unfairly discriminatory.



July 16, 2013

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 6/24/13

NOTE: The Department requests that any calendar year 2014 rate filing submitted pursuant to section 3231(e)(1) or 4308(c) of the NYIL for grandfathered individual or small group products, or for large group community rated products, not be submitted until July 15, 2013. This does not apply to Medicare Supplement rate adjustment filings. Resources during the first part of July are needed to complete the review of the Exchange filings. Pre-filings of the Narrative and Initial Notice can be submitted prior to July 15, 2013.

Clarification of the rate adjustment filing process for calendar year 2014 large group community rated products:

1. The changes due to ACA impact large group to a much lesser degree than small group. Most of the market reforms do not apply to large group, such as standard rating regions, standard census tiers and relationships, actuarial value ranges, and model contract language.
2. The 2014 rate adjustment process for large group community rated products is the same as for 2013. This checklist applies to large group community rated rate adjustment filings.
3. Each HMO and Article 43 insurer will need to submit pursuant to section 4308(c) a rate adjustment filing for large group community rated products. This filing will reflect rate changes due to experience and claim trend. This filing can include revisions to existing rating regions and existing area factors, but cannot include a new service area that has not already been approved. This filing cannot include contract language changes, or a new form or rider, which has not already been approved.
4. If there will also be contract language changes, or a new form or rider, the insurer will also have to submit a form and rate filing for the contract changes using the "Normal Pre-Approval" SERFF filing type code. The rates included in the form and rate filing must reflect only the impact of the contract language changes to existing benefits, or introduction of a new benefit, and must be consistent with the rate level submitted in the rate adjustment filing. A final decision on the form and rate filing will need to be deferred until the rate adjustment decision has been made so that the rate level of the rates included in the form and rate filing are consistent with the rates approved in the rate adjustment filing.

The changes are summarized below:

1. For the revised 4/8/13 standard exhibits 4 and 5, the weighted averages are to be based on annualized premiums (not by members or contracts). In Exhibit 5, the distribution of the size of rate change is still shown by members or contracts.
2. A draft copy of the Narrative and Initial Notice should be submitted to the Department for prior review using the "Prior Approval Prefiling" filing type code. Previously only the initial notice was mentioned in the material below.
3. The Department is requesting that the rate pages section of the Rate Manual also be submitted as an Excel workbook(s), in addition to submitting the Rate Manual as a PDF file(s).
4. We understand that the HHS HIOS system will only accept the Unified Rate Review Template (URRT) Excel workbook and will no longer accept the prior Part I Justification workbook. For small group and individual market filings, the completed URRT submitted to HHS needs to be included with the filing submission. Questions about completing the URRT need to be directed to HHS/CCIIO. For a large group community rated filing, where HHS does not require completion of the URRT, the insurer is to complete Worksheet 1 of the URRT for each large group rating pool and include the URRT(s) in the rate submission. The prior Part II Justification is now the Consumer Disclosure Form item on the Supporting Documentation tab.

This checklist applies to rate adjustment filings for grandfathered small group and individual products and policyholders as that term is defined by HHS in their regulations. A different checklist and different filing type codes will be developed for future non-grandfathered small group and individual rate adjustment filings. This checklist also applies to rate adjustment filings for large group community rated products pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

Rate Adjustment Pursuant to Section 3231(e)(1): This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

Rate Adjustment Pursuant to Section 4308(c): This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates. “Community rating” means a rating methodology in which the premium for all persons covered by a policy or contract form is the same, based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status or occupation. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department’s approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the “Normal Pre-Approval” SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the “Normal Pre-Approval” SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing (a new form or a revision to an existing form) must be a separate filing from the rate adjustment filing. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The “Normal Pre-Approval” SERFF filing type code triggers the traditional Department review and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section 3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c).

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

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The “Normal Pre-Approval” SERFF filing type code would also be used for individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A “Normal Pre-Approval” SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recently approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2013; a benefit revision is submitted January 2013 to be effective July 1, 2013; this form and rate filing can include rolling rate tables for third and fourth quarter 2013, but not beyond fourth quarter 2013).

The filing type codes “Exchange Form & Rate Filing” and “Off Exchange Form & Rate Filing” are to be used to submit form and rate filings for new non-grandfathered small group and individual products/plan designs to be sold on the Exchange, and off the Exchange, respectively.

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a “Normal Pre-Approval” SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2013 renewal cohort, deferring the rate change to August 2013, while retaining the next rate change date as July 2014), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2013 renewal cohort using the previously approved second quarter 2013 rate tables, and implementing the newly approved rates with the August 2013 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2010, Microsoft Excel 2010, or Adobe Acrobat 9.

When an attachment is submitted via SERFF as other than an Adobe Acrobat PDF file, another copy of that attachment is to also be included in Adobe Acrobat PDF file format. This can occur when one of the standard exhibits is required to be submitted as an Excel workbook, or when an appendix/attachment to the actuarial memorandum is submitted in other than PDF format. Failure to include a PDF version of each attachment will result in an objection letter being sent for the missing material and the rate submission will be tolled while waiting for the missing material to be submitted.

The rate manual and the year over year exhibit (if distinct versions are used) are to be attached to the Rate Schedule tab of an initial SERFF filing. All other attachments are to be attached to the Supporting Documentation tab of the initial SERFF filing.

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An “amendment” to a SERFF filing, as described beginning on page 183 of the SERFF Industry Manual (available online via SERFF), is used when the amendment is not in response to an objection letter. For example: the filer has decided to add a schedule item; the filer has noticed an error in one of the originally submitted schedule items and is submitting a correction before the error is raised in an objection letter. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be amended, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be corrected.

A revision to a previously submitted schedule item made in response to an objection letter is to use the “Revising Schedule Items” process described beginning page 170 of the SERFF Industry Manual. This is the method that is to be used when any schedule item needs to be revised in response to an objection letter, including a revised rate manual to be submitted in response to the Department’s decision. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be revised in response to an objection letter, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be revised.

NOTE: A “Public Disclosure of the Rate Application” section has been added at the end of the checklist. If the applicant chooses to submit a redacted version of the rate application for posting on the Department’s website, see the guidance there.

NOTE: Parts I (URRT) and II (Consumer Disclosure) of the HHS Justification are required for all market segments and for all section 3231(e)(1) or 4308(c) rate submissions, whether or not required to be sent to HHS. See the section “HHS Justification Parts I and II” below for guidance. (This refers to the material that an insurer is required to submit to HHS for a rate adjustment filing or what would be submitted to HHS if the “subject to review” threshold was exceeded by this filing.)

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DEFINITIONS	a.	<p>Company refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing.</p> <p>b. A company’s commercial book of business includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus.</p> <p>c. Loss ratio refers to incurred claims divided by earned premiums for a given period of time. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools and the Regulation 146 pool (11 NYCRR 361) to the extent these programs are continued. Incurred claims include covered lives assessments and the HCRA surcharge. Incurred claims do not include any administrative expenses, including “quality improvement expenses” or “community benefit expenses”. Earned premiums <u>do not include</u> any adjustment for assessments or taxes. The ACA assessments are considered as part of administrative expenses.</p> <p>d. Market segment refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc. Small group is as defined in New York Insurance Law and Regulation.</p>	

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		<p>e. Product street name refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department.</p> <p>f. Rate applicability period refers to the length of time in which the rates in a rate table are assumed to remain in effect.</p> <p>(i) Example 1: A non-rolling rate table is developed to be effective January 1, 2013 and is expected to be revised January 1, 2014. The rate applicability period for this table is January 1, 2013 through December 31, 2013.</p> <p>(ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2013 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2013 (mid renewal date) through February 14, 2014. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2013 through January 31, 2014.</p> <p>g. Standardized earned premium is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective). Refunds payable pursuant to Regulation 146 or pursuant to a loss ratio report have no impact on the earned premiums or standardized earned premiums shown in Exhibit 7 or in the rate development analysis.</p> <p>(i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarters 2012 and 1st and 2nd quarters 2013. The 2nd quarter 2012 rates have already been approved. Therefore, the 2nd quarter 2012 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2012 rate level. If the 2nd quarter 2012 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2012 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit.</p> <p>(ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2011 rate for plan design A is \$100, the first quarter 2012 rate is \$116.99, and the second quarter 2012 rate is \$121.67. These increases reflect no revision to the underlying covered benefits. The second quarter 2012 rate table is the standard rate level. Contract X was paying \$100 per month for</p>	
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		<p>January-December 2011. At renewal January 1, 2012, the premium was scheduled to increase to \$116.99 but a change to plan design B occurred that reduced the premium by 5% to \$111.14 for January 2012 and later. The second quarter 2012 rate for plan design A is \$121.67 and the second quarter 2012 rate for plan design B is \$115.58 (\$121.67 x 0.95). The earned premium for this contract for each month from January through December 2011 is standardized to the second quarter 2012 level by adjusting by 121.67/100.00, and the January 2012 earned premium is standardized to the second quarter 2012 level by adjusting by 115.58/111.14.</p>	
<p>ROLLING RATE STRUCTURE</p>	<p>a.</p> <p>c.</p>	<p>All rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period.</p> <p>Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates).</p>	
<p>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>	<p>a.</p>	<p>The rate adjustment filing must include all community rated policy forms within a given market segment whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days. This refers to all grandfathered small group products, or all grandfathered individual products, or all large group community rated products.</p> <p>b. A company can revise a previously approved non-rolling rate table provided that:</p> <p>(i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or</p> <p>(ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing.</p> <p>c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year’s worth of rates as discussed in the “Rolling Rate Structure” section above. (Example: A rolling rate filing was</p>	

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		<p>submitted and approved that included quarterly rolling rate tables for 1st, 2nd, 3rd and 4th quarter of 2012. The company can not revise the 1st and 2nd quarter 2012 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3rd and 4th quarter 2012 and 1st and 2nd quarter 2013.) The Department may waive these requirements if the company can demonstrate to the Superintendent’s satisfaction that the solvency of the corporation is threatened.</p>	
<p>STANDARD EXHIBITS 1 - 7</p>	<p>Introduction a.</p>	<p>Exhibits 1 through 7 must be submitted as part of each rate adjustment application. All exhibits, except Exhibit 3, must be submitted as a Microsoft Excel file and as an Adobe PDF file. For Exhibits 1-2 and 4-7 the supplied workbook must be used. Only the first tab of each Excel workbook is to be used for data entry; if an entry is made on another tab of the workbook, an objection letter will be sent requesting a corrected exhibit.</p> <p>b. As a general rule, enter one value for one cell. For example, one company name for the cell “Company submitting the rate adjustment request”, one NAIC code for the cell “Company NAIC Code”, and one SERFF number for the cell “SERFF Tracking Number.”</p> <p>c. When there is a drop down list provided, an entry from the list is to be chosen. If no entry on the list is exactly what needs to be selected, choose the closest entry from the drop down list.</p> <p>d. Multiple policy form numbers may be entered into one cell of Exhibit 4, Exhibit 6, and Exhibit 7, if:</p> <p>(i) For Exhibit 4, the multiple policy forms are for the same market segment and the same product, and have the same rate increases;</p> <p>(ii) For Exhibit 6, the multiple policy forms are submitted under the same SERFF number indicated for the same product and in the same market segment; or</p> <p>(iii) If the multiple policy forms have the same results for all the other columns indicated on the exhibit.</p>	
<p>Exhibit 1</p>		<p>General information about the rate adjustment submission.</p> <p>a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit.</p> <p>b. Indicate the company type using the drop down list: Article 42 Accident and Health company (A&H – 42), HMO (HMO – 44), Article 42 Life company (Life – 42), Article 41 property/casualty company (P&C – 41), and Article 43 Non-Profit Medical and Dental Indemnity or Health and Hospital Service Corporations (Not for Profit – 43).</p> <p>c. Indicate the organization type (Org Type), for profit or not for profit, by using the drop down list.</p> <p>d. Item D – the “new rate effective date” must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day</p>	<p>PA_Standard_Exhibit_1</p>

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		<p>final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2014 effective date would imply that the first renewal cohort affected by the rate submission would be January 2014.</p> <p>e. Item F.1 – a rate adjustment filing where the rate manual also includes rate adjustments for unapproved contract language changes will be rejected.</p> <p>f. This exhibit must be submitted as an Excel file and as an Adobe PDF file.</p>	
Exhibit 2		<p>Summary of Average Claim Trend and Administrative Expenses Included in Current and Prior Rate Adjustment Filings.</p> <p>a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; insert more rows as needed. Only use the first tab for data entry.</p> <p>b. Use a separate row to enter information for each combination of market segment/rating pool included in this rate adjustment application. Use the drop down list to enter the market segment. Enter a description of the rating pool in the column indicated; if the rating pools vary by rating region, the rating pool identifier should include a region identifier.</p> <p>c. Information is for medical base plans and all associated riders combined.</p> <p>d. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rate applicability period.</p> <p>e. The administrative expense components incorporated into the proposed rates are to be entered as a percentage of gross premium and as a per member per month amount.</p> <p>f. Enter the data for the rate period included in this rate adjustment filing. This refers to the various non-claim expense components included in the proposed rates and the average annualized claim trend assumed.</p> <p>g. Enter the data for the rate period included in the immediately prior rate adjustment filing (i.e., a section 3231(e)(1) or 4308(c) rate adjustment filing). This refers to the various non-claim expense components included in the proposed rates submitted with this prior filing and the average annualized claim trend assumed in this prior filing. If there is no immediately prior rate adjustment filing, enter the data assumed in the initial or prior form and rate filing.</p>	PA_Standard_Exhibit_2
Exhibit 3	Circular Letter No. 12 (2011)	<p>Narrative Summary.</p> <p>a. As indicated in Circular Letter No. 12 (2011), a draft of the narrative summary should be submitted for review by the Department prior to the rate adjustment submission. This draft should be submitted via SERFF using the “Prior Approval Prefiling” filing type code.</p> <p>b. The format of the exhibit is illustrative, but must include the required material. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel</p>	PA_Standard_Exhibit_3-final

