

SERFF Tracking #:

EXHP-129086188

State Tracking #:

Company Tracking #:

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

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Excellus Health Plan, Inc.	Increase	%	%				%	%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	22,064	0	0	0	0	0	0	16,445
Policy Holders:	160	0	0	0	0	0	0	12,677

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

Rate Review Detail

COMPANY:

Company Name: Excellus Health Plan, Inc.
HHS Issuer Id: 78124
Product Names: [Blue Choice [\$25, \$30]; HMO Blue [\$25, \$30]; Medicare Supplemental
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: EXC-8 Rev. 1, EXC-22, EXC-28, EXC-23, EXC-29, EXC-24, EXC-30, EXC-25, EXC-31, EXC-26, EXC-32, EXC-27, EXC-33, EXC-39, EXC-40, EXC-83, EXC-84, EXC-85, EXC-90, EXC-86, EXC-91, EXC-87, EXC-92, EXC-88, EXC-93, EXC-89, EXC-94

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
Member Months: 467,964
Benefit Change: None
Percent Change Requested: Min: -20.1 Max: 9.3 Avg: 5.1

PRIOR RATE:

Total Earned Premium: 159,020,952.00
Total Incurred Claims: 129,560,914.00
Annual \$: Min: 87.36 Max: 415.38 Avg: 334.84

REQUESTED RATE:

Projected Earned Premium: 174,252,797.00
Projected Incurred Claims: 145,052,532.00
Annual \$: Min: 83.05 Max: 475.30 Avg: 366.91

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rochester 2014 Rate Manual and Exhibit A		New		R 2014 Rate Manual and Exhibit A 07.01.2013.pdf,
2		Syracuse 2014 Rate Manual and Exhibit A		New		S 2014 Rate Manual and Exhibit A 07.01.2013.pdf,
3		Utica 2014 Rate Manual and Exhibit A		New		U 2014 Rate Manual and Exhibit A 07.01.2013.pdf,
4		Univera 2014 Rate Manual and Exhibit A		New		B 2014 Rate Manual and Exhibit A 07.01.2013.pdf,
5		All Regions 2014 Exhibit B		New		A 2014 Exhibit B.pdf,

Excellus Health Plans, Inc
Excellus BCBS, Rochester Region

165 Court Street
Rochester, NY 14647

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

Rate Manual / Exhibit A
Effective January 1, 2014

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 - c) Rate schedule**

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Large Group (Managed Care)

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Upstate HMO-Rochester Operating Region

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HMO

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**Outline of essential benefits, coverages, limitations,
and exclusions**

1. EX-13
3 Tier Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for generic/preferred brand/ and non-preferred drugs. Copayment options: (\$10/\$25/\$40), (\$2/\$12/\$35), (\$2/\$15/\$35), (\$5/\$15/\$30), (\$5/\$20/\$35), (\$5/\$20/\$40), (\$5/\$15/\$35). All applicable New York State mandated benefits are covered.
2. EX-14
3 Tier Oral Contraceptives Rider
Covers a 30 day supply of oral contraceptives with copayment options for generic/preferred brand/ and non-preferred drugs. Copayment options: (\$10/\$25/\$40), (\$2/\$12/\$35), (\$2/\$15/\$35), (\$5/\$15/\$30), (\$5/\$25/\$35), (\$5/\$20/\$40), (\$5/\$15/\$35).
3. EXC-8 Rev. 1, EXHP-160, EXR-215
Blue Choice [25, 30] Basic Contract
Inpatient Services, Skilled Nursing Facility and Maternity for Mother covered with a \$500 copayment per admission, [\$100; \$250, \$750, \$1000] copayment options are available. Newborn Nursery and Internal Prosthetic Devices are covered in full. [up to 60 days of Inpatient Hospital Physical Rehabilitation subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment]. Mental Health is covered subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment for up to 30 days [Large Group: unlimited days for biological illness and serious illness for children]. Chemical Dependency Detoxification and Rehabilitation are not covered. Services not covered are charges for special duty nurses, private room, blood (except for the treatment of hemophilia), non-medical items and custodial care. Facility Surgery subject to a [\$50; \$75] copayment. Diagnostic Laboratory and Pathology Services, Radiation, Chemotherapy Therapy, Hemodialysis, Mammography Screening, Pap Smears, and up to 60 days per calendar year for Chemical Dependency are subject to a [\$25, \$30] copayment. Diagnostic Imaging, Cardiac Rehabilitation and up to 30 visits per calendar year combined for related physical, occupational, and speech therapy are subject to a [\$40, \$50] copayment. Outpatient Mental Health is covered subject to a [\$40, \$50] copayment for up to 30 visits [Large Group: unlimited visits for biological illness and serious illness for children]. Pre-Admission Testing is covered in full. Inpatient Surgery covered at the lesser of: a \$200 Copayment or 20% of the Allowable Expense. Outpatient Surgery covered at [a \$40 Copayment; a \$50 Copayment; the lesser of: a \$200 Copayment or 20% of the Allowable Expense]. Office Surgery covered at the lesser of: a \$50 Copayment or 20% of the Allowable Expense. Maternity Care for a normal pregnancy covered at [\$25, \$30] Copayment per visit for pre-natal and post-natal care for the first 10 visits and the lesser of a \$200 copayment or 20% of the Allowable Expense. Complications of Pregnancy and Termination are covered at the lesser of a \$200 copayment or 20% of the Allowable Expense. Anesthesia, In-Hospital Medical Services, and Well Child and Immunizations are covered in full. Adult Routine Physical Exams, Adult Immunizations, Diagnostic Laboratory and Pathology Services, Diagnostic Imaging, Radiation Therapy, Chemotherapy, Hemodialysis, Mammography Screening, Gynecological Services, Prostate Cancer Screening, Bone Density Screening are subject to a [\$25, \$30] copayment. Additional Surgical Opinions, Chiropractic Care, Diagnostic Vision Exams, Diagnostic Hearing Exams, up to 30 visits per calendar year combined for related Physical, Occupational, and Speech Therapy are subject to a [\$40, \$50] copayment. Diagnostic Office Visits, Office Consultations, Allergy Testing and Treatment are subject a [\$25, \$30] Copayment for visits to a Primary Care Physician, and a [\$40, \$50] Copayment for visits to a Specialist. Hearing Aids coverage for up to two hearing aids every three years subject to a \$600 maximum for both hearing aids (not \$600 each) and subject to a [\$40, \$50] Copayment for each visit for a fitting. Pre-hospital Emergency Services and Transportation subject to a \$100 Copayment. Up to 40 Home Care visits per calendar year covered in full. Diabetic Supplies and Insulin for each 30-day supply, Diabetic education, and Diabetic durable medical equipment are subject to a [\$25, \$30] Copayment. Care for an Emergency Condition in the emergency room of a Hospital is subject to a [\$100, \$150] Copayment. Care for an Emergency Condition in a free standing urgent care center is subject to a \$50 Copayment. However, this Copayment will be waived if admitted to the Hospital as an inpatient within 24 hours of the emergency room visit.
4. EXHP-11 Rev.1
Michelle's Law
A full-time student covered under this Contract, Certificate or Group Plan who takes a leave of absence from an accredited institution of learning due to an illness or injury will continue to be covered under this Contract, Certificate or Group Plan for up to twelve months from the date of the leave of absence. However, in no event will a child be covered beyond the age at which coverage of children who are enrolled as full-time students terminates under the Contract, Certificate, Group Plan and/or applicable Rider(s). The medical necessity of the child's leave of absence must be certified by the child's attending physician and written documentation of the illness or injury must be submitted to us.
5. EXHP-47
Drug Rider
Covers retail or mail order prescription drugs with copayment options as follows: (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

6. EXHP-50
Drug Rider
Covers retail or mail order prescription drugs with coinsurance and deductible options as follows: (\$10 Tier 1 / \$25 Tier 2 / \$40 Tier 3), (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary) per calendar year. Coverage limited to pharmacies agreeing to participate in our limited panel network. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.
7. EXHP-53
Mandate Rider
Covers pre-hospital emergency services and land transportation.
8. EXHP-69 Rev.1
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$10/\$30/\$50), (\$7/\$50/\$100). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.
9. EXHP-70 Rev.1
Prescription Drug Rider
Extends the prescription drug benefits of the following underlying policy forms [to provide \$0 copay on generic drugs to covered dependent children under age 19; [and] to cover oral contraceptive prescription drugs used for contraceptive purposes and contraceptive devices in full]: Forms EX-13, EXHP-69, EXHP-66. Will be offered with the following prescription drug rider copayment options: (\$10 Tier 1 /\$25 Tier 2 /\$40 Tier 3),(\$10 Tier 1 /\$30 Tier 2 /\$50 Tier 3), (\$5 Tier 1 / \$15 Tier 2 /\$30 Tier 3), (\$5 Tier 1 / \$20 Tier 2 / \$35 Tier 3). Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.
10. EXHP-76 Rev.2
Durable Medical Equipment and External Prosthetic Devices Rider
This rider provides coverage for durable medical equipment and external prosthetic devices subject to a 50% coinsurance and a \$15,000 per member per calendar year maximum for external prosthetic devices.
11. EXHP-79
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
12. EXHP-84
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
13. EXHP-85
Mandate Rider
This rider adds infertility mandate benefits to Article 44 coverage.
14. EXHP-87
Mandate Rider
This rider adds bone density mandate benefits to Article 44 coverage. Specifically, this rider provides coverage for bone mineral density measurements and tests for the detection of osteoporosis.