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		<p>file. If submitted as a Word or Excel file, also submit another version in PDF format.</p> <p>c. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company’s policyholders and subscribers to help them understand why a rate increase is needed.</p> <p>d. The narrative summary will be a public document.</p> <p>e. It is suggested that once reviewed by the Department, the company post the narrative summary to a location on its website that is publicly available, that is, a location that can be viewed without the need for entering a user ID and password. Links should be provided on key pages of the company’s website so that the information may be easily located. Any change(s) to the narrative summary subsequent to the posting is to be submitted to the Department with the specific change(s) identified. Narrative summaries should remain on the company’s website for at least 12 months past the proposed effective date of the rate submission.</p> <p>f. The narrative summary should include, but not be limited to, the following information:</p> <ul style="list-style-type: none"> (i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application. (ii) A summary of the proposed rate adjustments. (iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain market segment (e.g., small group), or with certain products (indicate the “street name” of the products affected), or only a certain renewal cohort (e.g., policyholders renewing from period mm/dd/yyyy – mm/dd/yyyy). (iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples: <ul style="list-style-type: none"> i. Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy. ii. A rate structure with a 12 month rate guarantee: a policyholder will receive the rate adjustment on the policyholder’s next anniversary on or after mm/dd/yyyy. (v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission. (vi) An explanation, in plan language, as to why it is necessary to request such rate change(s). As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate 	
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		<p>explanation for each such product type. Each page of the narrative summary should be numbered (i.e., [page] of [pages]).</p>	
<p>Exhibit 4</p>		<p>Summary of Proposed Percentage Rate Change to Existing Rate.</p> <p>a. There are four different versions of this exhibit as indicated below. Not all versions may be required for a given rate filing. Only the version(s) required need be attached to the Supporting Documentation Tab.</p> <p>(i) Part A – Base Medical Plan information when a <u>Non-Rolling</u> Rate Structure is used.</p> <p>(ii) Part B – Base Medical Plan information when a <u>Rolling</u> Rate Structure is used.</p> <p>(iii) Part C – Drug Rider information when a <u>Non Rolling</u> Rate Structure is used.</p> <p>(iv) Part D – Drug Rider information when a <u>Rolling</u> Rate Structure is used.</p> <p>b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment filing. Use the drop down list to enter the market segment.</p> <p>c. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed, insert more rows as needed. Only use the first tab for data entry.</p> <p>d. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber’s next rate change date according to the new rate application.</p> <p>Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2013 issues and renewals. The rate change would be the percentage change from the second quarter 2012 rates to proposed second quarter 2013 rates.</p> <p>Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2013. The prior rate application included quarterly rolling rates for each quarter of 2012. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2012 before all the third and fourth quarter 2012 renewals have taken place. The proposed percentage change for fourth quarter 2013 would be the change from the fourth quarter 2012 rates to the proposed fourth quarter 2013 rates.</p> <p>e. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be</p>	<p>PA_Standard_Exhibit_4 A</p> <p>PA_Standard_Exhibit_4 C</p>

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		<p>included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file; if submitted as a Word or Excel file, also submit another version in PDF format.</p> <p>f. The weighted averages are to be based on annualized premium as of a specific date. For simplicity, the weighted averages in Parts A and B can use the same annualized premium as used in the corresponding Exhibit 5. For Parts C and D, if drug annualized premium cannot be used, the insurer should use a reasonable alternative method to develop the weighted averages.</p> <p>g. The values entered should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Part A and/or Part B. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Part A and/or Part B and the drug rider changes are shown in Part C and/or Part D.</p> <p>h. Parts A and B summarize the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product. Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of annualized premium by plan design and rating tier.</p> <p>i. Parts C and D summarize the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row. Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the</p>	
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		<p>distribution of annualized premiums (or other reasonable basis) by plan design and rating tier.</p> <p>Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders.</p> <p>j. A separate row should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported.</p> <p>k. Where rate changes differ by rating region within a market segment, separate rows are to be used by market segment/rating region combination.</p> <p>l. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2013, separate information should be entered in Parts B and D for the impact of the first quarter 2013 rate changes, the impact of the second quarter 2013 rate changes, the impact of the third quarter 2013 rate changes, and the impact of the fourth quarter 2013 rate changes.</p>	
<p>Exhibit 5</p>		<p>Distribution of Contracts Affected by the Proposed Rate Adjustments.</p> <p>a. There are two different versions of this exhibit as indicated below. Not all versions may be required for a given rate submission. Only the version(s) required need be attached to the Supporting Documentation Tab.</p> <p>(i) Part A – for use with <u>Non-Rolling</u> Rate Structures.</p> <p>(ii) Part B – for use with <u>Rolling</u> Rate Structures.</p> <p>b. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed, insert more rows as needed. Only use the first tab for data entry.</p> <p>c. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. Use the drop down list to enter the market segment.</p> <p>d. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined.</p> <p>e. The distribution basis can be by number of contracts or by number of members – fill in the applicable column. The same basis is to be used for all products within a given rate adjustment submission. Enter the applicable counts in the appropriate column (members column or contracts column), and replace the “mm/dd/yyyy”</p>	<p>PA_Standard_Exhibit_5 A</p>

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		<p>placeholder with the applicable “as of” date for the counts entered.</p> <p>f. The Weighted Average % is to be developed based on the distribution of annualized premium as of the same “mm/dd/yy” date for that market segment/rating region/product.</p> <p>g. At the end of each market segment enter a Market Segment Total row indicating the member/contract counts in total and by rate change column, the total annualized premium, and the Weighted Average % for all rating regions/products in that market segment combined.</p> <p>h. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder’s next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder’s next rate change date according to the new rate application The rate change reflects the impact of the base medical plans and all riders applicable to that contract.</p> <p>i. Enter in Part A the information for the various products that use a <u>non-rolling</u> rate structure.</p> <p>j. Enter in Part B the information for the various products that use a <u>rolling</u> rate structure. Separate rows are to be used for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2013, then separate rows would be used to enter information for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter.</p>	
<p>Exhibit 6</p>		<p>Summary of Policy Form and Product Changes.</p> <p>a. This exhibit summarizes all rate changes filed pursuant to sections of the New York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment filing and which affect the percentage changes shown on Exhibits 4 or 5.</p> <p>b. The format of the exhibit is fixed. Insert additional rows as needed. Only use the first tab for data entry. Use the drop down list to enter the filing status. Leave the Approval Date column blank for any filing that has not yet been approved. This exhibit must be submitted as an Excel file and also as an Adobe PDF file.</p> <p>c. List all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment filing. The actuarial memorandum should include a brief description of such changes, when the changes were</p>	<p>PA_Standard_Exhibit_6</p>

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		<p>implemented, and the impact on the rate changes in Exhibits 4 and 5.</p> <p>d. List all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option.</p>	
<p>Exhibit 7</p>		<p>Historical Data by Each Policy Form Included in the Rate Adjustment Filing.</p> <p>a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; insert additional rows as needed. Only use the first tab for data entry.</p> <p>b. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated.</p> <p>c. Use a separate row for each base medical policy form belonging to a rating pool (i.e., a permitted aggregation of base medical policy forms). Data is to be shown for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical policy form. Then add another row for the rating pool total and indicate an appropriate rating pool identifier in the first column. Skip a line and then enter similar data for the next rating pool.</p> <p>d. Indicate the form number for each base medical policy form, the product name as in the rate manual, the street product name, and the rating pool identifier (the rating pool identifier should include a region identifier if rating pools vary by region). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar policy forms for small group policy forms and for individual policy forms.</p> <p>e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the earliest rolling rate period of a rolling rate structure.</p> <p>g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.)</p> <p>h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate</p>	<p>PA_Standard_Exhibit_7</p>

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		<p>application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be consistent with how the average changes were calculated in Standard Exhibit 5 (i.e., based on members or contracts). For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1st, 2nd, 3rd, and 4th quarters of 2013. Rates are for a 12 month period. Indicate the average rate change percentage from the 1st quarter of 2012 rate tables to the 1st quarter 2013 rate tables.)</p> <ul style="list-style-type: none"> i. For the number of policyholders affected and the number of covered lives affected by this rate filing, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business, “policyholders” is referring to the number of groups, not the number of subscribers or contracts. j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure. k. The experience entered for the three indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders. <ul style="list-style-type: none"> (i) Each experience period is to be for 12 months (or shorter if a new form). (ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2013. The recent experience period cannot have an ending date earlier than June 30, 2012, i.e., 12 months prior to July 1, 2013.). (iii) The first prior period is the immediately prior 12 month experience period (or shorter period if a new form). The second prior period is the immediately prior 12 month experience period (or shorter if a new form) prior to the first prior period. (iv) The incurred claims for each of the three experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period, unless the Department has given prior approval to use a shorter period (but no shorter than 2 months). The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience 	
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		<p>period and how many months of claim run-out were reflected in the development of the incurred claims.</p> <p>(v) Loss ratio report refunds or refunds pursuant to Regulation 146 are to have no impact on the earned premiums or standardized premiums shown. Such refunds do not reduce the earned premiums or resultant standardized earned premiums.</p> <p>l. Enter the average annual composite medical trend assumption used in the proposed rate development for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown, as well as any other component such as for case mix or intensity (identify and discuss and justify any such other component in the actuarial memorandum along with the utilization component and unit cost component).</p> <p>m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology for one non-rolling rate product and one rolling rate product included in the rate filing is to be included as part of the actuarial memorandum, as applicable. The same standard rate level is used for all of the experience periods.</p> <p>n. If the rating differential between the New York rating regions is being revised with this rate filing, separate rows are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined, and the rating pool identifier is to include a rating region identifier.</p>	
<p>ACTUARIAL MEMORANDUM</p>	<p>11NYCRR 52.40(a)(1)</p>	<p>Actuarial qualifications:</p> <p>a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and</p> <p>b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.</p>	<p>memorandum</p>
<p>Justification of Rates</p>	<p>§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b) 11NYCRR 360.11</p>	<p>a. Description of proposed changes in rates, including the following:</p> <p>(i) The member (or contract) weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Standard Exhibit 5.) Include comparable</p>	

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		<p>information for percentage rate changes implemented during the prior 24 months.</p> <p>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2013. The change from each of the 2nd quarter 2013 rolling rate tables to the corresponding 3rd quarter 2013 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated.</p> <p>(iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment filing, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables).</p> <p>(iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio.</p> <p>(v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage</p>	
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		<p>impact of this variance were developed.</p> <p>(viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition.</p> <p>b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department’s approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.</p> <p>c. Include the following (year over year exhibit):</p> <p>(i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission.</p> <p>(ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2013 and first and second quarter 2014. Rates are for 12 month periods. Show the rates for the third quarter 2012, the proposed rates for the third quarter 2013, and the dollar and percentage change from third quarter 2012 to the proposed third quarter 2013 rates. Show a similar table for the proposed fourth quarter 2013, and first and second quarter 2014 rates as well.)</p> <p>d. Discuss the standard premium development used in Standard Exhibit 7. See discussion above on Standard Exhibit 7.</p> <p>e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period.</p> <p>(i) If the source data is actual claims experience, the experience period is to be at least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period.</p>	
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		<ul style="list-style-type: none"> (ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data. (iii) Discuss the credibility of such source data. (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment. <p>f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool).</p> <ul style="list-style-type: none"> (i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. (ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. <p>g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission.</p> <ul style="list-style-type: none"> (i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for a rolling rate structure, how the percentage change from the existing 2nd quarter 2013 rate table to the proposed 3rd quarter 2013 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed. 	
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		<ul style="list-style-type: none">(ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2013 rate table to the 4th quarter 2013 rate table). Provide justification for these changes between the rolling rate tables.(iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed, to the extent these programs are continued..(iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g).(v) Discuss if the source data includes any very large claims on an individual, how such large claims have been handled, and any internal mechanism to pool large claims across more than the rating pool that contained the large claim. Clearly show how the rate development, if applicable, reflects this internal mechanism for pooling large claims.h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.i. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within	
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		<p>the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>k. Discuss any significant change in the non claim expense components indicated on Standard Exhibit 2 between the prior rate adjustment filing and this rate adjustment filing, including any item where the \$mpm value exceeds \$1 and where the \$mpm value changed by more than 10% between the prior filing and the current filing. Discuss the source for the non-claim expense components indicated on Standard Exhibit 2 for the current rate filing and, for the percentage of gross premium values, how the proposed rate change was reflected in the development of those percentage of gross premium factors (e.g., as premiums increase the percentage of premium should decrease for an expense that is not directly tied to premium). Discuss any revision to the expense allocation basis that has occurred since the last rate adjustment filing.</p>	
<p>Minimum Loss Ratio Requirements</p>	<p>§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010.</p> <p>b. The minimum loss ratio for the official Medicare Supplemental products is: (i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance Law, as amended by Chapter 107 of the Laws of 2010; and (ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).</p>	
<p>Actuarial Certification</p>	<p>11NYCRR 52.40(a)(1)</p>	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.</p> <p>c. The expected loss ratio incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of</p>	<p>certification</p>