15. EXHP-89
Mandate Endorsement

This Endorsement amends the rider or contract to which it attaches to by adding or replacing benefits for approved drugs and/or devices for the treatment of osteoporosis.
16. EXHP-113
Prescription Drug Rider

Covers a 30 day supply of retail prescription drugs with copayment options as follows: \$7 Copayment for Generic Drugs.
17. EXHP-131, EXR-108
Prescription Drug Endorsement

This prescription drug endorsement changes the mail-order prescription drug copayment for a 61-90 day supply from three-times the 30 day copayment to two-times the 30 day copayment.
18. EXHP-138
PPACA Health Care Reform Rider

This Rider changes provisions in, or adds provisions to, your Contract or Certificate including any affected riders or endorsements thereto, as required by the federal Patient Protection and Affordable Care Act.
19. EXHP-141
Weight Loss Services Language Change

Language endorsement which revises the criteria of medical necessity as it pertains to excluded services associated with weight loss.
20. EXHP-151
Mastectomy Care Rider

This rider clarifies the language pertaining to Mastectomy Care. There is no benefit or rate impact associated with this clarification.
21. EXHP-176
Allowable Expense Rider

This Rider changes the Allowable Expense definition in your coverage. There is no rate impact as this rider merely more accurately describes UCR. There are no associated changes in fees and no associated changes in how our claims are currently adjudicated.
22. EXHP-187
Rider to Continue Coverage for Children Through Age 29

This Rider allows eligible children to continue coverage under your Contract or Certificate and any applicable Rider(s) thereto.
23. EXHP-189
Rider to Extend Temporary Continuation of Coverage

This Rider extends continued coverage available under your Contract or Certificate and any applicable Rider(s) thereto.
24. EXHP-191
Dependent Coverage through Age 29

Children Covered through age 29. If you selected other than individual coverage, your child will be eligible for coverage through the age of 29 years when the child: A. Is unmarried ;B. Is not, as an employee or member, insured by or eligible for coverage under any employee health benefit plan, whether insured or self-insured; and C. Lives, works or resides in the Enrollment Area for your Contract or Certificate.
25. EXHP-210
Autism Mandate

This rider provides mandated coverage for Autism related benefits.
26. EXR-1
Domestic Partner Rider

This rider adds coverage to your Contract, Certificate or Group Health Plan for domestic partners.
27. EXR-70 Rev. 1
Hospice Care

This rider adds coverage for up to 210 days per year for hospice services subject to a [\$100, \$250, \$500, \$750, \$1000] copayment to pay when services are begun.

28. EXR-71 Rev. 1
Vision Care Benefits

This rider adds coverage for a routine eye exam subject to a [\$40, \$50] Copayment [and up to \$60 for eyewear] once every two calendar years for adults and every year for children.
29. EXR-130
HMO 25 Hearing Aid (Language Clarification) Rider

Language endorsement which revises the hearing aid benefit language to specify that coverage is limited to covered dependents under the age of 19.
30. IPA-662
Injectable Drug Rider

This rider changes injectable drug coverage, allowing for one office visit copayment for the injectable drug and one office visit copayment for the visit to the outpatient department or to the professional provider's office. Only one copayment will apply to allergy injections, vaccinations, and injections for the treatment of diabetes.
31. IPA-663
Pre and Post Natal Visit Fee Rider

This rider changes the pre and post-natal visits from a \$25 copay for the first 10 visits with the remainder covered in full to a \$5 copay for the first 10 visits with the remainder covered in full.
32. IPA-667
Cancer Drug Rider

Drugs used in cancer treatment including chemotherapeutic agents and adjunctive medications purchased at the pharmacy currently covered in full will no longer be covered, but will be available under a rider. This exclusion does not apply to cancer treatment drugs that must be received in the outpatient department of a hospital or other facility or in the physician's office.
33. NYSHIP-12
Blue Choice Rider

Full-time Students covered until age 25. Inpatient care covered in full. Inpatient rehabilitation care for substance abuse and alcoholism: provides 30 days of care per person, per calendar year. Unlimited Inpatient Detoxification Care for Alcoholism or Drug Addiction is provided. No Calendar Year Maximum for Durable Medical Equipment, External Prosthetic Appliances and Orthotic Devices. PCP sick child visits to age 19, Mammography visits, routine GYN including Pap Smears, routine physicals and routine prostate cancer screening are subject to a \$5 copayment per visit.