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		<p>policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio incorporated into the proposed rate tables for each permitted aggregation of policy forms within each permitted aggregation of rating regions.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p> <p>e. The rates are not unfairly discriminatory.</p>	
REVISED RATE MANUAL PAGES	<p>11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)</p>	<p>Rate Manual.</p> <p>a. Table of contents.</p> <p>b. Rate pages, including a page indicating the composition of each rating region.</p> <p>c. Insurer/corporation name on each consecutively numbered rate page.</p> <p>d. Identification by form number of each policy, rider, or endorsement to which the rates apply.</p> <p>e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits.</p> <p>f. Description of revised rating classes, factors and discounts, as applicable.</p> <p>g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design.</p> <p>h. Commission schedule(s) and fees.</p> <p>i. Underwriting guidelines and/or underwriting manual, to the extent applicable.</p> <p>j. Expected loss ratio(s).</p> <p>The Rate Manual is to be attached to the Rate Schedule tab as an Adobe PDF file; if more than one file is needed, each file should be properly labeled to indicate the contents of the file. The Department is requesting that the rate pages section of the manual also be submitted as an Excel workbook(s).</p>	<p>R 2014 Rate Manual and Exhibit A 07.01.2013</p> <p>S 2014 Rate Manual and Exhibit A 07.01.2013</p> <p>B 2014 Rate Manual and Exhibit A 07.01.2013</p> <p>U 2014 Med Supp Rate Manual 07.01.2013</p> <p>A 2014 Exhibit B</p>
NOTICES TO POLICYHOLDERS Initial & Final	<p>§3231(e)(1)(A) §4308(c)(2) Circular Letter No. 12 (2011)</p>	<p>a. As indicated in Circular Letter No. 12 (2011), a draft of the initial notice should be submitted for review by the Department prior to the rate adjustment submission. This draft should be submitted via SERFF using the “Prior Approval Prefiling” filing type code.</p> <p>b. Include with the rate adjustment filing a sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Department of Financial Services.</p> <p>(i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Department.</p> <p>(ii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region.</p> <p>c. Include with the rate adjustment filing a sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.</p>	<p>Initial Notifications - final</p> <p>Draft Rate Notifications - 2014</p>

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<p>HHS JUSTIFICATION PART I (Unified Rate Review Template) AND PART II (Consumer Disclosure)</p>	<p>PPACA §1003</p>	<p>a. This refers to the material that an insurer is required to submit to HHS for a rate adjustment filing or what would be submitted to HHS if the “subject to review” threshold was exceeded by this filing.</p> <p>b. For every rate submission pursuant to section 3231(e)(1) or section 4308(c) of the New York Insurance Law, the insurer is to submit Parts I and II of the U.S. Department of Health and Human Services (HHS) Justification, whether or not such justification material is required to be submitted to HHS.</p> <p>c. This requirement applies to large group community rated products as well as to small group and individual products, and to non-grandfathered and grandfathered products, but this requirement does not apply to a product type that would never require such justification material to be submitted to HHS (for example: Medicare Supplemental products, stand-alone dental products).</p> <p>d. The Part I justification material is to be prepared using the Excel Unified Rate Review Template and instructions provided by HHS. For a large group community rated filing, the insurer need only complete Worksheet 1 of the Unified Rate Review Template for each large group rating pool and include the URRT(s) in the rate submission.</p>	<p>N/A</p>
<p>PUBLIC DISCLOSURE OF THE RATE APPLICATION</p>		<p>Posting a Redacted Version of the Rate Adjustment Application to the Department’s Website.</p> <p>a. A redacted version of this rate application will be posted to the Department’s website to aid consumers’ understanding of the reason(s) for the requested rate change(s).</p> <p>b. The Department will accept redaction of only the following information in the rate application:</p> <p>(i) personally identifiable information, including names and contact information of actuaries or other individuals, including those who work for the health plan, a consulting firm, or the Department, that are contained in the application; and</p> <p>(ii) information that identifies in reasonably precise terms specific provider reimbursement rates contained in contracts between the health plan and a particular provider or formally affiliated provider group. Information that discloses trend, even specific trend, will <i>not</i> qualify for redaction. For example, if an insurer has a single pharmacy benefit manager (PBM), information about generic, brand and specialty drug costs per member will be disclosed. However, information about per unit dispensing fees paid to the PBM, or the level of rebates received, may be redacted.</p> <p>c. In order to expedite the posting of the redacted application to the Department’s website, the company is to attach within SERFF as a PDF file the redacted version of each document submitted with the application, including the completed checklist, all of the standard exhibits, the actuarial memorandum plus any</p>	

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		<p>attachments or appendices, the rate manuals and year over year exhibits, as well as any other documentation submitted. A redacted attachment/file should be clearly labeled as a redacted version.</p> <p>d. The redacted version of the application that will be posted to the Department’s website will be constructed by the Department and will not be submitted to the insurer for prior review. <i>Where a document is attached to SERFF without a clearly labeled redacted version in PDF format, it will be assumed that no redactions are requested and the unredacted version of the document will be posted to the website as filed.</i></p>	
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Excellus Health Plan, Inc.

Univera Healthcare

Prior Approval Submission for Rates Effective upon renewal beginning 1/1/2014.

Draft Rate Notification Letters
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Group Letters

Exc	ellus	Page	2
Univera		Page	3
	Example Rate Summary Sheet	Page	4

Individual Letters

Exc	ellus	Page	5
Univera		Page	6



DATE

Subgroup Name
ATTN: Group Administrator
Subgroup Address
City, State Zip

Dear Group Administrator:

Thank you for choosing Excellus BlueCross BlueShield for your health care plan. The attached rates were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date, January 1, 2014.

Availability of summary health information:

The Patient Protection and Affordable Care Act requires issuers and group health plans to distribute a Summary of Benefits and Coverage (SBC) that describes the benefits and coverage available under a health plan. For a copy of your SBCs, please visit our website at excellusbcbcs.com/sbcfinder. The plan IDs and coverage start dates (effective dates) are listed on your rate summary sheets. SBCs must be distributed to your group members at renewal and at any time upon request.

If the rate adjustment for your current product does not meet your budget, we offer a wide variety of other products at prices that may fit your needs. If you have questions about the premium rate listed in this letter, please:

- Contact your Account Consultant or benefits administrator, or
- Call our general rate information line at 1-855-561-2836.

We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,

[Redacted signature block]



205 Park Club Lane, Buffalo, NY 14221

DATE

Subgroup Name
ATTN: Group Administrator
Subgroup Address
City, State Zip

Dear Group Administrator:

Thank you for choosing Univera Healthcare for your health care plan. The attached rates were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date, January 1, 2014.

Availability of summary health information:

The Patient Protection and Affordable Care Act requires issuers and group health plans to distribute a Summary of Benefits and Coverage (SBC) that describes the benefits and coverage available under a health plan. For a copy of your SBCs, please visit our website at univerahealthcare.com/sbcfinder. The plan IDs and coverage start dates (effective dates) are listed on your rate summary sheets. SBCs must be distributed to your group members at renewal and at any time upon request.

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- Contact your Account Consultant or benefits administrator, or
- Call our general rate information line at 1-855-561-2836.

We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,



RATE SUMMARY SHEET

Effective Date: January 1, 2014

Sub Group: 12345678-0001 – ABC Company

Rating Region: xxx Group Segment: Large Group

Rates shown below represent a Monthly Premium

Class: A001 – All Actives

BZ – Blue Choice 25

Medical Product id Description

Rx Product id Description

Effective Date	Subscriber	Subscriber & Spouse	Subscriber & One Child	Subscriber and Children	Family
Current	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx
1/1/2014	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx

BW –Blue Choice 30

Medical Product id Description

Rx Product id Description

Effective Date	Subscriber	Subscriber & Spouse	Subscriber & One Child	Subscriber and Children	Family
Current	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx
1/1/2014	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx	\$xxx.xx



Date

Subscriber Fname Lname
Subscriber address
City, state zip

Dear FIRST NAME,

Thank you for choosing Excellus BlueCross BlueShield for your health care plan. The rates below were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date.

The new rate for your plan will be effective January 1, 2014. This price is the total cost of your current insurance contract with Excellus BlueCross BlueShield. If you change plans, your plan premium will be adjusted.

Monthly rates for Plan ID: 78124vxxxxxxxx-00

B4 - Blue Choice 25

Current Rate: \$xxxx.xx

New Rate: \$xxxx.xx

Availability of summary health information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. To get a copy of your SBC, please visit our website excellusbcb.com/sbcfinder. The Plan ID and coverage start date (effective date) are listed above. A paper copy is also available, free of charge, from your employer or by calling 1-855-646-8011.

If you have questions about the premium rate listed in this letter, please:

- Contact your employer group's benefits administrator, or
- Call our general rate information line at 1-855-561-2836.

For all other questions regarding claims and benefits, you can call Customer Service at the telephone number listed on your identification card. We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,





205 Park Club Lane, Buffalo, NY 14221

Date

Subscriber Fname Lname
Subscriber address
City, state zip

Dear FIRST NAME,

Thank you for choosing Univera Healthcare for your health care plan. The rates below were approved by the New York State Department of Financial Services (DFS) and will be effective on your renewal date.

The new rate for your plan will be effective January 1, 2014. This price is the total cost of your current insurance contract with Univera Healthcare. If you change plans, your plan premium will be adjusted.

Monthly rates for Plan ID: 78124vxxxxxxxx-00

B4 – Medicare Supplement Plan C

Current Rate: \$xxxx.xx

New Rate: \$xxxx.xx

Availability of summary health information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. To get a copy of your SBC, please visit our website univerahealthcare.com/sbcfinder. The Plan ID and coverage start date (effective date) are listed above. A paper copy is also available, free of charge, from your employer or by calling 1-855-646-8011.

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For all other questions regarding claims and benefits, you can call Customer Service at the telephone number listed on your identification card. We appreciate the opportunity to serve you and look forward to serving you well into the future.

Sincerely,



Excellus Health Plan, Inc

**165 Court Street
Rochester, NY 14647**

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

**Rate Notifications
Effective January 1, 2014**

June 17, 2013

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Direct Pay Notifications

Date

DRAFT – 2013 Initial Notice

Subscriber First Name/Last Name
Subscriber Address
City, State, Zip

Dear Subscriber:

Thank you for choosing Excellus BlueCross BlueShield for your health care plan.

As you know, rising medical costs and an aging population continue to drive health care costs higher. To cover these expenses, Excellus BCBS must modify rates. State law requires us to secure approval from the New York State Department of Financial Services (DFS) for premium rate changes and to notify you that we are proposing changes for your plan.

What do you need to do?

No action is required. Once the rates are approved or modified by DFS, we will send you a letter with your actual rate change, at least 60 days before it becomes effective.

What do you need to know?

- The rate change request will be submitted to DFS on or around June 28, 2013
- The DFS Superintendent may approve, modify, or disapprove the proposed rate adjustment
- After DFS makes the final decision:
 - you will be notified of the actual rate change at least 60 days prior to the date of the change
 - the rate will be effective on your annual renewal date in **2014**
- The proposed rate changes are listed below

Plan 1: **INSERT PLAN NAME**
Proposed Rate Change: **XX.XX%**

Do you have questions or comments?

The law gives you the opportunity to submit written comments regarding the proposed rate changes within 30 days of the date we file the application. Note that any written comments submitted will be posted to the Department’s website, with personal identifying information removed. Please be sure to identify “Excellus Health Plan, Inc.” and its dba, “Excellus BlueCross BlueShield” as your insurer and indicate the type of policy you carry in the comments.

You may send comments directly to us or contact us with any questions regarding the start and conclusion of the 30 day comment period.