Excelsus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EX-13 (\$ 5/\$20/\$35)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$113.33	\$123.87	\$10.54	9.30%
Two Person	\$260.55	\$284.78	\$24.23	9.30%
Subscriber and Spouse	\$276.53	\$302.25	\$25.72	9.30%
Subscriber w/Child(ren)	\$235.74	\$257.66	\$21.92	9.30%
Subscriber w/ Children	\$285.53	\$312.08	\$26.55	9.30%
Family (4 Tier)	\$300.22	\$328.14	\$27.92	9.30%
Family (3 Tier)	\$298.91	\$326.71	\$27.80	9.30%
Family (2 Tier)	\$286.33	\$312.96	\$26.63	9.30%
1. <u>EX-13 (\$10/\$25/\$40)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$91.03	\$99.50	\$8.47	9.30%
Two Person	\$209.28	\$228.74	\$19.46	9.30%
Subscriber and Spouse	\$222.12	\$242.78	\$20.66	9.30%
Subscriber w/Child(ren)	\$189.34	\$206.95	\$17.61	9.30%
Subscriber w/ Children	\$229.35	\$250.68	\$21.33	9.30%
Family (4 Tier)	\$241.18	\$263.61	\$22.43	9.30%
Family (3 Tier)	\$240.13	\$262.46	\$22.33	9.30%
Family (2 Tier)	\$229.98	\$251.37	\$21.39	9.30%
1. <u>EX-13, EXR-108 (\$ 2/\$12/\$35)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$126.81	\$138.60	\$11.79	9.30%
Two Person	\$291.59	\$318.71	\$27.12	9.30%
Subscriber and Spouse	\$309.42	\$338.20	\$28.78	9.30%
Subscriber w/Child(ren)	\$263.78	\$288.31	\$24.53	9.30%
Subscriber w/ Children	\$319.48	\$349.19	\$29.71	9.30%
Family (4 Tier)	\$335.97	\$367.22	\$31.25	9.30%
Family (3 Tier)	\$334.48	\$365.59	\$31.11	9.30%
Family (2 Tier)	\$320.34	\$350.13	\$29.79	9.30%
1. <u>EX-13, EXR-108 (\$ 2/\$15/\$35)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$125.31	\$136.96	\$11.65	9.30%
Two Person	\$288.10	\$314.89	\$26.79	9.30%
Subscriber and Spouse	\$305.74	\$334.17	\$28.43	9.30%
Subscriber w/Child(ren)	\$260.64	\$284.88	\$24.24	9.30%
Subscriber w/ Children	\$315.70	\$345.06	\$29.36	9.30%
Family (4 Tier)	\$331.94	\$362.81	\$30.87	9.30%
Family (3 Tier)	\$330.46	\$361.19	\$30.73	9.30%
Family (2 Tier)	\$316.45	\$345.88	\$29.43	9.30%
1. <u>EX-13, EXR-108 (\$ 5/\$15/\$30)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$123.47	\$134.95	\$11.48	9.30%
Two Person	\$283.84	\$310.24	\$26.40	9.30%
Subscriber and Spouse	\$301.27	\$329.29	\$28.02	9.30%
Subscriber w/Child(ren)	\$256.82	\$280.70	\$23.88	9.30%
Subscriber w/ Children	\$311.09	\$340.02	\$28.93	9.30%
Family (4 Tier)	\$327.09	\$357.51	\$30.42	9.30%
Family (3 Tier)	\$325.66	\$355.95	\$30.29	9.30%
Family (2 Tier)	\$311.94	\$340.95	\$29.01	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EX-13, EXR-108 (\$ 5/\$15/\$35)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$118.38	\$129.39	\$11.01	9.30%
Two Person	\$272.29	\$297.61	\$25.32	9.30%
Subscriber and Spouse	\$288.85	\$315.71	\$26.86	9.30%
Subscriber w/Child(ren)	\$246.22	\$269.12	\$22.90	9.30%
Subscriber w/ Children	\$298.28	\$326.02	\$27.74	9.30%
Family (4 Tier)	\$313.70	\$342.87	\$29.17	9.30%
Family (3 Tier)	\$312.31	\$341.35	\$29.04	9.30%
Family (2 Tier)	\$299.09	\$326.91	\$27.82	9.30%
1. <u>EX-13, EXR-108 (\$ 5/\$20/\$35)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$112.44	\$122.90	\$10.46	9.30%
Two Person	\$258.50	\$282.54	\$24.04	9.30%
Subscriber and Spouse	\$274.35	\$299.86	\$25.51	9.30%
Subscriber w/Child(ren)	\$233.87	\$255.62	\$21.75	9.30%
Subscriber w/ Children	\$283.27	\$309.61	\$26.34	9.30%
Family (4 Tier)	\$297.82	\$325.52	\$27.70	9.30%
Family (3 Tier)	\$296.52	\$324.10	\$27.58	9.30%
Family (2 Tier)	\$284.06	\$310.48	\$26.42	9.30%
1. <u>EX-13, EXR-108 (\$ 5/\$20/\$40)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$107.46	\$117.45	\$9.99	9.30%
Two Person	\$247.08	\$270.06	\$22.98	9.30%
Subscriber and Spouse	\$262.22	\$286.61	\$24.39	9.30%
Subscriber w/Child(ren)	\$223.53	\$244.32	\$20.79	9.30%
Subscriber w/ Children	\$270.78	\$295.96	\$25.18	9.30%
Family (4 Tier)	\$284.72	\$311.20	\$26.48	9.30%
Family (3 Tier)	\$283.44	\$309.80	\$26.36	9.30%
Family (2 Tier)	\$271.47	\$296.72	\$25.25	9.30%
1. <u>EX-13, EXR-108 (\$10/\$25/\$40)</u>				
3 Tier Drug Rider				
Group Remittance				
Single	\$90.30	\$98.70	\$8.40	9.30%
Two Person	\$207.60	\$226.91	\$19.31	9.30%
Subscriber and Spouse	\$220.32	\$240.81	\$20.49	9.30%
Subscriber w/Child(ren)	\$187.82	\$205.29	\$17.47	9.30%
Subscriber w/ Children	\$227.50	\$248.66	\$21.16	9.30%
Family (4 Tier)	\$239.24	\$261.49	\$22.25	9.30%
Family (3 Tier)	\$238.20	\$260.35	\$22.15	9.30%
Family (2 Tier)	\$228.12	\$249.34	\$21.22	9.30%
2. <u>EX-14 (\$ 5/\$20/\$35)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$4.74	\$5.18	\$0.44	9.28%
Two Person	\$10.83	\$11.84	\$1.01	9.33%
Subscriber and Spouse	\$11.55	\$12.62	\$1.07	9.26%
Subscriber w/Child(ren)	\$9.85	\$10.77	\$0.92	9.34%
Subscriber w/ Children	\$11.88	\$12.98	\$1.10	9.26%
Family (4 Tier)	\$12.48	\$13.64	\$1.16	9.29%
Family (3 Tier)	\$12.46	\$13.62	\$1.16	9.31%
Family (2 Tier)	\$11.89	\$13.00	\$1.11	9.34%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
2. <u>EX-14 (\$10/\$25/\$40)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$3.79	\$4.14	\$0.35	9.23%
Two Person	\$8.69	\$9.50	\$0.81	9.32%
Subscriber and Spouse	\$9.24	\$10.10	\$0.86	9.31%
Subscriber w/Child(ren)	\$7.87	\$8.60	\$0.73	9.28%
Subscriber w/ Children	\$9.57	\$10.46	\$0.89	9.30%
Family (4 Tier)	\$10.04	\$10.97	\$0.93	9.26%
Family (3 Tier)	\$10.00	\$10.93	\$0.93	9.30%
Family (2 Tier)	\$9.61	\$10.50	\$0.89	9.26%
2. <u>EX-14, EXR-108 (\$ 2/\$12/\$35)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$5.26	\$5.75	\$0.49	9.32%
Two Person	\$12.17	\$13.30	\$1.13	9.29%
Subscriber and Spouse	\$12.85	\$14.05	\$1.20	9.34%
Subscriber w/Child(ren)	\$10.95	\$11.97	\$1.02	9.32%
Subscriber w/ Children	\$13.33	\$14.57	\$1.24	9.30%
Family (4 Tier)	\$14.04	\$15.35	\$1.31	9.33%
Family (3 Tier)	\$13.95	\$15.25	\$1.30	9.32%
Family (2 Tier)	\$13.37	\$14.61	\$1.24	9.27%
2. <u>EX-14, EXR-108 (\$ 2/\$15/\$35)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$5.23	\$5.72	\$0.49	9.37%
Two Person	\$12.00	\$13.12	\$1.12	9.33%
Subscriber and Spouse	\$12.76	\$13.95	\$1.19	9.33%
Subscriber w/Child(ren)	\$10.88	\$11.89	\$1.01	9.28%
Subscriber w/ Children	\$13.18	\$14.41	\$1.23	9.33%
Family (4 Tier)	\$13.83	\$15.12	\$1.29	9.33%
Family (3 Tier)	\$13.79	\$15.07	\$1.28	9.28%
Family (2 Tier)	\$13.19	\$14.42	\$1.23	9.33%
2. <u>EX-14, EXR-108 (\$ 5/\$15/\$30)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$5.13	\$5.61	\$0.48	9.36%
Two Person	\$11.79	\$12.89	\$1.10	9.33%
Subscriber and Spouse	\$12.52	\$13.68	\$1.16	9.27%
Subscriber w/Child(ren)	\$10.68	\$11.67	\$0.99	9.27%
Subscriber w/ Children	\$12.92	\$14.12	\$1.20	9.29%
Family (4 Tier)	\$13.61	\$14.88	\$1.27	9.33%
Family (3 Tier)	\$13.52	\$14.78	\$1.26	9.32%
Family (2 Tier)	\$12.97	\$14.18	\$1.21	9.33%
2. <u>EX-14, EXR-108 (\$ 5/\$15/\$35)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$4.93	\$5.39	\$0.46	9.33%
Two Person	\$11.34	\$12.39	\$1.05	9.26%
Subscriber and Spouse	\$12.02	\$13.14	\$1.12	9.32%
Subscriber w/Child(ren)	\$10.26	\$11.21	\$0.95	9.26%
Subscriber w/ Children	\$12.44	\$13.60	\$1.16	9.32%
Family (4 Tier)	\$13.05	\$14.26	\$1.21	9.27%
Family (3 Tier)	\$13.01	\$14.22	\$1.21	9.30%
Family (2 Tier)	\$12.46	\$13.62	\$1.16	9.31%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
2. <u>EX-14, EXR-108 (\$ 5/\$20/\$35)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$4.66	\$5.09	\$0.43	9.23%
Two Person	\$10.75	\$11.75	\$1.00	9.30%
Subscriber and Spouse	\$11.40	\$12.46	\$1.06	9.30%
Subscriber w/Child(ren)	\$9.72	\$10.62	\$0.90	9.26%
Subscriber w/ Children	\$11.79	\$12.89	\$1.10	9.33%
Family (4 Tier)	\$12.38	\$13.53	\$1.15	9.29%
Family (3 Tier)	\$12.33	\$13.48	\$1.15	9.33%
Family (2 Tier)	\$11.82	\$12.92	\$1.10	9.31%
2. <u>EX-14, EXR-108 (\$ 5/\$20/\$40)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$4.50	\$4.92	\$0.42	9.33%
Two Person	\$10.32	\$11.28	\$0.96	9.30%
Subscriber and Spouse	\$10.97	\$11.99	\$1.02	9.30%
Subscriber w/Child(ren)	\$9.35	\$10.22	\$0.87	9.30%
Subscriber w/ Children	\$11.27	\$12.32	\$1.05	9.32%
Family (4 Tier)	\$11.88	\$12.98	\$1.10	9.26%
Family (3 Tier)	\$11.83	\$12.93	\$1.10	9.30%
Family (2 Tier)	\$11.33	\$12.38	\$1.05	9.27%
2. <u>EX-14, EXR-108 (\$10/\$25/\$40)</u>				
3 Tier Oral Contraceptives Rider				
Group Remittance				
Single	\$3.78	\$4.13	\$0.35	9.26%
Two Person	\$8.66	\$9.47	\$0.81	9.35%
Subscriber and Spouse	\$9.21	\$10.07	\$0.86	9.34%
Subscriber w/Child(ren)	\$7.85	\$8.58	\$0.73	9.30%
Subscriber w/ Children	\$9.50	\$10.38	\$0.88	9.26%
Family (4 Tier)	\$10.00	\$10.93	\$0.93	9.30%
Family (3 Tier)	\$9.94	\$10.86	\$0.92	9.26%
Family (2 Tier)	\$9.59	\$10.48	\$0.89	9.28%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
Blue Choice [25] Basic Contract				
Group Remittance				
Single	\$393.80	\$430.42	\$36.62	9.30%
Two Person	\$905.76	\$990.00	\$84.24	9.30%
Subscriber and Spouse	\$960.87	\$1,050.23	\$89.36	9.30%
Subscriber w/Child(ren)	\$783.82	\$856.72	\$72.90	9.30%
Subscriber w/ Children	\$950.00	\$1,038.35	\$88.35	9.30%
Family (4 Tier)	\$999.80	\$1,092.78	\$92.98	9.30%
Family (3 Tier)	\$996.74	\$1,089.44	\$92.70	9.30%
Family (2 Tier)	\$953.68	\$1,042.37	\$88.69	9.30%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
Blue Choice [30] Basic Contract				
Group Remittance				
Single	\$378.39	\$413.58	\$35.19	9.30%
Two Person	\$870.35	\$951.29	\$80.94	9.30%
Subscriber and Spouse	\$923.28	\$1,009.15	\$85.87	9.30%
Subscriber w/Child(ren)	\$753.15	\$823.19	\$70.04	9.30%
Subscriber w/ Children	\$911.65	\$996.43	\$84.78	9.30%
Family (4 Tier)	\$959.31	\$1,048.53	\$89.22	9.30%
Family (3 Tier)	\$956.36	\$1,045.30	\$88.94	9.30%
Family (2 Tier)	\$915.02	\$1,000.12	\$85.10	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	(\$1.39)	(\$1.52)	(\$0.13)	9.35%
Two Person	(\$3.18)	(\$3.48)	(\$0.30)	9.43%
Subscriber and Spouse	(\$3.40)	(\$3.72)	(\$0.32)	9.41%
Subscriber w/Child(ren)	(\$2.78)	(\$3.04)	(\$0.26)	9.35%
Subscriber w/ Children	(\$3.33)	(\$3.64)	(\$0.31)	9.31%
Family (4 Tier)	(\$3.53)	(\$3.86)	(\$0.33)	9.35%
Family (3 Tier)	(\$3.52)	(\$3.85)	(\$0.33)	9.38%
Family (2 Tier)	(\$3.35)	(\$3.66)	(\$0.31)	9.25%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$1.98	\$2.16	\$0.18	9.09%
Two Person	\$4.54	\$4.96	\$0.42	9.25%
Subscriber and Spouse	\$4.84	\$5.29	\$0.45	9.30%
Subscriber w/Child(ren)	\$3.94	\$4.31	\$0.37	9.39%
Subscriber w/ Children	\$4.95	\$5.41	\$0.46	9.29%
Family (4 Tier)	\$5.24	\$5.73	\$0.49	9.35%
Family (3 Tier)	\$5.19	\$5.67	\$0.48	9.25%
Family (2 Tier)	\$4.99	\$5.45	\$0.46	9.22%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	(\$0.51)	(\$0.56)	(\$0.05)	9.80%
Two Person	(\$1.18)	(\$1.29)	(\$0.11)	9.32%
Subscriber and Spouse	(\$1.24)	(\$1.36)	(\$0.12)	9.68%
Subscriber w/Child(ren)	(\$1.01)	(\$1.10)	(\$0.09)	8.91%
Subscriber w/ Children	(\$1.23)	(\$1.34)	(\$0.11)	8.94%
Family (4 Tier)	(\$1.28)	(\$1.40)	(\$0.12)	9.38%
Family (3 Tier)	(\$1.28)	(\$1.40)	(\$0.12)	9.38%
Family (2 Tier)	(\$1.23)	(\$1.34)	(\$0.11)	8.94%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$5.18	\$5.66	\$0.48	9.27%
Two Person	\$11.82	\$12.92	\$1.10	9.31%
Subscriber and Spouse	\$12.63	\$13.80	\$1.17	9.26%
Subscriber w/Child(ren)	\$10.30	\$11.26	\$0.96	9.32%
Subscriber w/ Children	\$12.91	\$14.11	\$1.20	9.30%
Family (4 Tier)	\$13.63	\$14.90	\$1.27	9.32%
Family (3 Tier)	\$13.61	\$14.88	\$1.27	9.33%
Family (2 Tier)	\$12.99	\$14.20	\$1.21	9.31%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$0.80	\$0.87	\$0.07	8.75%
Two Person	\$1.87	\$2.04	\$0.17	9.09%
Subscriber and Spouse	\$1.97	\$2.15	\$0.18	9.14%
Subscriber w/Child(ren)	\$1.61	\$1.76	\$0.15	9.32%
Subscriber w/ Children	\$2.00	\$2.19	\$0.19	9.50%
Family (4 Tier)	\$2.14	\$2.34	\$0.20	9.35%
Family (3 Tier)	\$2.14	\$2.34	\$0.20	9.35%
Family (2 Tier)	\$2.00	\$2.19	\$0.19	9.50%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$3.20	\$3.50	\$0.30	9.38%
Two Person	\$7.36	\$8.04	\$0.68	9.24%
Subscriber and Spouse	\$7.82	\$8.55	\$0.73	9.34%
Subscriber w/Child(ren)	\$6.38	\$6.97	\$0.59	9.25%
Subscriber w/ Children	\$8.01	\$8.75	\$0.74	9.24%
Family (4 Tier)	\$8.39	\$9.17	\$0.78	9.30%
Family (3 Tier)	\$8.40	\$9.18	\$0.78	9.29%
Family (2 Tier)	\$8.07	\$8.82	\$0.75	9.29%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$0.78	\$0.85	\$0.07	8.97%
Two Person	\$1.82	\$1.99	\$0.17	9.34%
Subscriber and Spouse	\$1.92	\$2.10	\$0.18	9.38%
Subscriber w/Child(ren)	\$1.57	\$1.72	\$0.15	9.55%
Subscriber w/ Children	\$1.97	\$2.15	\$0.18	9.14%
Family (4 Tier)	\$2.06	\$2.25	\$0.19	9.22%
Family (3 Tier)	\$2.04	\$2.23	\$0.19	9.31%
Family (2 Tier)	\$1.97	\$2.15	\$0.18	9.14%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$0.75	\$0.82	\$0.07	9.33%
Two Person	\$1.72	\$1.88	\$0.16	9.30%
Subscriber and Spouse	\$1.85	\$2.02	\$0.17	9.19%
Subscriber w/Child(ren)	\$1.50	\$1.64	\$0.14	9.33%
Subscriber w/ Children	\$1.91	\$2.09	\$0.18	9.42%
Family (4 Tier)	\$1.99	\$2.18	\$0.19	9.55%
Family (3 Tier)	\$1.99	\$2.18	\$0.19	9.55%
Family (2 Tier)	\$1.91	\$2.09	\$0.18	9.42%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	(\$2.84)	(\$3.10)	(\$0.26)	9.15%
Two Person	(\$6.53)	(\$7.14)	(\$0.61)	9.34%
Subscriber and Spouse	(\$6.92)	(\$7.56)	(\$0.64)	9.25%
Subscriber w/Child(ren)	(\$5.65)	(\$6.18)	(\$0.53)	9.38%
Subscriber w/ Children	(\$7.00)	(\$7.65)	(\$0.65)	9.29%
Family (4 Tier)	(\$7.37)	(\$8.06)	(\$0.69)	9.36%
Family (3 Tier)	(\$7.34)	(\$8.02)	(\$0.68)	9.26%
Family (2 Tier)	(\$7.02)	(\$7.67)	(\$0.65)	9.26%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$0.74	\$0.81	\$0.07	9.46%
Two Person	\$1.72	\$1.88	\$0.16	9.30%
Subscriber and Spouse	\$1.82	\$1.99	\$0.17	9.34%
Subscriber w/Child(ren)	\$1.48	\$1.62	\$0.14	9.46%
Subscriber w/ Children	\$1.82	\$1.99	\$0.17	9.34%
Family (4 Tier)	\$1.90	\$2.08	\$0.18	9.47%
Family (3 Tier)	\$1.90	\$2.08	\$0.18	9.47%
Family (2 Tier)	\$1.82	\$1.99	\$0.17	9.34%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	(\$5.79)	(\$6.33)	(\$0.54)	9.33%
Two Person	(\$13.36)	(\$14.60)	(\$1.24)	9.28%
Subscriber and Spouse	(\$14.13)	(\$15.44)	(\$1.31)	9.27%
Subscriber w/Child(ren)	(\$11.53)	(\$12.60)	(\$1.07)	9.28%
Subscriber w/ Children	(\$14.15)	(\$15.47)	(\$1.32)	9.33%
Family (4 Tier)	(\$14.90)	(\$16.29)	(\$1.39)	9.33%
Family (3 Tier)	(\$14.83)	(\$16.21)	(\$1.38)	9.31%
Family (2 Tier)	(\$14.20)	(\$15.52)	(\$1.32)	9.30%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u>				
Blue Choice [25, 30] Basic Contract				
Group Remittance				
Single	\$0.73	\$0.80	\$0.07	9.59%
Two Person	\$1.69	\$1.85	\$0.16	9.47%
Subscriber and Spouse	\$1.79	\$1.96	\$0.17	9.50%
Subscriber w/Child(ren)	\$1.46	\$1.60	\$0.14	9.59%
Subscriber w/ Children	\$1.76	\$1.92	\$0.16	9.09%
Family (4 Tier)	\$1.87	\$2.04	\$0.17	9.09%
Family (3 Tier)	\$1.86	\$2.03	\$0.17	9.14%
Family (2 Tier)	\$1.78	\$1.95	\$0.17	9.55%
3. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed Exclusion of Elective Sterilization:</u>				
Blue Choice [25] Basic Contract				
Group Remittance				
Single	\$393.58	\$430.18	\$36.60	9.30%
Two Person	\$905.32	\$989.51	\$84.19	9.30%
Subscriber and Spouse	\$960.35	\$1,049.66	\$89.31	9.30%
Subscriber w/Child(ren)	\$783.40	\$856.26	\$72.86	9.30%
Subscriber w/ Children	\$949.49	\$1,037.79	\$88.30	9.30%
Family (4 Tier)	\$999.29	\$1,092.22	\$92.93	9.30%
Family (3 Tier)	\$996.23	\$1,088.88	\$92.65	9.30%
Family (2 Tier)	\$953.18	\$1,041.83	\$88.65	9.30%
4. <u>EXHP-11 Rev.1</u>				
Michelle's Law				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
5. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$93.20	\$101.87	\$8.67	9.30%
Two Person	\$214.25	\$234.18	\$19.93	9.30%
Subscriber and Spouse	\$227.40	\$248.55	\$21.15	9.30%
Subscriber w/Child(ren)	\$193.85	\$211.88	\$18.03	9.30%
Subscriber w/ Children	\$234.89	\$256.73	\$21.84	9.30%
Family (4 Tier)	\$246.90	\$269.86	\$22.96	9.30%
Family (3 Tier)	\$245.80	\$268.66	\$22.86	9.30%
Family (2 Tier)	\$235.42	\$257.31	\$21.89	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
5. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$89.46	\$97.78	\$8.32	9.30%
Two Person	\$205.71	\$224.84	\$19.13	9.30%
Subscriber and Spouse	\$218.30	\$238.60	\$20.30	9.30%
Subscriber w/Child(ren)	\$186.10	\$203.41	\$17.31	9.30%
Subscriber w/ Children	\$225.50	\$246.47	\$20.97	9.30%
Family (4 Tier)	\$237.09	\$259.14	\$22.05	9.30%
Family (3 Tier)	\$235.99	\$257.94	\$21.95	9.30%
Family (2 Tier)	\$226.03	\$247.05	\$21.02	9.30%
5. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$80.92	\$88.45	\$7.53	9.31%
Two Person	\$186.10	\$203.41	\$17.31	9.30%
Subscriber and Spouse	\$197.43	\$215.79	\$18.36	9.30%
Subscriber w/Child(ren)	\$168.30	\$183.95	\$15.65	9.30%
Subscriber w/ Children	\$203.90	\$222.86	\$18.96	9.30%
Family (4 Tier)	\$214.36	\$234.30	\$19.94	9.30%
Family (3 Tier)	\$213.44	\$233.29	\$19.85	9.30%
Family (2 Tier)	\$204.44	\$223.45	\$19.01	9.30%
5. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$77.67	\$84.89	\$7.22	9.30%
Two Person	\$178.68	\$195.30	\$16.62	9.30%
Subscriber and Spouse	\$189.52	\$207.15	\$17.63	9.30%
Subscriber w/Child(ren)	\$161.55	\$176.57	\$15.02	9.30%
Subscriber w/ Children	\$195.82	\$214.03	\$18.21	9.30%
Family (4 Tier)	\$205.88	\$225.03	\$19.15	9.30%
Family (3 Tier)	\$204.91	\$223.97	\$19.06	9.30%
Family (2 Tier)	\$196.32	\$214.58	\$18.26	9.30%
6. <u>EXHP- 50, EXR-108 (\$10/\$25/\$40 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$84.47	\$92.33	\$7.86	9.31%
Two Person	\$194.39	\$212.47	\$18.08	9.30%
Subscriber and Spouse	\$206.12	\$225.29	\$19.17	9.30%
Subscriber w/Child(ren)	\$175.71	\$192.05	\$16.34	9.30%
Subscriber w/ Children	\$213.02	\$232.83	\$19.81	9.30%
Family (4 Tier)	\$224.00	\$244.83	\$20.83	9.30%
Family (3 Tier)	\$222.96	\$243.70	\$20.74	9.30%
Family (2 Tier)	\$213.61	\$233.48	\$19.87	9.30%
6. <u>EXHP- 50, EXR-108 (\$10/\$25/\$40 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$81.12	\$88.66	\$7.54	9.29%
Two Person	\$186.54	\$203.89	\$17.35	9.30%
Subscriber and Spouse	\$197.94	\$216.35	\$18.41	9.30%
Subscriber w/Child(ren)	\$168.73	\$184.42	\$15.69	9.30%
Subscriber w/ Children	\$204.41	\$223.42	\$19.01	9.30%
Family (4 Tier)	\$214.92	\$234.91	\$19.99	9.30%
Family (3 Tier)	\$213.96	\$233.86	\$19.90	9.30%
Family (2 Tier)	\$204.91	\$223.97	\$19.06	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
6. <u>EXHP- 50, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$87.00	\$95.09	\$8.09	9.30%
Two Person	\$200.03	\$218.63	\$18.60	9.30%
Subscriber and Spouse	\$212.27	\$232.01	\$19.74	9.30%
Subscriber w/Child(ren)	\$180.95	\$197.78	\$16.83	9.30%
Subscriber w/ Children	\$219.23	\$239.62	\$20.39	9.30%
Family (4 Tier)	\$230.54	\$251.98	\$21.44	9.30%
Family (3 Tier)	\$229.53	\$250.88	\$21.35	9.30%
Family (2 Tier)	\$219.86	\$240.31	\$20.45	9.30%
6. <u>EXHP- 50, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$83.51	\$91.28	\$7.77	9.30%
Two Person	\$192.03	\$209.89	\$17.86	9.30%
Subscriber and Spouse	\$203.77	\$222.72	\$18.95	9.30%
Subscriber w/Child(ren)	\$173.72	\$189.88	\$16.16	9.30%
Subscriber w/ Children	\$210.52	\$230.10	\$19.58	9.30%
Family (4 Tier)	\$221.35	\$241.94	\$20.59	9.30%
Family (3 Tier)	\$220.33	\$240.82	\$20.49	9.30%
Family (2 Tier)	\$211.05	\$230.68	\$19.63	9.30%
6. <u>EXHP- 50, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$77.54	\$84.75	\$7.21	9.30%
Two Person	\$178.36	\$194.95	\$16.59	9.30%
Subscriber and Spouse	\$189.20	\$206.80	\$17.60	9.30%
Subscriber w/Child(ren)	\$161.28	\$176.28	\$15.00	9.30%
Subscriber w/ Children	\$195.41	\$213.58	\$18.17	9.30%
Family (4 Tier)	\$205.47	\$224.58	\$19.11	9.30%
Family (3 Tier)	\$204.51	\$223.53	\$19.02	9.30%
Family (2 Tier)	\$195.93	\$214.15	\$18.22	9.30%
6. <u>EXHP- 50, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$74.46	\$81.38	\$6.92	9.29%
Two Person	\$171.33	\$187.26	\$15.93	9.30%
Subscriber and Spouse	\$181.67	\$198.57	\$16.90	9.30%
Subscriber w/Child(ren)	\$154.86	\$169.26	\$14.40	9.30%
Subscriber w/ Children	\$187.74	\$205.20	\$17.46	9.30%
Family (4 Tier)	\$197.39	\$215.75	\$18.36	9.30%
Family (3 Tier)	\$196.47	\$214.74	\$18.27	9.30%
Family (2 Tier)	\$188.14	\$205.64	\$17.50	9.30%
7. <u>EXHP- 53</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
8. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$84.80	\$92.69	\$7.89	9.30%
Two Person	\$194.92	\$213.05	\$18.13	9.30%
Subscriber and Spouse	\$206.91	\$226.15	\$19.24	9.30%
Subscriber w/Child(ren)	\$176.38	\$192.78	\$16.40	9.30%
Subscriber w/ Children	\$213.63	\$233.50	\$19.87	9.30%
Family (4 Tier)	\$224.63	\$245.52	\$20.89	9.30%
Family (3 Tier)	\$223.64	\$244.44	\$20.80	9.30%
Family (2 Tier)	\$214.20	\$234.12	\$19.92	9.30%
8. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$81.39	\$88.96	\$7.57	9.30%
Two Person	\$187.19	\$204.60	\$17.41	9.30%
Subscriber and Spouse	\$198.60	\$217.07	\$18.47	9.30%
Subscriber w/Child(ren)	\$169.29	\$185.03	\$15.74	9.30%
Subscriber w/ Children	\$205.17	\$224.25	\$19.08	9.30%
Family (4 Tier)	\$215.74	\$235.80	\$20.06	9.30%
Family (3 Tier)	\$214.78	\$234.75	\$19.97	9.30%
Family (2 Tier)	\$205.71	\$224.84	\$19.13	9.30%
8. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$62.83	\$68.67	\$5.84	9.29%
Two Person	\$144.44	\$157.87	\$13.43	9.30%
Subscriber and Spouse	\$153.30	\$167.56	\$14.26	9.30%
Subscriber w/Child(ren)	\$130.68	\$142.83	\$12.15	9.30%
Subscriber w/ Children	\$158.32	\$173.04	\$14.72	9.30%
Family (4 Tier)	\$166.45	\$181.93	\$15.48	9.30%
Family (3 Tier)	\$165.70	\$181.11	\$15.41	9.30%
Family (2 Tier)	\$158.73	\$173.49	\$14.76	9.30%
8. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$60.33	\$65.94	\$5.61	9.30%
Two Person	\$138.68	\$151.58	\$12.90	9.30%
Subscriber and Spouse	\$147.19	\$160.88	\$13.69	9.30%
Subscriber w/Child(ren)	\$125.49	\$137.16	\$11.67	9.30%
Subscriber w/ Children	\$151.97	\$166.10	\$14.13	9.30%
Family (4 Tier)	\$159.82	\$174.68	\$14.86	9.30%
Family (3 Tier)	\$159.09	\$173.89	\$14.80	9.30%
Family (2 Tier)	\$152.42	\$166.60	\$14.18	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$25/\$40 w/oral cif and \$0 Generic Copay to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$100.60	\$109.96	\$9.36	9.30%
Two Person	\$231.31	\$252.82	\$21.51	9.30%
Subscriber and Spouse	\$245.45	\$268.28	\$22.83	9.30%
Subscriber w/Child(ren)	\$209.24	\$228.70	\$19.46	9.30%
Subscriber w/ Children	\$253.49	\$277.06	\$23.57	9.30%
Family (4 Tier)	\$266.52	\$291.31	\$24.79	9.30%
Family (3 Tier)	\$265.35	\$290.03	\$24.68	9.30%
Family (2 Tier)	\$254.19	\$277.83	\$23.64	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$25/\$40 w/oral cif)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$98.80	\$107.99	\$9.19	9.30%
Two Person	\$227.27	\$248.41	\$21.14	9.30%
Subscriber and Spouse	\$241.09	\$263.51	\$22.42	9.30%
Subscriber w/Child(ren)	\$205.52	\$224.63	\$19.11	9.30%
Subscriber w/ Children	\$249.02	\$272.18	\$23.16	9.30%
Family (4 Tier)	\$261.89	\$286.25	\$24.36	9.30%
Family (3 Tier)	\$260.71	\$284.96	\$24.25	9.30%
Family (2 Tier)	\$249.70	\$272.92	\$23.22	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$25/\$40) with \$0 Copay on Generic up to age 19</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$91.94	\$100.49	\$8.55	9.30%
Two Person	\$211.36	\$231.02	\$19.66	9.30%
Subscriber and Spouse	\$224.33	\$245.19	\$20.86	9.30%
Subscriber w/Child(ren)	\$191.23	\$209.01	\$17.78	9.30%
Subscriber w/ Children	\$231.63	\$253.17	\$21.54	9.30%
Family (4 Tier)	\$243.56	\$266.21	\$22.65	9.30%
Family (3 Tier)	\$242.50	\$265.05	\$22.55	9.30%
Family (2 Tier)	\$232.23	\$253.83	\$21.60	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$30/\$50 w/oral cif and \$0 Generic Copay to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$88.47	\$96.70	\$8.23	9.30%
Two Person	\$203.43	\$222.35	\$18.92	9.30%
Subscriber and Spouse	\$215.88	\$235.96	\$20.08	9.30%
Subscriber w/Child(ren)	\$184.03	\$201.14	\$17.11	9.30%
Subscriber w/ Children	\$222.94	\$243.67	\$20.73	9.30%
Family (4 Tier)	\$234.42	\$256.22	\$21.80	9.30%
Family (3 Tier)	\$233.43	\$255.14	\$21.71	9.30%
Family (2 Tier)	\$223.54	\$244.33	\$20.79	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108 (\$10/\$30/\$50 w/oral cif)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$87.38	\$95.51	\$8.13	9.30%
Two Person	\$200.94	\$219.63	\$18.69	9.30%
Subscriber and Spouse	\$213.20	\$233.03	\$19.83	9.30%
Subscriber w/Child(ren)	\$181.74	\$198.64	\$16.90	9.30%
Subscriber w/ Children	\$220.22	\$240.70	\$20.48	9.30%
Family (4 Tier)	\$231.57	\$253.11	\$21.54	9.30%
Family (3 Tier)	\$230.56	\$252.00	\$21.44	9.30%
Family (2 Tier)	\$220.80	\$241.33	\$20.53	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108 (\$5/\$15/\$30 with \$0 Generic Copay to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$124.54	\$136.12	\$11.58	9.30%
Two Person	\$286.36	\$312.99	\$26.63	9.30%
Subscriber and Spouse	\$303.87	\$332.13	\$28.26	9.30%
Subscriber w/Child(ren)	\$259.04	\$283.13	\$24.09	9.30%
Subscriber w/ Children	\$313.81	\$342.99	\$29.18	9.30%
Family (4 Tier)	\$329.95	\$360.64	\$30.69	9.30%
Family (3 Tier)	\$328.51	\$359.06	\$30.55	9.30%
Family (2 Tier)	\$314.68	\$343.95	\$29.27	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
9. <u>EXHP- 70 Rev.1, EXR-108 (\$5/\$20/\$35 with \$0 Generic Copay to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$114.43	\$125.07	\$10.64	9.30%
Two Person	\$263.12	\$287.59	\$24.47	9.30%
Subscriber and Spouse	\$279.22	\$305.19	\$25.97	9.30%
Subscriber w/Child(ren)	\$238.02	\$260.16	\$22.14	9.30%
Subscriber w/ Children	\$288.31	\$315.12	\$26.81	9.30%
Family (4 Tier)	\$303.16	\$331.35	\$28.19	9.30%
Family (3 Tier)	\$301.82	\$329.89	\$28.07	9.30%
Family (2 Tier)	\$289.13	\$316.02	\$26.89	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108, EXHP-91 (\$10/\$25/\$40 with \$0 Generic Copay to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$95.77	\$104.68	\$8.91	9.30%
Two Person	\$220.18	\$240.66	\$20.48	9.30%
Subscriber and Spouse	\$233.67	\$255.40	\$21.73	9.30%
Subscriber w/Child(ren)	\$199.19	\$217.71	\$18.52	9.30%
Subscriber w/ Children	\$241.30	\$263.74	\$22.44	9.30%
Family (4 Tier)	\$253.76	\$277.36	\$23.60	9.30%
Family (3 Tier)	\$252.62	\$276.11	\$23.49	9.30%
Family (2 Tier)	\$241.95	\$264.45	\$22.50	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108, EXHP-91 (\$5/\$15/\$30 with \$0 Generic Copay to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$129.70	\$141.76	\$12.06	9.30%
Two Person	\$298.27	\$326.01	\$27.74	9.30%
Subscriber and Spouse	\$316.48	\$345.91	\$29.43	9.30%
Subscriber w/Child(ren)	\$269.79	\$294.88	\$25.09	9.30%
Subscriber w/ Children	\$326.92	\$357.32	\$30.40	9.30%
Family (4 Tier)	\$343.71	\$375.68	\$31.97	9.30%
Family (3 Tier)	\$342.21	\$374.04	\$31.83	9.30%
Family (2 Tier)	\$327.77	\$358.25	\$30.48	9.30%
9. <u>EXHP- 70 Rev.1, EXR-108, EXHP-91 (\$5/\$20/\$35 with \$0 Copay on Generic up to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$119.19	\$130.27	\$11.08	9.30%
Two Person	\$274.06	\$299.55	\$25.49	9.30%
Subscriber and Spouse	\$290.83	\$317.88	\$27.05	9.30%
Subscriber w/Child(ren)	\$247.91	\$270.97	\$23.06	9.30%
Subscriber w/ Children	\$300.33	\$328.26	\$27.93	9.30%
Family (4 Tier)	\$315.81	\$345.18	\$29.37	9.30%
Family (3 Tier)	\$314.43	\$343.67	\$29.24	9.30%
Family (2 Tier)	\$301.18	\$329.19	\$28.01	9.30%
10. <u>EXHP- 76 Rev.2</u>				
Durable Medical Equipment and External Prosthetic Devices Rider				
Group Remittance				
Single	\$4.46	\$4.87	\$0.41	9.19%
Two Person	\$10.20	\$11.15	\$0.95	9.31%
Subscriber and Spouse	\$10.87	\$11.88	\$1.01	9.29%
Subscriber w/Child(ren)	\$8.86	\$9.68	\$0.82	9.26%
Subscriber w/ Children	\$11.19	\$12.23	\$1.04	9.29%
Family (4 Tier)	\$11.76	\$12.85	\$1.09	9.27%
Family (3 Tier)	\$11.72	\$12.81	\$1.09	9.30%
Family (2 Tier)	\$11.23	\$12.27	\$1.04	9.26%