<p style="text-align: center;">For HMO Products, please send mail to: Health Bureau-Premium Rate Adjustments, New York State Department Financial Services One State Street, 2nd Floor New York, NY 10004 – 1511</p> <p style="text-align: center;">For Medicare Supplement Products, please send mail to New York State Department Financial Services One Commerce Plaza Albany, NY 12257</p> <p>By email: PremiumRateIncreases@dfs.ny.gov Or go online: https://myportal.dfs.ny.gov/web/prior-approval/submit-a-comment</p>	<p style="text-align: center;">To contact us:</p> <ul style="list-style-type: none"> Send mail to the return address at the top of this letter, Call the phone number on your subscriber id card Call 1-855-561-2836 Go online to the website http://excellusbcbs.com/employer/rates
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To review a detailed narrative describing this year's premium rate filing, please go to our website at <http://excellusbcs.com/employer/rates> or to the Department of Financial Services website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and we consistently rank high in surveys for quality and member satisfaction. Helping our subscribers live a healthier lifestyle is one of the best ways to keep health care costs as low as possible, and we're proud to offer all of our subscribers access to resources, tools and support through excellusbcs.com.

As always, we look forward to serving you.

Sincerely,

[Redacted signature]



205 Park Club Lane, Buffalo, NY 14221

DRAFT – 2013 Initial Notice

Date

Subscriber First Name/Last Name
Subscriber Address
City, State, Zip

Dear Subscriber:

Thank you for choosing Univera Healthcare for your health care plan.

As you know, rising medical costs and an aging population continue to drive health care costs higher. To cover these expenses, Univera Healthcare must modify rates. State law requires us to secure approval from the New York State Department of Financial Services (DFS) for premium rate changes and to notify you that we are proposing changes for your plan.

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Plan 1: **INSERT PLAN NAME**
Proposed Rate Change: **XX.XX%**

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As always, we look forward to serving you.

Sincerely,

██████████
██████████

Group Notifications

Date

SubGroup Name
Subgroup Address
City, State, Zip

Dear Group Administrator:

Thank you for choosing Excellus BlueCross BlueShield for your health care plan.

As you know, rising medical costs and an aging population continue to drive health care costs higher. To cover these expenses, Excellus BCBS must modify rates. State law requires us to secure approval from the New York State Department of Financial Services (DFS) for premium rate changes and to notify you that we are proposing changes for your plan(s).

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- The proposed rate changes are listed below

Plan 1: Medical Plan inserted here

Proposed Rate Change: xx.xx% (based on table below)

2014 Requested Rates	Rochester	Syracuse	Utica
Blue Choice / HMO Blue	9.30%	9.30%	9.30%
Med Supp Plan A	-6.08%		
Med Supp Plan B	-9.61%	-10.16%	-13.44%
Med Supp Plan C	-7.50%	-13.52%	-11.36%
Med Supp Plan F	-12.20%	-10.48%	-18.00%
Med Supp Plan F+	-8.32%		
Med Supp Plan H	-11.95%		-20.12%
Med Supp Plan H/Rx	-10.83%		
Med Supp Plan N	-10.06%		

Do you have questions or comments?

The law gives you the opportunity to submit written comments regarding the proposed rate changes within 30 days of the date we file the application. Note that any written comments submitted will be posted to the Department’s website, with personal identifying information removed. Please be sure to identify “Excellus Health Plan, Inc.” and its dba, “Excellus BlueCross BlueShield” as your insurer and indicate the type of policy you carry in the comments.

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To review a detailed narrative describing this year's premium rate filing, please go to our website at <http://excellusbcbcs.com/employer/rates> or to the Department of Financial Services website at <https://myportal.dfs.ny.gov/web/prior-approval/welcome>.

Please be assured that Excellus BlueCross BlueShield works to provide value to our members. Our administrative costs compare favorably with other health plans, and we consistently rank high in surveys for quality and member satisfaction.

If the rate adjustment for your current plan does not meet your budget, we offer other plans at prices that may fit your needs. Please contact your sales representative for more information.

As always, we look forward to serving you.

Sincerely,

Senior Vice President, Marketing and Sales

Date

SubGroup Name
Subgroup Address
City, State, Zip

Dear Group Administrator:

Thank you for choosing Univera Healthcare for your health care plan.

As you know, rising medical costs and an aging population continue to drive health care costs higher. To cover these expenses, Univera Healthcare must modify rates. State law requires us to secure approval from the New York State Department of Financial Services (DFS) for premium rate changes and to notify you that we are proposing changes for your plan(s).

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- The proposed rate changes are listed below

Plan 1: Medicare Supplement C
Proposed Rate Change: -10.88%

Do you have questions or comments?

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As always, we look forward to serving you.

Sincerely,

President

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Excellus Health Plan, Inc.</u> Company submitting the rate adjustment request 165 Court Street, Rochester, NY 14647 Company mailing address	HMO - 44 <u>Not for Profit - 43</u> Company Type	Not-for-Profit <u>Org. Type</u>	55107 Company NAIC Code
B.	Contact Person: <u>[REDACTED]</u> Rate filing contact person name, title	<u>[REDACTED]</u> Contact phone number	<u>[REDACTED]</u> Contact Email address	
C.	Actuarial Contact (If different from above): Actuary name, title	Actuary phone number	Actuary Email address	
D.	New Rate Information (See Note #1): <u>January 1, 2014-December 31 2014</u> New rate applicability period	New rate effective date 1/1/2014	EXHP-129086188 SERFF Tracking Number	
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): <u>Large Group, Medicare Supplement</u>			
F.	Provide responses for the following questions: Response			
	1. Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No</u>		
	2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>No</u>		
	3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	<u>Yes. All policyholders impacted by the submitted rates were sent initial notifications mailed between June 27 and July 1, 2013.</u>		
	4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>All required exhibits have been submitted.</u>		
	5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the pre-filing.	<u>Yes. SERFF # EXHP-129086540</u>		

Notes:

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.
 Use the following SERFF filing types for rate adjustment filings:
 - * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
 - * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
 - * For all other prior approval filings: Normal Pre-Approval
- (3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: Excellus Health Plan, Inc.
 NAIC Code: 5107
 SERFF Number: EXHP-129086188

- A. Complete a separate ROW for each market segment/rating pool combination included in the current rate adjustment filing:
- Information should be for medical base plans and associated riders combined.
 - Indicate the market segment the rating pool belongs to by using the drop down list. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group.
 - Enter a description of the rating pool within the indicated market segment. If the rating pools vary by rating region, the rating pool description should include a region identifier (eg., SG HMO Downstate, SG HMO Upstate).
 - Use a separate row for each market segment/rating pool combination included in the current rate adjustment filing.
 - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- B. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components included in the proposed rates and the average annual claim trend assumed.
- D. Enter the corresponding information requested for the immediately prior rate adjustment filing. This refers to the various expense components included in the proposed rates submitted with the immediately prior rate adjustment filing and the average claim trend assumed. If there is no immediately prior rate adjustment filing, enter the data from the initial form and rate filing.
- E. This form must be submitted as an Excel file and as a PDF file.

		Data Item for Specified Rating Pool																													
		For the period included in this rate adjustment filing																													
1. Market Segment	2. Description of rating pool within the market segment	3. Period assumed - beginning date (MM/DD/YY)	4. Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	6.6 Other administrative expenses as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Exhibit - as \$mpm	12.3 Commissions and broker fees - as \$mpm	12.4 Premium Taxes - as \$mpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	12.6 Other administrative expenses as \$mpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	14. State income tax component - as \$mpm	15. Federal income tax component - as \$mpm	16. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	17. Subtotal columns 12.7 through 16	
LG	Large Group HMO Medicare Supplemental	XX	01/01/14	12/31/14	6.85%	1.19%	0.44%	2.47%	0.00%	3.45%	6.26%	13.81%	2.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.81%	5.66	2.07	11.75	0.00	16.41	29.73	65.63	9.51	0.00	0.00	0.00	75.14
MS-IND	Supplemental	XX	01/01/14	12/31/14	2.16%	1.57%	0.36%	0.00%	0.00%	0.00%	16.72%	18.64%	1.36%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	3.23	0.75	0.00	0.00	0.00	34.46	38.44	2.80	0.00	0.00	0.00	41.23
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EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name
NAIC Code
SERFF Number

- A. Complete a separate filing to project
- Information shown
- Indicate the market (HNY-IND), Small percentage rate change
- Enter a descriptive title (Update).
- Use a separate filing to project
- Append additional information
- B. The average claim filing to project
- C. Enter the required information included in the filing
- D. Enter the corresponding information included in the immediately prior filing
- E. This form must be filed

		Data Item for Specified Rating Pool																													
		For the rate period included in the immediately prior rate adjustment filing (or initial form & rate filing)																													
1. Market Segment	2. Description of rating pool within the market segment	18. Period assumed beginning date (MM/DD/YY)	19. Period assumed ending date (MM/DD/YY)	20. Average annual claim trend assumed	21.1 Regulatory authority licenses and fees, including New York State 332 assessment	Administrative expenses for activities that improve health care quality as defined in the NAIC Supplemental Health	21.3 Commissions and broker fees - as a % of gross premium	21.4 Premium Taxes - as a % of gross premium	Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	21.6 Other administrative expenses - as a % of gross premium	21.7 Subtotal columns 21.1 through 21.6	22. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	23. State income tax component - as a % of gross premium	23.1 State income tax rate assumed (eg 3%)	24. Federal income tax component - as a % of gross premium	24.1 Federal income tax rate assumed (eg 30%)	25. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	26. Subtotal lines 21.7 + 22 + 23 + 24 + 25	27.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Health Care Exhibit - as \$mpm	27.3 Commissions and broker fees - as \$mpm	27.4 Premium Taxes - as \$mpm	27.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	27.6 Other administrative expenses as \$mpm	27.7 Subtotal lines 27.1 through 27.6	28. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	29. State income tax component - as \$mpm	30. Federal income tax component - as \$mpm	31. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	32. Subtotal columns 27.7 through 31	
LG	Large Group HMO Medicare Supplemental	XX 01/01/13	12/31/13	5.15%	0.66%	0.37%	3.64%	0.00%	0.00%	5.73%	10.40%	3.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.40%	2.80	1.55	15.35	0.00	0.00	0.00	24.15	43.85	12.64	0.00	0.00	0.00	56.49
MS-IND	Supplemental	XX 01/01/13	12/31/13	4.71%	1.23%	0.33%	0.00%	0.00%	0.00%	15.85%	17.41%	2.59%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%	2.65	0.71	0.00	0.00	0.00	0.00	34.16	37.52	5.59	0.00	0.00	0.00	43.11
		XX									0.00%							0.00%								0.00					0.00
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Request of:

Excellus Health Plan, Inc. doing business as

- **Excellus BlueCross BlueShield**
- **Univera Healthcare**

To:

The Department of Financial Services of the State of New York

For approval of Large Group HMO and Medicare Supplement community rate increases in 2014

Filed: on or about July 15, 2013

NARRATIVE SUMMARY

I. OVERVIEW

Excellus Health Plan, Inc. (NAIC code number 55107) has made application to the Superintendent of the Department of Financial Services to adjust premium rates for its Large Group HMO and Medicare Supplement community-rated products. Excellus Health Plan and related companies provides health insurance ("EHP") and administrative services for about 1.9 million upstate New Yorkers in 39 counties. The proposed premium rates affect about 44,000 members or 2 percent of the health plan's total membership. Its proposed rates are subject to review by the New York Department of Financial Services pursuant to section 4308 (c) of the New York Insurance Law. The Department may approve the proposed rate increase as requested, modify the proposed rate increase, or disapprove the proposed rate increase in its entirety. The determination by the Department shall be supported by sound actuarial assumptions and methods.

The rate application will be filed with the Department on or about July 1, 2013. The actual rate increases approved by the Department will be communicated to the impacted parties at least 60 days prior to the date the new rate is implemented for the subscriber. EHP policyholders with renewal dates during 2014 would, if approved, receive the indicated rate adjustments on their next anniversary date on or after January 1, 2014.

Excellus Health Plan is required by New York State law to develop rates that assume that at least 82% of premium revenue will be spent on health care costs in the direct pay market along with small groups and 85% for large groups, be actuarially sound, cover all claim costs, and provide a contribution to ensure adequate reserves. The percent of premium attributable to claims is referred to as the Medical Loss Ratio ("MLR").

The actual MLR may vary over time based on changes in the amounts paid to hospitals, physicians, and other providers, the increase in health care trend or inflation and health care utilization by our members. Excellus Health Plan's MLR has been and continues to exceed the statutory minimums. In 2012, the MLR for Excellus Health Plan was 94.9% for individual direct pay, 92.5% for small groups, and 92.1% for large groups. With the proposed rate adjustments, Excellus Health Plan's MLRs would remain well above the minimum levels. In the event the MLR falls below the required minimum, the health plan refunds the difference to policyholders.

As explained further in this narrative, the requested rate increases are due primarily to the annual increases in the cost of medical care. Excellus Health Plan has attempted to limit the rate increases to the lowest amounts possible and exceed the minimum threshold of medical benefit payments as a percent of premium, while also preserving the financial integrity of the Plan. It would also be unfair to subsidize community rates from other segments of business.

Periodic rate adjustments are necessary to secure the ability of Excellus Health Plan, or any insurer, to produce sufficient revenue and surplus for reserves to assure continued coverage and claim payments both for current health care needs, and potential catastrophic cost situations. Excellus Health Plan's reserves vary from year to year based on actual health care costs incurred. As of Dec. 31, 2012, the health plan had reserves equivalent to three months of claims and more than the minimum required by New York State law. These reserves are the "insurance" that assures payment even when costs run higher than anticipated, or emergencies or disasters occur, and should not be used as an alternative fund to temporarily reduce rate adjustments.

Seeking to achieve a minimum level of reserves or a minimum risk-based capital ratio is not a sound financial practice for any health plan. The health plan also does not seek to accumulate industry benchmark levels of reserves or reach top risk-based capital scores that have been achieved by some health plans. The community rate increases proposed are designed, in concert with other lines of business, to achieve a modest operating margin for the business to continue offering competitive and affordable access to health coverage in our communities, including a broad participation in safety net products.

In filing its rate application, Excellus Health Plan is sensitive to the fact that individuals and small businesses struggle to afford higher premiums. However, it is clear that an increase in premiums is necessary to assure the continued operations of the Plan and the viability of its product offerings. Because EHP already has a high MLR, failure to approve these rates would only lead to the need for even greater rate increases in the future as claim costs would eventually exceed premiums collected.

II. FACTORS CONTRIBUTING TO THE PROPOSED RATE INCREASE

Escalating health care costs

The cost of health care services, equipment and products continues to be the primary reason for rate increases.

“Trend” is a very important consideration in determining the need for a premium rate adjustment. The trend forecast takes into account projected increases in costs attributed to what Excellus Health Plan pays out in claims expenses for hospital inpatient and outpatient care, professional services, pharmacy benefits and other goods and services. In upstate New York, the health plan’s typical distribution of medical benefit spending is summarized as follows:

- Hospital inpatient, 19-21%
- Hospital outpatient, 27-29%
- Professional services, 29-31%
- Pharmacy, 15-17%
- Other medical goods and services, 4-6%

In upstate New York, EHP is forecasting an overall medical benefit trend factor range for its commercial fully insured business of 5.9 to 8.3 percent for 2014. These trends do not include adjustments to base rates for previous rate increases that were insufficient to cover claims and operating expenses for some plan options.

A note about the compounding effects of price and utilization

Health care costs for each of those benefit components take into account the compounding effects of both the price of the goods or services provided as well as the quantity of the goods and services consumed.

For example, if the price of a service was \$100 in 2012 and the number of services provided was 100, the total amount spent in 2012 related to that service would be \$10,000. If the price of the service rose 10 percent in 2013 and the number of identical services rendered rose by 10 percent, the impact of both the price change and utilization increase is compounded for an overall increase in spending of 21 percent. (110 services x \$110 new price = \$12,100 spending, or a 21 percent increase over the prior year’s spending of

\$10,000.) The same impact on spending occurs if the intensity of services rises for treating patients.

The ranges presented below of trend factors forecasted for each of the benefit components takes into account that compounding effect. And, the impact that each trend has to the overall cost of coverage is related to proportionate size of the benefit component. For example, overall spending would rise faster as a result of a 5 percent increase in professional services versus a 5 percent increase in drug costs because professional services represents a larger share of medical benefit spending.

Trend factors forecasted for each of the main medical benefit components

Hospital

A 6.9 percent to 10.9 percent trend factor is forecasted for hospital inpatient services and a 6.2 percent to 10.4 percent trend factor is forecasted for hospital outpatient services in 2014. Examples of drivers for those trends are rising costs related to emergency services, radiology, and newborn services.

Professional services

A 3.4 percent to 5.5 percent trend factor is forecasted for professional services. This trend is the result of an increase in urgent care services and therapeutic injections.

Prescription drugs

A trend factor of 5.6 percent to 10.8 percent is forecasted for drug spending. Nationally and in upstate New York, brand-name drug price hikes along with an expansion of expensive specialty drugs are contributing to that trend. In upstate New York, the impact of those factors would have been more pronounced, but higher levels of less expensive generic prescriptions have helped prevent even larger overall spending increases.

Other Medical Goods and Services

A trend factor of 6.8 percent to 10 percent is forecasted for this miscellaneous category of spending. This trend is driven largely by an increase in durable medical equipment purchases and ambulance services.

III. NEW YORK TAXES AND ASSESSMENTS

Insurance taxes are built into the costs of health coverage. New Yorkers who voluntarily purchase private health insurance coverage paid more than \$4 billion in state health taxes in 2011, according to an analysis by the New York State Conference of Blue Cross and Blue Shield Plans.

New York's Health Care Reform Act of 1996 ("HCRA") created two surcharges on health insurance and an additional tax is imposed under Section 206 (formerly Section 332) of the state Insurance Law.

The covered lives assessment is an annual flat surcharge or tax on every person who has insurance coverage in the state. Health plans are assessed on the basis of the number of people they cover with individual and family rates that vary depending on the residence of the insured. Among upstate regions defined by the state, the annual covered lives assessment rates in 2013 that impact Excellus Health Plan members are as follows:

	Per Certificate Per Year		Per Certificate Per Month	
	Individual	Family	Individual	Family
Western	\$37.84	\$124.86	\$3.15	\$10.41
Rochester	\$100.86	\$332.24	\$8.41	\$27.69
Central	\$52.88	\$174.50	\$4.41	\$14.54
Utica/Watertown	\$8.33	\$27.49	\$0.69	\$2.29
Northeastern	\$38.42	\$126.78	\$3.20	\$10.57

The second surcharge created by the 1996 Health Care Reform Act is collected from health plans in the form of a sales tax on many hospital-related services. The surcharge is applied to both self-insured and fully insured plans. Beginning at 8.18 percent in 1997, the surcharge is now at 9.63 percent.

The third levy, the Section 206 assessment, was originally established to finance New York State Department of Insurance operations but its funding purposes have expanded beyond that purpose. The assessments apply to all licensed insurers in the state (e.g. life, property and casualty, and health), and are based on New York premiums.

In total, the above New York Taxes and Assessments aggregated to about 6% of the 2014 Large Group HMO community-rated premium.

IV. FEDERAL FEES

Annual fee on health insurance providers:

Beginning in 2014, this fee will be based on each health insurance company's market share of net premiums written, adjusted for size and corporate structure. The fee will be assessed on all fully insured health plans, individuals purchasing coverage on their own, Medicare beneficiaries enrolled in a Medicare Advantage plan or a prescription drug plan and states that contract with health plans for Medicaid.

The federal law requires the total fee on nationwide health insurance providers to be collected is \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017 and \$14.3 billion in 2018. After 2018, the fee is expected to collect \$14.3 billion, indexed to the rate of growth in premiums. Each year, the calculation will be based on the market share of each assessed plan and will change based on the number of companies in the insured market. Under this fee provision, a health plan could incur financial losses but would still be subject to the market share fee.

Transitional reinsurance program for the individual market:

The federal law created a temporary reinsurance program that is to collect nationwide, \$10 billion in 2014, \$6 billion in 2015, and \$4 billion in 2016. Additionally, a separate contribution is to be deposited into the U.S. Treasury that will total \$2 billion in 2014, \$2 billion in 2015, and \$1 billion in 2016.

The contribution rate is to be based on a \$63 national per capita yearly amount. All insurers and self-insured group health plans are required to contribute on behalf of all group health plans and health insurance coverage they provide. About 80% of the contributed fees will reinsure the allowed costs for high-risk individuals. The remaining funds will go into the general fund of the U. S. Treasury.

Patient Centered Outcomes Research Institute (“PCORI”) fee:

The federal law created the PCORI to help stakeholders make informed health decisions by advancing the quality and relevance of evidence-based medicine through the use of comparative clinical effectiveness research findings. The fee is set at \$2 per year multiplied by the average number of lives covered under the plan for plan years ending before October 1, 2014. And, for plan years ending on or after October 1, 2014, the fee increases based on the projected per capita amount of National Health Expenditures.

The annual fee on health insurance providers, transitional reinsurance program fee, and the PCORI fee represent about 3.7% of the 2014 Large Group HMO community-rated premium.

V. ADMINISTRATIVE COSTS

A portion of what is reported to the state as “administrative expenses” is attributed to what Federal Health Reform considers “quality improvement expenses,” meaning the federal government recognizes that these represent costs that lead to overall improvements in health care versus simply a routine business expense, and as a result will be considered a medical benefit expense for purposes of federal MLR calculations.

Those quality improvement expenses include such items as:

- Improvements in health outcomes brought about by case management and disease management programs,
- Actions taken to help prevent hospital readmissions through such things as discharge planning and counseling,
- Wellness and community health promotional activities, and
- Health information technology that is used to help measure clinical effectiveness and predictive modeling.

Out of the estimated 10.4% of premium revenue expected to be spent in 2014 on administrative expenses, about 0.4 percentage points are attributed to those quality improvement expenses.

Another component of administrative expenses to health plans is the New York State - imposed Section 206 taxes discussed above. These taxes and assessments comprise an additional 1.2 percentage points of Excellus Health Plan’s overall administrative expenses.

If both the quality improvement expenses and the state imposed Section 206 tax expense were subtracted from “administrative expenses,” our health plan’s remaining business expense would represent slightly less than 8.8 percent of premium revenue.

VI. COMPONENTS OF RATE CHANGE

For the products included in this rate application, the following chart outlines the components of each product’s rate change separated into five categories. The impact of “Claims & Related Taxes” represents the difference between the expected claims included in the rates filed under the prior rate application and the expected claims under this rate application, the expected medical trend, and the associated taxes required under the HCRA. These impacts can vary between Commercial and Medicare products because the evaluation of each is independent. The impact of “Retention & Section 206” represents the portion of the

rate increase associated with changes in administrative expenses, broker commissions, Section 206 assessments, and contribution to reserves. The impact of “Federal Fees” is the portion of the rate increase attributable to the applicable taxes imposed by the health care reform law including the following: annual fee on health insurance providers, transitional reinsurance program fee, and the PCORI fee. Federal taxes do not apply to Medicare Supplement products. Finally, the impact of “Benefit Alignment / Pool Adjustment” represents the adjustment necessary to align premiums with their benefit values and business segment. The sum total of these components results in the requested rate change for each product.

Rate Increase Components					
All Regions					
Product Type	Claims & HCRA Taxes	Retention & Sec 206	Federal Fees	Benefit Alignment / Pool Adjustment	% Change Requested
Commercial Large Group HMO	5.1%	0.5%	3.7%	N/A	9.3%

Rochester Region					
Product Type	Claims & HCRA Taxes	Retention & Sec 206	Federal Fees	Benefit Alignment / Pool Adjustment	% Change Requested
Medicare Supplement Individual	-3.4%	-0.9%	N/A	1.3% to 8.1%	-3.0% to 3.8%
Medicare Supplement Group	-3.4%	-0.9%	N/A	-7.9% to -1.8%	-12.2% to -6.1%

Syracuse Region					
Product Type	Claims & HCRA Taxes	Retention & Sec 206	Federal Fees	Benefit Alignment / Pool Adjustment	% Change Requested
Medicare Supplement Individual	-3.4%	-0.9%	N/A	-0.1% to 5.0%	-4.4% to 0.7%
Medicare Supplement Group	-3.4%	-0.9%	N/A	-9.2% to -4.6%	-13.5% to -8.9%

Utica Region					
Product Type	Claims & HCRA Taxes	Retention & Sec 206	Federal Fees	Benefit Alignment / Pool Adjustment	% Change Requested
Medicare Supplement Individual	-3.4%	-0.9%	N/A	-7.4% to 5.3%	-11.7% to 1.0%
Medicare Supplement Group	-3.4%	-0.9%	N/A	-15.8% to -4.3%	-20.1% to -8.6%

Western NY (Univera)					
Product Type	Claims & HCRA Taxes	Retention & Sec 206	Federal Fees	Benefit Alignment / Pool Adjustment	% Change Requested
Medicare Supplement Individual	-3.4%	-0.9%	N/A	0.8% to 5.8%	-3.5% to 1.5%
Medicare Supplement Group	-3.4%	-0.9%	N/A	-8.4% to -3.9%	-12.7% to -8.2%

EXHIBIT 4 - PART A: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

-- for Base Medical Plan with NON ROLLING Rate Structure

Excelsus Health Plan, Inc.
Company submitting the rate adjustment request

55107
Company NAIC Code

EXHP-129086188
SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with NON ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- =>
 - Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), and Group Medicare Supplement (MS-GRP). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
 - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - The weighted average percentage should be developed based on annualized premium volume for that market segment/rating region/base medical product; the impact of riders is not included.