Excelsus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
11. EXHP- 79				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
12. EXHP- 84				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
13. EXHP- 85				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
14. EXHP- 87				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
15. EXHP- 89				
Mandate Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
16. <u>EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$18.57	\$20.30	\$1.73	9.32%
Two Person	\$42.71	\$46.68	\$3.97	9.30%
Subscriber and Spouse	\$45.32	\$49.53	\$4.21	9.29%
Subscriber w/Child(ren)	\$38.63	\$42.22	\$3.59	9.29%
Subscriber w/ Children	\$46.80	\$51.15	\$4.35	9.29%
Family (4 Tier)	\$49.21	\$53.79	\$4.58	9.31%
Family (3 Tier)	\$49.00	\$53.56	\$4.56	9.31%
Family (2 Tier)	\$46.95	\$51.32	\$4.37	9.31%
16. <u>EXHP-113, EXR-108 (\$7 Generic w/o Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$17.82	\$19.48	\$1.66	9.32%
Two Person	\$40.95	\$44.76	\$3.81	9.30%
Subscriber and Spouse	\$43.49	\$47.53	\$4.04	9.29%
Subscriber w/Child(ren)	\$37.08	\$40.53	\$3.45	9.30%
Subscriber w/ Children	\$44.91	\$49.09	\$4.18	9.31%
Family (4 Tier)	\$47.22	\$51.61	\$4.39	9.30%
Family (3 Tier)	\$47.01	\$51.38	\$4.37	9.30%
Family (2 Tier)	\$45.00	\$49.19	\$4.19	9.31%
17. <u>EXHP-131, EXR-108</u>				
Prescription Drug Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$5.77	\$6.31	\$0.54	9.36%
Two Person	\$13.26	\$14.49	\$1.23	9.28%
Subscriber and Spouse	\$13.95	\$15.25	\$1.30	9.32%
Subscriber w/Child(ren)	\$46.66	\$51.00	\$4.34	9.30%
Subscriber w/ Children	\$57.01	\$62.31	\$5.30	9.30%
Family (4 Tier)	\$60.00	\$65.58	\$5.58	9.30%
Family (3 Tier)	\$59.81	\$65.37	\$5.56	9.30%
Family (2 Tier)	\$57.23	\$62.55	\$5.32	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.19	\$0.21	\$0.02	10.53%
Subscriber and Spouse	\$0.20	\$0.22	\$0.02	10.00%
Subscriber w/Child(ren)	\$35.43	\$38.72	\$3.29	9.29%
Subscriber w/ Children	\$43.29	\$47.32	\$4.03	9.31%
Family (4 Tier)	\$45.56	\$49.80	\$4.24	9.31%
Family (3 Tier)	\$45.43	\$49.65	\$4.22	9.29%
Family (2 Tier)	\$43.46	\$47.50	\$4.04	9.30%