Base Medical Plan Non Rolling Rate Products

SERFF# EXHP-129086188

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
EXC-8	LG	Rochester	Blue Choice [25, 30] Basic Contract	Blue Choice [\$25, \$30] Copay Plan	01/01/14	9.30%	9.30%	9.30%
EXC-8	LG	Syracuse	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/14	9.30%	9.30%	9.30%
EXC-8	LG	Utica North	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/14	9.30%	9.30%	9.30%
EXC-8	LG	Utica South	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/14	9.30%	9.30%	9.30%
EXC-22, 28	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-2.27%	-2.27%	-2.27%
EXC-23, 29	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-1.78%	-1.78%	-1.78%
EXC-24, 30	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-1.50%	-1.50%	-1.50%
EXC-25, 31	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-0.95%	-0.95%	-0.95%
EXC-26, 32	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-2.46%	-2.46%	-2.46%
EXC-27, 33	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-2.34%	-2.34%	-2.34%
EXC-39, 40	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-3.53%	-3.53%	-3.53%
EXC-83, 84	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	1.46%	1.46%	1.46%
EXC-85, 90	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-2.27%	-2.27%	-2.27%
EXC-86, 91	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-1.78%	-1.78%	-1.78%

Base Medical Plan Non Rolling Rate Products

SERFF# EXHP-129086188

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
EXC-87, 92	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-1.50%	-1.50%	-1.50%
EXC-88, 93	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-0.95%	-0.95%	-0.95%
EXC-89, 94	MS-IND	Buffalo	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-2.46%	-2.46%	-2.46%
EXC-22, 28	MS-IND	Rochester	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	3.80%	3.80%	3.80%
EXC-23, 29	MS-IND	Rochester	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-0.10%	-0.10%	-0.10%
EXC-24, 30	MS-IND	Rochester	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	2.24%	2.24%	2.24%
EXC-25, 31	MS-IND	Rochester	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-2.95%	-2.95%	-2.95%
EXC-26, 32	MS-IND	Rochester	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	1.33%	1.33%	1.33%
EXC-27, 33	MS-IND	Rochester	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-1.44%	-1.44%	-1.44%
EXC-39, 40	MS-IND	Rochester	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-2.68%	-2.68%	-2.68%
EXC-83, 84	MS-IND	Rochester	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	-0.59%	-0.59%	-0.59%
EXC-85, 90	MS-IND	Rochester	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	3.80%	3.80%	3.80%
EXC-86, 91	MS-IND	Rochester	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-0.10%	-0.10%	-0.10%
EXC-87, 92	MS-IND	Rochester	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	2.24%	2.24%	2.24%
EXC-88, 93	MS-IND	Rochester	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-2.95%	-2.95%	-2.95%
EXC-89, 94	MS-IND	Rochester	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	1.33%	1.33%	1.33%
EXC-22, 28	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-1.35%	-1.35%	-1.35%
EXC-23, 29	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-0.70%	-0.70%	-0.70%
EXC-24, 30	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-4.41%	-4.41%	-4.41%
EXC-25, 31	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-1.06%	-1.06%	-1.06%
EXC-26, 32	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-2.52%	-2.52%	-2.52%
EXC-27, 33	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	0.66%	0.66%	0.66%
EXC-39, 40	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-0.11%	-0.11%	-0.11%
EXC-83, 84	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	-1.42%	-1.42%	-1.42%
EXC-85, 90	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-1.35%	-1.35%	-1.35%
EXC-86, 91	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-0.70%	-0.70%	-0.70%
EXC-87, 92	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-4.41%	-4.41%	-4.41%
EXC-88, 93	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-1.06%	-1.06%	-1.06%
EXC-89, 94	MS-IND	Syracuse	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-2.52%	-2.52%	-2.52%
EXC-22, 28	MS-IND	Utica	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-9.54%	-9.54%	-9.54%
EXC-23, 29	MS-IND	Utica	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-4.33%	-4.33%	-4.33%
EXC-24, 30	MS-IND	Utica	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-2.03%	-2.03%	-2.03%
EXC-25, 31	MS-IND	Utica	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-9.37%	-9.37%	-9.37%
EXC-26, 32	MS-IND	Utica	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-11.71%	-11.71%	-11.71%
EXC-27, 33	MS-IND	Utica	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-1.67%	-1.67%	-1.67%

Base Medical Plan Non Rolling Rate Products

SERFF# EXHP-129086188

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
EXC-39, 40	MS-IND	Utica	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-2.50%	-2.50%	-2.50%
EXC-83, 84	MS-IND	Utica	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	1.03%	1.03%	1.03%
EXC-85, 90	MS-IND	Utica	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-9.54%	-9.54%	-9.54%
EXC-86, 91	MS-IND	Utica	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-4.33%	-4.33%	-4.33%
EXC-87, 92	MS-IND	Utica	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-2.03%	-2.03%	-2.03%
EXC-88, 93	MS-IND	Utica	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-9.37%	-9.37%	-9.37%
EXC-89, 94	MS-IND	Utica	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-11.71%	-11.71%	-11.71%
EXC-22, 28	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-11.58%	-11.58%	-11.58%
EXC-23, 29	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-11.14%	-11.14%	-11.14%
EXC-24, 30	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-10.88%	-10.88%	-10.88%
EXC-25, 31	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-10.38%	-10.38%	-10.38%
EXC-26, 32	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-11.75%	-11.75%	-11.75%
EXC-27, 33	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-11.64%	-11.64%	-11.64%
EXC-39, 40	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-12.72%	-12.72%	-12.72%
EXC-83, 84	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	-8.21%	-8.21%	-8.21%
EXC-85, 90	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-11.58%	-11.58%	-11.58%
EXC-86, 91	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-11.14%	-11.14%	-11.14%
EXC-87, 92	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-10.88%	-10.88%	-10.88%
EXC-88, 93	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-10.38%	-10.38%	-10.38%
EXC-89, 94	MS-SG	Buffalo	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-11.75%	-11.75%	-11.75%
EXC-22, 28	MS-SG	Rochester	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-6.08%	-6.08%	-6.08%
EXC-23, 29	MS-SG	Rochester	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-9.61%	-9.61%	-9.61%
EXC-24, 30	MS-SG	Rochester	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-7.50%	-7.50%	-7.50%
EXC-25, 31	MS-SG	Rochester	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-12.20%	-12.20%	-12.20%
EXC-26, 32	MS-SG	Rochester	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-8.32%	-8.32%	-8.32%
EXC-27, 33	MS-SG	Rochester	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-10.83%	-10.83%	-10.83%
EXC-39, 40	MS-SG	Rochester	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-11.95%	-11.95%	-11.95%
EXC-83, 84	MS-SG	Rochester	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	-10.06%	-10.06%	-10.06%
EXC-85, 90	MS-SG	Rochester	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-6.08%	-6.08%	-6.08%
EXC-86, 91	MS-SG	Rochester	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-9.61%	-9.61%	-9.61%
EXC-87, 92	MS-SG	Rochester	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-7.50%	-7.50%	-7.50%
EXC-88, 93	MS-SG	Rochester	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-12.20%	-12.20%	-12.20%
EXC-89, 94	MS-SG	Rochester	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-8.32%	-8.32%	-8.32%

Base Medical Plan Non Rolling Rate Products

SERFF# EXHP-129086188

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
EXC-22, 28	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-10.74%	-10.74%	-10.74%
EXC-23, 29	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-10.16%	-10.16%	-10.16%
EXC-24, 30	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-13.52%	-13.52%	-13.52%
EXC-25, 31	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-10.48%	-10.48%	-10.48%
EXC-26, 32	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-11.80%	-11.80%	-11.80%
EXC-27, 33	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-8.92%	-8.92%	-8.92%
EXC-39, 40	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-9.62%	-9.62%	-9.62%
EXC-83, 84	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	-10.81%	-10.81%	-10.81%
EXC-85, 90	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-10.74%	-10.74%	-10.74%
EXC-86, 91	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-10.16%	-10.16%	-10.16%
EXC-87, 92	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-13.52%	-13.52%	-13.52%
EXC-88, 93	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-10.48%	-10.48%	-10.48%
EXC-89, 94	MS-SG	Syracuse	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-11.80%	-11.80%	-11.80%
EXC-22, 28	MS-SG	Utica	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/14	-18.16%	-18.16%	-18.16%
EXC-23, 29	MS-SG	Utica	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/14	-13.44%	-13.44%	-13.44%
EXC-24, 30	MS-SG	Utica	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/14	-11.36%	-11.36%	-11.36%
EXC-25, 31	MS-SG	Utica	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/14	-18.00%	-18.00%	-18.00%
EXC-26, 32	MS-SG	Utica	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/14	-20.12%	-20.12%	-20.12%
EXC-27, 33	MS-SG	Utica	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/14	-11.04%	-11.04%	-11.04%
EXC-39, 40	MS-SG	Utica	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/14	-11.78%	-11.78%	-11.78%
EXC-83, 84	MS-SG	Utica	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/14	-8.59%	-8.59%	-8.59%
EXC-85, 90	MS-SG	Utica	Medicare Supplemental - Benefit Plan A incl. Hospice	Medicare Supplemental - Benefit Plan A incl. Hospice	01/01/14	-18.16%	-18.16%	-18.16%
EXC-86, 91	MS-SG	Utica	Medicare Supplemental - Benefit Plan B incl. Hospice	Medicare Supplemental - Benefit Plan B incl. Hospice	01/01/14	-13.44%	-13.44%	-13.44%
EXC-87, 92	MS-SG	Utica	Medicare Supplemental - Benefit Plan C incl. Hospice	Medicare Supplemental - Benefit Plan C incl. Hospice	01/01/14	-11.36%	-11.36%	-11.36%
EXC-88, 93	MS-SG	Utica	Medicare Supplemental - Benefit Plan F incl. Hospice	Medicare Supplemental - Benefit Plan F incl. Hospice	01/01/14	-18.00%	-18.00%	-18.00%
EXC-89, 94	MS-SG	Utica	Medicare Supplemental - Benefit Plan F+ incl. Hospice	Medicare Supplemental - Benefit Plan F+ incl. Hospice	01/01/14	-20.12%	-20.12%	-20.12%

**EXHIBIT 4 - PART C: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE
- for Drug Riders Available with Base Medical Products (NON ROLLING Rate Structure)**

Excellus Health Plan, Inc.
Company submitting the rate adjustment request

55107
Company NAIC Code

EXHP-129086188
SERFF tracking number

- => Use this Exhibit for the Drug Riders that are available for the base medical plan type policy forms/products with a NON ROLLING rate structure included in the rate adjustment
- => The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- => This form must be submitted as an Excel file and as a PDF file.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG),
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for drug riders available with non rolling rate base medical products. If one policy form is used for more than one product, then a separate row
- => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-
- => This is for the traditional drug riders, but not for minor drug related riders such as the inclusion of oral contraceptives.

Drug Riders Available With Non Rolling Rate Base Medical Products

SERFF#: EXHP-129086188

Base Medical Policy Form #	Market Segment	Rating Region	Drug Rider	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
EXC-8	LG	Rochester	EX-13	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Rochester	EX-14	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Rochester	EXHP-47	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Rochester	EXHP-50	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Rochester	EXHP-69 Rev.1	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Rochester	EXHP-70 Rev.1	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Rochester	EXHP-113	Blue Choice [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Syracuse	EXHP-47	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Syracuse	EXHP-51	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Syracuse	EXHP-69 Rev.1	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Syracuse	EXHP-113	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Syracuse	H DCOP R 01 REV. 1	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Utica	EXHP-47	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Utica	EXHP-51	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Utica	EXHP-69 Rev.1	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Utica	EXHP-113	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%
EXC-8	LG	Utica	HRX-COPAY-00 Rev.1, EXR-108	HMO Blue [25, 30] Basic Contract	1/1/2014	9.30%	9.30%	9.30%

EXHIBIT 5 - PART A: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS for NON ROLLING Rate Structured Products

Company Name: Excelsus Health Plan, Inc.
 NAIC Code: 55107
 SERFF Tracking #: EXHP-129086188

Instructions:

- 1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of members or number of contracts. The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
- 3) The Weighted Average Percentage should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/Product and for the market segment in total.
- 4) Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), and Group Medicare Supplement (MS-GRP). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
- 6) Provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by effective date/market segment/product.
- 7) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
- 8) After each market segment there should be a market segment total row. Enter Total in the "Product" column, the sum of the counts in the various columns, and the market segment weighted avg %.
- 9) This exhibit must be submitted as an Excel file and a PDF file.

FOR NON-ROLLING RATE STRUCTURE PRODUCTS -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

SERFF#: EXHP-129086188

Effective Date	Market Segment	Rating Region	Product	Weighted Avg %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of Members with Proposed Percentage Rate Change at Renewal												
								04/30/2013												
								Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher		
1/1/2014	LG	Rochester	Blue Choice [\$25;\$30]	9.3%	\$95,551,671	20,776	9,559				20,776									
1/1/2014	LG	Syracuse	HMOBlue [\$25;\$30]	9.3%	\$9,470,916	1,176	739				1,176									
1/1/2014	LG	Utica	HMOBlue [\$25;\$30]	9.3%	\$992,578	112	75				112									
	Market Segment Total:																			
1/1/2014	MS-IND	Rochester	Medicare Supplement	-1.9%	\$5,337,423	2,041	2,041	1,787			254									
1/1/2014	MS-IND	Syracuse	Medicare Supplement	-3.4%	\$16,621,267	6,586	6,586	6,469			117									
1/1/2014	MS-IND	Utica	Medicare Supplement	-2.5%	\$8,636,874	3,488	3,488	3,488												
1/1/2014	MS-IND	Buffalo	Medicare Supplement	-1.2%	\$342,306	126	126	126												
	Market Segment Total:				\$30,937,870	12,241	12,241	11,870			371									
1/1/2014	MS-GRP	Rochester	Medicare Supplement	-9.1%	\$5,628,387	2,055	2,055	2,055												
1/1/2014	MS-GRP	Syracuse	Medicare Supplement	-11.8%	\$2,875,692	1,112	1,112	1,112												
1/1/2014	MS-GRP	Utica	Medicare Supplement	-11.9%	\$3,794,276	1,475	1,475	1,475												
1/1/2014	MS-GRP	Buffalo	Medicare Supplement	-10.9%	\$161,266	50	50	50												
	Market Segment Total:				\$12,459,621	4,692	4,692	4,692												

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Excellus Health Plan, Inc.