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HMO				
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25; Exclusion of Elective Sterilization]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$5.76	\$6.30	\$0.54	9.38%
Two Person	\$13.25	\$14.48	\$1.23	9.28%
Subscriber and Spouse	\$13.95	\$15.25	\$1.30	9.32%
Subscriber w/Child(ren)	\$46.64	\$50.98	\$4.34	9.31%
Subscriber w/ Children	\$56.99	\$62.29	\$5.30	9.30%
Family (4 Tier)	\$59.97	\$65.55	\$5.58	9.30%
Family (3 Tier)	\$59.78	\$65.34	\$5.56	9.30%
Family (2 Tier)	\$57.20	\$62.52	\$5.32	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25; Exclusion of Elective Sterilization]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.19	\$0.21	\$0.02	10.53%
Subscriber and Spouse	\$0.20	\$0.22	\$0.02	10.00%
Subscriber w/Child(ren)	\$35.41	\$38.70	\$3.29	9.29%
Subscriber w/ Children	\$43.27	\$47.29	\$4.02	9.29%
Family (4 Tier)	\$45.53	\$49.76	\$4.23	9.29%
Family (3 Tier)	\$45.40	\$49.62	\$4.22	9.30%
Family (2 Tier)	\$43.44	\$47.48	\$4.04	9.30%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$6.31	\$6.90	\$0.59	9.35%
Two Person	\$14.52	\$15.87	\$1.35	9.30%
Subscriber and Spouse	\$15.27	\$16.69	\$1.42	9.30%
Subscriber w/Child(ren)	\$46.36	\$50.67	\$4.31	9.30%
Subscriber w/ Children	\$56.56	\$61.82	\$5.26	9.30%
Family (4 Tier)	\$59.52	\$65.06	\$5.54	9.31%
Family (3 Tier)	\$59.34	\$64.86	\$5.52	9.30%
Family (2 Tier)	\$56.78	\$62.06	\$5.28	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$33.89	\$37.04	\$3.15	9.29%
Subscriber w/ Children	\$41.36	\$45.21	\$3.85	9.31%
Family (4 Tier)	\$43.53	\$47.58	\$4.05	9.30%
Family (3 Tier)	\$43.39	\$47.43	\$4.04	9.31%
Family (2 Tier)	\$41.51	\$45.37	\$3.86	9.30%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.05	\$0.05	\$0.00	0.00%
Two Person	\$0.11	\$0.12	\$0.01	9.09%
Subscriber and Spouse	\$0.13	\$0.14	\$0.01	7.69%
Subscriber w/Child(ren)	\$0.10	\$0.11	\$0.01	10.00%
Subscriber w/ Children	\$0.14	\$0.15	\$0.01	7.14%
Family (4 Tier)	\$0.14	\$0.15	\$0.01	7.14%
Family (3 Tier)	\$0.14	\$0.15	\$0.01	7.14%
Family (2 Tier)	\$0.14	\$0.15	\$0.01	7.14%

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HMO				
18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.05	\$0.05	\$0.00	0.00%
Two Person	\$0.11	\$0.12	\$0.01	9.09%
Subscriber and Spouse	\$0.13	\$0.14	\$0.01	7.69%
Subscriber w/Child(ren)	\$0.10	\$0.11	\$0.01	10.00%
Subscriber w/ Children	\$0.14	\$0.15	\$0.01	7.14%
Family (4 Tier)	\$0.14	\$0.15	\$0.01	7.14%
Family (3 Tier)	\$0.14	\$0.15	\$0.01	7.14%
Family (2 Tier)	\$0.14	\$0.15	\$0.01	7.14%
18. <u>EXHP-138 WPS [EXC-8[Blue Choice 25]]</u>				
WPS Medical				
Group Remittance				
Single	\$0.19	\$0.21	\$0.02	10.53%
Two Person	\$0.44	\$0.48	\$0.04	9.09%
Subscriber and Spouse	\$0.46	\$0.50	\$0.04	8.70%
Subscriber w/Child(ren)	\$0.38	\$0.42	\$0.04	10.53%
Subscriber w/ Children	\$0.46	\$0.50	\$0.04	8.70%
Family (4 Tier)	\$0.48	\$0.52	\$0.04	8.33%
Family (3 Tier)	\$0.48	\$0.52	\$0.04	8.33%
Family (2 Tier)	\$0.46	\$0.50	\$0.04	8.70%
18. <u>EXHP-138 WPS [EXC-8[Blue Choice 30]]</u>				
WPS Medical				
Group Remittance				
Single	\$0.21	\$0.23	\$0.02	9.52%
Two Person	\$0.48	\$0.52	\$0.04	8.33%
Subscriber and Spouse	\$0.51	\$0.56	\$0.05	9.80%
Subscriber w/Child(ren)	\$0.42	\$0.46	\$0.04	9.52%
Subscriber w/ Children	\$0.51	\$0.56	\$0.05	9.80%
Family (4 Tier)	\$0.53	\$0.58	\$0.05	9.43%
Family (3 Tier)	\$0.53	\$0.58	\$0.05	9.43%
Family (2 Tier)	\$0.51	\$0.56	\$0.05	9.80%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$2 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.14	\$0.15	\$0.01	7.14%
Two Person	\$0.32	\$0.35	\$0.03	9.38%
Subscriber and Spouse	\$0.34	\$0.37	\$0.03	8.82%
Subscriber w/Child(ren)	\$0.28	\$0.31	\$0.03	10.71%
Subscriber w/ Children	\$0.34	\$0.37	\$0.03	8.82%
Family (4 Tier)	\$0.36	\$0.39	\$0.03	8.33%
Family (3 Tier)	\$0.35	\$0.38	\$0.03	8.57%
Family (2 Tier)	\$0.34	\$0.37	\$0.03	8.82%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.36	\$0.39	\$0.03	8.33%
Two Person	\$0.83	\$0.91	\$0.08	9.64%
Subscriber and Spouse	\$0.88	\$0.96	\$0.08	9.09%
Subscriber w/Child(ren)	\$0.72	\$0.79	\$0.07	9.72%
Subscriber w/ Children	\$0.87	\$0.95	\$0.08	9.20%
Family (4 Tier)	\$0.91	\$0.99	\$0.08	8.79%
Family (3 Tier)	\$0.91	\$0.99	\$0.08	8.79%
Family (2 Tier)	\$0.87	\$0.95	\$0.08	9.20%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.50	\$0.55	\$0.05	10.00%
Two Person	\$1.15	\$1.26	\$0.11	9.57%
Subscriber and Spouse	\$1.22	\$1.33	\$0.11	9.02%
Subscriber w/Child(ren)	\$1.00	\$1.09	\$0.09	9.00%
Subscriber w/ Children	\$1.20	\$1.31	\$0.11	9.17%
Family (4 Tier)	\$1.27	\$1.39	\$0.12	9.45%
Family (3 Tier)	\$1.26	\$1.38	\$0.12	9.52%
Family (2 Tier)	\$1.21	\$1.32	\$0.11	9.09%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.71	\$0.78	\$0.07	9.86%
Two Person	\$1.63	\$1.78	\$0.15	9.20%
Subscriber and Spouse	\$1.73	\$1.89	\$0.16	9.25%
Subscriber w/Child(ren)	\$1.41	\$1.54	\$0.13	9.22%
Subscriber w/ Children	\$1.71	\$1.87	\$0.16	9.36%
Family (4 Tier)	\$1.80	\$1.97	\$0.17	9.44%
Family (3 Tier)	\$1.79	\$1.96	\$0.17	9.50%
Family (2 Tier)	\$1.71	\$1.87	\$0.16	9.36%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.99	\$2.18	\$0.19	9.55%
Two Person	\$4.58	\$5.01	\$0.43	9.39%
Subscriber and Spouse	\$4.86	\$5.31	\$0.45	9.26%
Subscriber w/Child(ren)	\$3.96	\$4.33	\$0.37	9.34%
Subscriber w/ Children	\$4.80	\$5.25	\$0.45	9.38%
Family (4 Tier)	\$5.05	\$5.52	\$0.47	9.31%
Family (3 Tier)	\$5.03	\$5.50	\$0.47	9.34%
Family (2 Tier)	\$4.80	\$5.25	\$0.45	9.38%
19. <u>EXHP-141</u>				
Weight Loss Services Language Change				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
20. <u>EXHP-151</u>				
Mastectomy Care Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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HMO				
21. EXHP-176				
Allowable Expense Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
22. EXHP-187				
Rider to Continue Coverage for Children Through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
23. EXHP-189				
Rider to Extend Temporary Continuation of Coverage				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
24. EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$15.93	\$17.41	\$1.48	9.29%
Subscriber w/ Children	\$19.33	\$21.13	\$1.80	9.31%
Family (4 Tier)	\$20.34	\$22.23	\$1.89	9.29%
Family (3 Tier)	\$20.28	\$22.17	\$1.89	9.32%
Family (2 Tier)	\$19.40	\$21.20	\$1.80	9.28%
24. EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$15.35	\$16.78	\$1.43	9.32%
Subscriber w/ Children	\$18.58	\$20.31	\$1.73	9.31%
Family (4 Tier)	\$19.56	\$21.38	\$1.82	9.30%
Family (3 Tier)	\$19.49	\$21.30	\$1.81	9.29%
Family (2 Tier)	\$18.65	\$20.38	\$1.73	9.28%