NAIC Code: 55107

SERFF Number: EXHP-129086188

Instructions:

- This Exhibit summarizes all benefit/rate changes filed under sections other than §3231(e)(1)/4308(c) that impact the rate tables in this filing.
- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
- Extend the worksheet to add more rows as needed. Only use the first tab for data entry.

List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing or are currently pending with the Department, which impact the rate tables in this filing.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
Approved	EXHP-128620762	2012090014	9/6/2012	EXHP-210	All Article 44 products	Autism Mandate	10/1/2012
Approved	EXHP-128597204	2012080025	8/3/2012	EXHP-138	All Article 44 products	PPACA [Women's Preventive Services]	10/1/2012

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental.
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-8	Blue Choice [25, 30] Basic Contract	Blue Choice [\$25, \$30] Copay Plan	Rochester Large Group	01/01/14	LG	HMO	No	Open	131	20,776	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	Syracuse Group	01/01/14	LG	HMO	No	Open	24	1,176	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	Utica Group	01/01/14	LG	HMO	No	Open	5	112	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - A	No	Open	86	86	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - B	No	Open	298	298	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - C	No	Open	136	136	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	1,246	1,246	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	31	31	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - H	No	Open	127	127	XX
EXC-28	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - A	No	Open	4	35	XX
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - B	No	Open	18	414	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - C	No	Open	101	1,028	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as commonly known)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-8	Blue Choice [25, 30] Basic Contract	Blue Choice [\$25, \$30] Copay Plan	01/01/12	12/31/12	266,913	107,455,335	111,927,927	92,344,792	92,672,100	-	-	11,357,060	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/12	12/31/12	15,376	9,458,706	10,403,640	6,035,271	6,056,918	-	-	654,244	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/12	12/31/12	1,357	905,584	1,026,726	690,546	693,452	-	-	57,740	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	1,056	144,915	144,915	79,101	78,108	-	0	40,591	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	4,135	792,266	792,266	579,543	572,269	-	0	158,945	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	1,260	282,971	282,971	271,493	268,086	-	0	48,433	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	14,592	3,484,716	3,484,716	2,663,709	2,630,277	-	0	560,901	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	193	17,511	17,511	6,168	6,091	-	0	7,419	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/12	12/31/12	1,736	543,212	543,212	335,235	306,016	-	0	66,730	XX
EXC-28	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	12	1,647	1,647	459	459	-	0	461	XX
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	203	38,895	38,895	20,032	20,031	-	0	7,803	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	1,788	401,549	401,549	329,753	329,743	-	0	68,729	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as commonly known)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-8	Blue Choice [25, 30] Basic Contract	Blue Choice [\$25, \$30] Copay Plan	01/01/11	12/31/11	262,935	95,641,488	103,816,266	84,125,191.84	489,686	0	0	11,529,700	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/11	12/31/11	18,695	10,724,284	11,398,276	7,277,621	7,339,402	0	0	819,776	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	01/01/11	12/31/11	1,680	1,005,589	1,136,375	1,026,437.1	029,239	0	0	73,668	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	1,175	153,279	161,245	75,108.76	083	0	0	44,086	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	4,944	921,463	949,446	708,699.717	038	0	0	185,499	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	1,498	322,025	336,421	396,946.401	539	0	0	56,205	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	17,082	4,027,082	4,079,352	2,925,204	2,960,942	0	0	640,917	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	216	18,986	19,598	7,009.7	112	0	0	8,104	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/11	12/31/11	2,123	656,113	664,308	329,631.333	904	0	0	79,655	XX
EXC-28	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	12	1,565	1,647	160.163		0	0	450	XX
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	249	46,409	47,708	14,010.14	218	0	0	9,342	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	1,731	372,113	388,748	287,237.290	751	0	0	64,947	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
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- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as commonly known)
Include a region identifier in this column if needed.
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- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-8	Blue Choice [25, 30] Basic Contract	Blue Choice [\$25, \$30] Copay Plan	1/1/2010	12/31/2010	348,274	119,048,133	135,524,484	96,036,455.96	414,475.00	0	0	15,130,376	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	1/1/2010	12/31/2010	21,847	11,318,599	11,746,592	8,371,600	8,400,467.00	0	0	949,119	XX
EXC-8	HMO Blue [25, 30] Basic Contract	HMO Blue [\$25, \$30] Copay Plan	1/1/2010	12/31/2010	3,568	1,840,867	2,075,924	1,704,441	1,709,871.00	0	0	155,008	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	1,314	171,413	171,413	90,813.93	93,472.00	0	0	69,359	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	5,887	1,109,894	1,109,894	703,677	723,817.00	0	0	310,745	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	1,639	352,352	352,352	371,755.38	383,142.00	0	0	86,515	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	19,842	4,676,168	4,676,168	3,592,977.30	691,582.00	0	0	1,047,359	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	238	20,920	20,920	1,043.10	1,099.00	0	0	12,563	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	1/1/2010	12/31/2010	2,622	810,329	810,329	473,752.48	487,859.00	0	0	138,402	XX
EXC-28	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	12	1,565	1,565	119.12	124.00	0	0	633	XX
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	263	46,781	49,018	24,644.25	25,310.00	0	0	13,882	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	2,804	603,063	603,063	443,298.45	456,876.00	0	0	148,009	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
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- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
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- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - F Basic	No	Open	38480		XX
EXC-32	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - F High	No	Open	1	1	XX
EXC-33	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - H	No	Open	11	13	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary- Rochester	01/01/14	MS-SG	Medicare Supplement - H	No	Open	1	95	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - H	No	Open	14	14	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - N	No	Open	12	12	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - A	No	Open	0	0	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - B	No	Open	0	0	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - C	No	Open	0	0	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary- Rochester	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	00		XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
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 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
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- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
 Indicate appropriate designation for policy form, etc.
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 Include a region identifier in this column if needed.
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			Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	1,174	280,363	280,363	178,787	178,782	-	0	45,127	XX
EXC-32	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	12	1,089	1,089	0	-	-	0	461	XX
EXC-33	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/12	12/31/12	162	50,691	50,691	21,983	20,379	-	0	6,227	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	180	38,390	38,390	24,693	24,692	-	0	6,919	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	1,345	286,862	286,862	196,474	194,008	-	0	51,700	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/12	12/31/12	49	9,181	9,181	9,140	9,025	-	0	1,884	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	51	7,022	6,999	16,640	16,431	-	0	1,960	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	153	29,382	29,315	40,933	40,419	-	0	5,881	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	377	84,836	84,667	101,322	100,051	-	0	14,491	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	1,133	271,070	270,572	429,574	424,182	-	0	43,551	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as carried on the policy form)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	1,292	304,589	308,543	178,086 180,048		0	0	48,476	XX
EXC-32	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	12	1,055	1,089	0 0		0	0	450	XX
EXC-33	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/11	12/31/11	214	66,137	66,963	32,904 33,284		0	0	8,029	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	192	40,124	40,950	15,271 15,453		0	0	7,204	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	1,581	330,397	337,196	212,477 215,140		0	0	59,319	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/11	12/31/11	26	5,070	4,872	5,637 5,732		0	0	976	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	70	9,162	9,638	22,744 23,001		0	0	2,626	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	77	14,384	14,787	25,490 25,732		0	0	2,889	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	193	41,572	43,431	72,200 73,201		0	0	7,241	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	702	165,798	167,954	233,705 236,939		0	0	26,339	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as carried on the policy form)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	1,662	391,883	391,883	261,714 269,362		0	0	87,729	XX
EXC-32	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	12	1,055	1,055	0 0		0	0	633	XX
EXC-33	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	1/1/2010	12/31/2010	360	111,258	111,258	43,669 44,955		0	0	19,003	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	1,159	242,208	242,208	153,057 156,779		0	0	61,178	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	1,771	370,104	370,104	280,631 288,946		0	0	93,482	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	1/1/2010	12/31/2010	0	0	0	0 0		0	0	0	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	0	0	0	0 0		0	0	0	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	0	0	0	0 0		0	0	0	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0 0		0	0	0	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0 0		0	0	0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental.
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary-Rochester	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	0	0	XX
EXC-91	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary-Rochester	01/01/14	MS-SG	Medicare Supplement - B	No	Open	0	0	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-Rochester	01/01/14	MS-SG	Medicare Supplement - C	No	Open	0	0	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-Rochester	01/01/14	MS-SG	Medicare Supplement - F Basic	No	Open	0	0	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - A	No	Open	361	361	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - B	No	Open	756	756	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - C	No	Open	4,399	4,399	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	674	674	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	45	45	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - H	No	Open	117	117	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form respc
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	102	9,299	9,254	92	91	-	0	3,921	XX
EXC-91	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	135	25,925	25,866	10,225	10,225	-	0	5,189	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	6,448	1,450,993	1,448,092	797,467	797,444	-	0	247,854	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	2,552	610,566	609,443	309,165	309,156	-	0	98,096	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	2,953	394,934	394,934	233,422	228,370	-	0	113,510	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	9,604	1,714,698	1,714,698	1,750,358	1,712,474	-	0	369,167	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	59,036	13,134,329	13,134,329	9,565,558	9,358,526	-	0	2,269,280	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	5,193	1,126,621	1,126,621	890,185	870,919	-	0	199,613	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	248	21,665	21,665	1,060	1,037	-	0	9,533	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/12	12/31/12	1,657	470,190	470,190	280,011	246,629	-	0	63,693	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate value in the Rating Pool Identifier column
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as covered by the policy)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	78	6,890	7,111	9,540	9,686	0	0	2,927	XX
EXC-91	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	0	0	0	0	0	0	0	0	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	3,673	791,164	826,535	405,896	411,574	0	0	137,811	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	572	135,095	136,851	76,669	77,882	0	0	21,461	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	3,119	396,518	417,135	228,934	235,011	0	0	117,025	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	9,898	1,710,572	1,767,189	1,727,436	1,768,984	0	0	371,373	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	66,255	14,496,179	14,740,412	9,686,831	9,917,026	0	0	2,485,888	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	5,938	1,249,355	1,288,249	1,144,719	1,171,559	0	0	222,794	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	250	21,415	21,840	7,422	7,972	0	0	9,380	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/11	12/31/11	1,949	535,994	553,048	366,759	373,526	0	0	73,126	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
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 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
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 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumer would see it)
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	0	XX
EXC-91	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	0	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	0	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	0	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	3,526	448,262	448,262	212,822	217,326	0	0	186,120	0	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	11,775	2,034,968	2,034,968	2,186,380	2,231,697	0	0	621,543	0	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	78,477	17,170,782	17,170,782	11,741,709	11,953,822	0	0	4,142,405	0	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	6,945	1,458,434	1,458,434	1,260,499	1,286,436	0	0	366,592	0	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	278	23,813	23,813	44	45	0	0	14,674	0	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	1/1/2010	12/31/2010	2,353	647,099	647,099	446,765	453,157	0	0	124,203	0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental.
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary-CNY	01/01/14	MS-SG	Medicare Supplement - B	No	Open	7	87	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-CNY	01/01/14	MS-SG	Medicare Supplement - C	No	Open	88	549	XX
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-CNY	01/01/14	MS-SG	Medicare Supplement - F Basic	No	Open	28	470	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - H	No	Open	205	205	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary-CNY	01/01/14	MS-SG	Medicare Supplement - H	No	Open	0	0	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - N	No	Open	2	2	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - A	No	Open	0	0	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - B	No	Open	0	0	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - C	No	Open	0	0	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	0	0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form respc
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	405	72,309	72,309	34,575	34,902	-	0	15,568	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	1,468	326,601	326,601	214,335	216,362	-	0	56,428	XX
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	54	11,715	11,715	6,672	6,735	-	0	2,076	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	2,781	535,231	535,231	424,746	415,553	-	0	106,899	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	0	0	0	0	-	-	0	0	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/12	12/31/12	23	4,025	4,025	301	295	-	0	884	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	441	59,178	58,979	225,051	220,180	-	0	16,952	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	374	66,939	66,774	109,410	107,042	-	0	14,376	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	517	115,250	115,022	171,594	167,880	-	0	19,873	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	2,401	521,977	520,897	602,908	589,859	-	0	92,292	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form resp
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	384	66,363	68,559	37,829 38,533	0	0	14,408	XX	
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	1,909	417,689	424,714	259,860 265,276	0	0	71,626	XX	
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	119	25,038	25,817	25,549 26,197	0	0	4,465	XX	
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	0	0	0	0	0	0	0	XX	
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	3,068	566,046	590,467	439,787 450,180	0	0	115,111	XX	
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/11	12/31/11	12	2,177	2,100	380 394	0	0	450	XX	
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	77	9,822	10,333	8,728 8,986	0	0	2,889	XX	
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	190	32,918	34,006	60,268 62,038	0	0	7,129	XX	
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	347	76,073	77,353	68,081 69,975	0	0	13,019	XX	
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	1,325	279,350	288,055	247,767 255,141	0	0	49,714	XX	