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HMO				
25. <u>EXHP-210[Blue Choice 25]</u>				
Autism Mandate				
Group Remittance				
Single	\$1.44	\$1.57	\$0.13	9.03%
Two Person	\$3.31	\$3.62	\$0.31	9.37%
Subscriber and Spouse	\$3.51	\$3.84	\$0.33	9.40%
Subscriber w/Child(ren)	\$2.87	\$3.14	\$0.27	9.41%
Subscriber w/ Children	\$3.47	\$3.79	\$0.32	9.22%
Family (4 Tier)	\$3.65	\$3.99	\$0.34	9.32%
Family (3 Tier)	\$3.64	\$3.98	\$0.34	9.34%
Family (2 Tier)	\$3.47	\$3.79	\$0.32	9.22%
25. <u>EXHP-210[Blue Choice 30]</u>				
Autism Mandate				
Group Remittance				
Single	\$1.33	\$1.45	\$0.12	9.02%
Two Person	\$3.06	\$3.34	\$0.28	9.15%
Subscriber and Spouse	\$3.25	\$3.55	\$0.30	9.23%
Subscriber w/Child(ren)	\$2.65	\$2.90	\$0.25	9.43%
Subscriber w/ Children	\$3.20	\$3.50	\$0.30	9.38%
Family (4 Tier)	\$3.37	\$3.68	\$0.31	9.20%
Family (3 Tier)	\$3.36	\$3.67	\$0.31	9.23%
Family (2 Tier)	\$3.21	\$3.51	\$0.30	9.35%
26. <u>EXR- 1</u>				
Domestic Partner Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
27. <u>EXR- 70 Rev. 1: \$100 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.42	\$0.46	\$0.04	9.52%
Two Person	\$0.86	\$0.94	\$0.08	9.30%
Subscriber and Spouse	\$1.02	\$1.11	\$0.09	8.82%
Subscriber w/Child(ren)	\$0.85	\$0.93	\$0.08	9.41%
Subscriber w/ Children	\$0.95	\$1.04	\$0.09	9.47%
Family (4 Tier)	\$1.01	\$1.10	\$0.09	8.91%
Family (3 Tier)	\$1.01	\$1.10	\$0.09	8.91%
Family (2 Tier)	\$0.96	\$1.05	\$0.09	9.38%
27. <u>EXR- 70 Rev. 1: \$250 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.39	\$0.43	\$0.04	10.26%
Two Person	\$0.80	\$0.87	\$0.07	8.75%
Subscriber and Spouse	\$0.95	\$1.04	\$0.09	9.47%
Subscriber w/Child(ren)	\$0.77	\$0.84	\$0.07	9.09%
Subscriber w/ Children	\$0.88	\$0.96	\$0.08	9.09%
Family (4 Tier)	\$0.95	\$1.04	\$0.09	9.47%
Family (3 Tier)	\$0.95	\$1.04	\$0.09	9.47%
Family (2 Tier)	\$0.88	\$0.96	\$0.08	9.09%