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form respc
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as carried on the policy form)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-29	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	347	59,969	59,969	29,114 29,664	0	0	18,316	XX	
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	2,197	480,733	480,733	243,515 247,983	0	0	115,969	XX	
EXC-31	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	117	24,617	24,617	17,124 17,512	0	0	6,176	XX	
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	0	0	0	0	0	0	0	XX	
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	3,406	628,407	628,407	475,210 484,779	0	0	179,786	XX	
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	1/1/2010	12/31/2010	0	0	0	0	0	0	0	XX	
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	0	0	0	0	0	0	0	XX	
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	0	0	0	0	0	0	0	XX	
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0	0	0	0	XX	
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0	0	0	0	XX	

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
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- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary-CNY	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	0	0	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-CNY	01/01/14	MS-SG	Medicare Supplement - C	No	Open	0	0	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-CNY	01/01/14	MS-SG	Medicare Supplement - F Basic	No	Open	0	0	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - A	No	Open	74	74	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - B	No	Open	242	242	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - C	No	Open	2,929	2,929	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	137	137	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	23	23	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - H	No	Open	7	7	XX
EXC-30	Medicare Supplemental - Benefit Plan C Exhibit 7- Historical Data	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-Utica	01/01/14	MS-SG	Medicare Supplement - C	No	Open	283	1,174	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate value in the Rating Pool Identifier column
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), etc.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as commonly known)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	213	18,701	18,608	3,599	3,521	-	0	8,187	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	2,583	575,802	574,666	265,057	267,564	-	0	99,288	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	4,858	1,056,129	1,053,943	732,088	739,012	-	0	186,736	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	757	107,683	107,683	47,747	45,728	-	0	29,098	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	3,076	555,925	555,925	401,839	384,843	-	0	118,238	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	38,188	8,084,400	8,084,400	5,927,376	5,676,666	-	0	1,467,905	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	736	170,016	170,016	145,814	139,647	-	0	28,291	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	144	13,546	13,546	788	755	-	0	5,535	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/12	12/31/12	219	62,047	62,047	103,127	98,765	-	0	8,418	XX
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	3,761	796,204	796,204	474,338	480,731	-	0	144,566	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating pool identifier for the rating pool the policy form belongs to
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumer would see it)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	92	7,920	8,078	1,898	1,948	0	0	3,452	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	1,633	358,003	364,028	123,949	127,363	0	0	61,270	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	1,128	237,816	245,227	146,973	155,282	0	0	42,323	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	865	120,737	123,046	36,633	37,491	0	0	32,455	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	3,503	628,263	633,097	410,708	421,057	0	0	131,433	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	44,942	9,301,196	9,514,221	7,203,455	7,361,799	0	0	1,686,224	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	785	181,335	181,335	144,671	147,926	0	0	29,453	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	166	15,616	15,616	11,097	11,173	0	0	6,228	XX
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	01/01/11	12/31/11	294	82,208	83,296	91,809	93,519	0	0	11,031	XX
EXC-30	Medicare Supplemental - Benefit Plan C Exhibit 7- Historical Data	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	3,964	820,889	839,179	588,893	602,835	0	0	148,729	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as carried on the policy form)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)									
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	1,022	142,651	142,651	53,359	54,629	0	0	53,946
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	4,025	721,886	721,886	448,288	458,363	0	0	212,459
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	52,880	10,944,083	10,944,083	8,019,580	8,170,722	0	0	2,791,269
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	847	194,723	194,723	147,391	150,308	0	0	44,709
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	168	15,804	15,804	1,095	1,236	0	0	8,868
EXC-27	Medicare Supplemental - Benefit Plan H	Medicare Supplemental - Benefit Plan H	1/1/2010	12/31/2010	352	98,426	98,426	181,960	184,137	0	0	18,580
EXC-30	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	4,935	20,321,021,495	1,021,495	738,588	752,985	0	0	260,494

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental.
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - H	No	Open	37	37	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary-Utica	01/01/14	MS-SG	Medicare Supplement - H	No	Open	1	1	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - N	No	Open	15	15	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - A	No	Open	0	0	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - B	No	Open	0	0	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - C	No	Open	0	0	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	0	0	XX
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary-Utica	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	0	0	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary-Utica	01/01/14	MS-SG	Medicare Supplement - C	No	Open	0	0	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary-Utica	01/01/14	MS-SG	Medicare Supplement - F Basic	No	Open	0	0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
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- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
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		Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	359	69,036	69,036	51,918	49,722	-	0	13,800	XX
EXC-39													
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	0	0	0	0	-	-	0	0	XX
EXC-83	Medicare Supplemental - Benefit Plan N	Medicare Supplemental - Benefit Plan N	01/01/12	12/31/12	113	18,819	18,819	27,542	26,377	-	0	4,344	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	71	10,131	10,100	25,375	24,302	-	0	2,729	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	138	25,000	24,941	23,293	22,308	-	0	5,305	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	942	199,836	199,421	252,402	241,727	-	0	36,209	XX
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	457	105,764	105,567	94,301	90,313	-	0	17,567	XX
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	127	12,002	11,947	289	277	-	0	4,882	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	5,681	1,205,167	1,202,668	725,019	734,791	-	0	218,371	XX
EXC-93	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	733	169,638	169,323	107,040	108,483	-	0	28,176	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
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- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
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- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
	Medicare Supplemental - Benefit Plan													
EXC-39	H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	0	0	0	0		0	0	0	0	XX
EXC-40	H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	405	76,120	77,882	67,769 69,771		0	0	15,196	XX	
EXC-83	N	Medicare Supplemental - Benefit Plan N	01/01/11	12/31/11	46	7,895	7,661	7,731 7,938		0	0	1,726	XX	
EXC-85	A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	26	3,640	3,710	3,257 3,390		0	0	976	XX	
EXC-86	B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	107	19,236	19,384	27,573 28,149		0	0	4,015	XX	
EXC-87	C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	674	139,781	142,982	145,783 150,172		0	0	25,288	XX	
EXC-88	F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	255	59,015	59,015	95,908 98,479		0	0	9,568	XX	
EXC-89	F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	54	5,103	5,103	3,892 4,099		0	0	2,026	XX	
EXC-92	C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	2,215	459,369	469,890	278,109 284,344		0	0	83,107	XX	
EXC-93	F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	0	0	0	0		0	0	0	XX	

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- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
	Medicare Supplemental - Benefit Plan													
EXC-39	H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-40	H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	424	79,691	79,691	67,452 69,048		0	0	22,381		XX
EXC-83	N	Medicare Supplemental - Benefit Plan N	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-85	A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-86	B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-87	C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-88	F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-89	F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-92	C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-93	F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0		0		0		XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-94	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary- Utica	01/01/14	MS-SG	Medicare Supplement - F High	No	Open	0	0	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - A	No	Open	9	9	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - B	No	Open	7	7	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - C	No	Open	18	18	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	77	77	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Buffalo	01/01/14	MS-IND	Supplement - F High	No	Open	11	11	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - H	No	Open	1	3	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - H	No	Open	0	0	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - A	No	Open	0	0	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - B	No	Open	0	0	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - C	No	Open	0	0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form respc
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-94	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	6	567	564	0	-	-	0	231	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	82	13,059	13,059	10,202	8,469	-	0	3,152	XX
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	0	0	0	0	-	-	0	0	XX
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	230	58,574	58,574	68,777	57,094	-	0	8,841	XX
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	669	171,023	171,023	167,417	138,979	-	0	25,716	XX
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	72	7,415	7,415	0	-	-	0	2,768	XX
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	0	0	0	0	-	-	0	0	XX
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/12	12/31/12	12	2,821	2,821	401	333	-	0	461	XX
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/12	12/31/12	37	5,909	5,892	17,831	14,802	-	0	1,422	XX
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/12	12/31/12	91	19,417	19,377	51,053	42,381	-	0	3,498	XX
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	29	7,398	7,385	6,070	5,039	-	0	1,115	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form resp
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
EXC-94	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	0	0	0	0	0	0	0	0	0	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	96	14,532	15,288	7,751	7,948	0	0	3,602	XX	
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	10	2,096	2,129	4,681	4,776	0	0	375	XX	
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	893	222,741	227,420	132,663	134,720	0	0	33,505	XX	
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	847	212,216	216,527	221,840	226,275	0	0	31,779	XX	
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	72	7,344	7,415	671	692	0	0	2,701	XX	
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	0	0	0	0	0	0	0	0	XX	
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	01/01/11	12/31/11	12	2,785	2,821	796	812	0	0	450	XX	
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	01/01/11	12/31/11	18	2,733	2,875	11,592	11,915	0	0	675	XX	
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	01/01/11	12/31/11	53	11,131	11,309	41,909	43,314	0	0	1,989	XX	
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	10	2,499	2,551	3,512	3,557	0	0	375	XX	

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating pool identifier for the rating pool the policy form belongs to
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
EXC-94	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	0	XX
EXC-22	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	114	17,257	17,257	16,919	17,236	0	0	6,017	XX	
EXC-23	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	224	4,613	4,613	4,408	4,506	0	0	1,161	XX	
EXC-24	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	328	81,813	81,813	83,573	84,737	0	0	17,313	XX	
EXC-25	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	1,051	263,039	263,039	216,357	219,018	0	0	55,477	XX	
EXC-26	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	82	8,364	8,364	5,015	5,073	0	0	4,328	XX	
EXC-39	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	XX	
EXC-40	Medicare Supplemental - Benefit Plan H (no drug)	Medicare Supplemental - Benefit Plan H (no drug)	1/1/2010	12/31/2010	12	2,785	2,785	621	629	0	0	633	XX	
EXC-85	Medicare Supplemental - Benefit Plan A	Medicare Supplemental - Benefit Plan A	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	XX	
EXC-86	Medicare Supplemental - Benefit Plan B	Medicare Supplemental - Benefit Plan B	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	XX	
EXC-87	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	XX	

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response.
 - Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental.
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change	
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - F Basic	No	Open	0	0	XX
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	Medicare Supplementary- Buffalo	01/01/14	MS-IND	Medicare Supplement - F High	No	Open	0	0	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	Medicare Supplementary- Buffalo	01/01/14	MS-SG	Medicare Supplement - C	No	Open	0	0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excelsus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustn
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form respc
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appro
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major
 Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as cor
 Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimate
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

			Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period (\$)	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/12	12/31/12	224	57,360	57,263	154,641	128,373	-	0	8,610	XX
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/12	12/31/12	46	4,757	4,737	10,868	9,022	-	0	1,768	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/12	12/31/12	620	158,168	157,895	84,015	85,689	-	0	23,832	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate value in the "Member months for experience period" column.
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumer would see it).
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	15.5 Standardized earned premiums for experience period (\$)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	01/01/11	12/31/11	137	34,384	35,082	91,886 93,874		0		5,140	XX
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	01/01/11	12/31/11	32	3,278	3,309	10,503 10,733		0		1,201	XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	01/01/11	12/31/11	0	0	0	0		0		0	XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Excellus Health Plan, Inc
 NAIC Code: 55107
 SERFF Number: EXHP-129086188
 Market Segment: Large Group and Medicare Supplemental

- A. Complete a separate ROW each base medical policy form included in the rate adjustment
 - Information requested applies to New York State business only.
 - Include riders that may be available with that policy form in each policy form response
 - Insert additional rows as needed to include all base medical policy forms included
 - Add a row with the aggregate values for that entire rating pool and enter an appropriate rating pool identifier for the rating pool the policy form belongs to
- B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to
- C. Market segment refers to Small Group (SG), Sole Proprietor (SP), Large Group (LG),
- D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical (CM), etc.
Indicate appropriate designation for policy form, etc.
- E. The product street name is the product name as advertised to consumers (i.e., as consumer would see it)
Include a region identifier in this column if needed.
- F. Note that many cells include a drop down list. Use the drop down list for entries.
- G. If members, covered lives or member months are not known, use reasonable estimates.
- H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab

		Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)												
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period (\$)	16.5 Standardized earned premiums for experience period (\$)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)		
EXC-88	Medicare Supplemental - Benefit Plan F	Medicare Supplemental - Benefit Plan F	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-89	Medicare Supplemental - Benefit Plan F+	Medicare Supplemental - Benefit Plan F+	1/1/2010	12/31/2010	0	0	0	0		0		0		XX
EXC-92	Medicare Supplemental - Benefit Plan C	Medicare Supplemental - Benefit Plan C	1/1/2010	12/31/2010	0	0	0	0		0		0		XX