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HMO				
27. <u>EXR- 70 Rev. 1; \$500 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.32	\$0.35	\$0.03	9.38%
Two Person	\$0.72	\$0.79	\$0.07	9.72%
Subscriber and Spouse	\$0.78	\$0.85	\$0.07	8.97%
Subscriber w/Child(ren)	\$0.65	\$0.71	\$0.06	9.23%
Subscriber w/ Children	\$0.79	\$0.86	\$0.07	8.86%
Family (4 Tier)	\$0.83	\$0.91	\$0.08	9.64%
Family (3 Tier)	\$0.83	\$0.91	\$0.08	9.64%
Family (2 Tier)	\$0.79	\$0.86	\$0.07	8.86%
27. <u>EXR- 70 Rev. 1; \$750 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.37	\$0.40	\$0.03	8.11%
Two Person	\$0.86	\$0.94	\$0.08	9.30%
Subscriber and Spouse	\$0.90	\$0.98	\$0.08	8.89%
Subscriber w/Child(ren)	\$0.73	\$0.80	\$0.07	9.59%
Subscriber w/ Children	\$0.90	\$0.98	\$0.08	8.89%
Family (4 Tier)	\$0.94	\$1.03	\$0.09	9.57%
Family (3 Tier)	\$0.94	\$1.03	\$0.09	9.57%
Family (2 Tier)	\$0.90	\$0.98	\$0.08	8.89%
27. <u>EXR- 70 Rev. 1; \$1000 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.35	\$0.38	\$0.03	8.57%
Two Person	\$0.82	\$0.90	\$0.08	9.76%
Subscriber and Spouse	\$0.88	\$0.96	\$0.08	9.09%
Subscriber w/Child(ren)	\$0.71	\$0.78	\$0.07	9.86%
Subscriber w/ Children	\$0.86	\$0.94	\$0.08	9.30%
Family (4 Tier)	\$0.90	\$0.98	\$0.08	8.89%
Family (3 Tier)	\$0.90	\$0.98	\$0.08	8.89%
Family (2 Tier)	\$0.86	\$0.94	\$0.08	9.30%
28. <u>EXR- 71 Rev. 1; Eyewear \$60 Allowance</u>				
Vision Care Benefits				
Group Remittance				
Single	\$2.45	\$2.68	\$0.23	9.39%
Two Person	\$5.65	\$6.18	\$0.53	9.38%
Subscriber and Spouse	\$5.98	\$6.54	\$0.56	9.36%
Subscriber w/Child(ren)	\$4.87	\$5.32	\$0.45	9.24%
Subscriber w/ Children	\$6.17	\$6.74	\$0.57	9.24%
Family (4 Tier)	\$6.49	\$7.09	\$0.60	9.24%
Family (3 Tier)	\$6.48	\$7.08	\$0.60	9.26%
Family (2 Tier)	\$6.19	\$6.77	\$0.58	9.37%
28. <u>EXR- 71 Rev. 1; Vision Exam \$40 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$0.68	\$0.74	\$0.06	8.82%
Two Person	\$1.59	\$1.74	\$0.15	9.43%
Subscriber and Spouse	\$1.66	\$1.81	\$0.15	9.04%
Subscriber w/Child(ren)	\$1.35	\$1.48	\$0.13	9.63%
Subscriber w/ Children	\$1.74	\$1.90	\$0.16	9.20%
Family (4 Tier)	\$1.82	\$1.99	\$0.17	9.34%
Family (3 Tier)	\$1.82	\$1.99	\$0.17	9.34%
Family (2 Tier)	\$1.74	\$1.90	\$0.16	9.20%

Excellus Health Plan, Inc.
Upstate HMO-Rochester Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
28. <u>EXR- 71 Rev. 1; Vision Exam \$50 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$0.31	\$0.34	\$0.03	9.68%
Two Person	\$0.72	\$0.79	\$0.07	9.72%
Subscriber and Spouse	\$0.76	\$0.83	\$0.07	9.21%
Subscriber w/Child(ren)	\$0.63	\$0.69	\$0.06	9.52%
Subscriber w/ Children	\$0.74	\$0.81	\$0.07	9.46%
Family (4 Tier)	\$0.79	\$0.86	\$0.07	8.86%
Family (3 Tier)	\$0.79	\$0.86	\$0.07	8.86%
Family (2 Tier)	\$0.74	\$0.81	\$0.07	9.46%
29. <u>EXR-130</u>				
HMO 25 Hearing Aid (Language Clarification) Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
30. <u>IPA-662G</u>				
Injectable Drug Rider				
Group Remittance				
Single	(\$0.44)	(\$0.48)	(\$0.04)	9.09%
Two Person	(\$0.98)	(\$1.07)	(\$0.09)	9.18%
Subscriber and Spouse	(\$1.08)	(\$1.18)	(\$0.10)	9.26%
Subscriber w/Child(ren)	(\$0.92)	(\$1.01)	(\$0.09)	9.78%
Subscriber w/ Children	(\$1.06)	(\$1.16)	(\$0.10)	9.43%
Family (4 Tier)	(\$1.15)	(\$1.26)	(\$0.11)	9.57%
Family (3 Tier)	(\$1.14)	(\$1.25)	(\$0.11)	9.65%
Family (2 Tier)	(\$1.10)	(\$1.20)	(\$0.10)	9.09%
31. <u>IPA-663</u>				
Pre and Post Natal Visit Fee Rider				
Group Remittance				
Single	\$0.45	\$0.49	\$0.04	8.89%
Two Person	\$1.03	\$1.13	\$0.10	9.71%
Subscriber and Spouse	\$1.10	\$1.20	\$0.10	9.09%
Subscriber w/Child(ren)	\$0.94	\$1.03	\$0.09	9.57%
Subscriber w/ Children	\$1.14	\$1.25	\$0.11	9.65%
Family (4 Tier)	\$1.19	\$1.30	\$0.11	9.24%
Family (3 Tier)	\$1.19	\$1.30	\$0.11	9.24%
Family (2 Tier)	\$1.14	\$1.25	\$0.11	9.65%
32. <u>IPA-667</u>				
Cancer Drug Rider				
Group Remittance				
Single	(\$4.39)	(\$4.80)	(\$0.41)	9.34%
Two Person	(\$10.09)	(\$11.03)	(\$0.94)	9.32%
Subscriber and Spouse	(\$10.71)	(\$11.71)	(\$1.00)	9.34%
Subscriber w/Child(ren)	(\$9.13)	(\$9.98)	(\$0.85)	9.31%
Subscriber w/ Children	(\$11.06)	(\$12.09)	(\$1.03)	9.31%
Family (4 Tier)	(\$11.65)	(\$12.73)	(\$1.08)	9.27%
Family (3 Tier)	(\$11.61)	(\$12.69)	(\$1.08)	9.30%
Family (2 Tier)	(\$11.10)	(\$12.13)	(\$1.03)	9.28%
33. <u>NYSHIP-12</u>				
Blue Choice Rider				
Group Remittance				
Single	\$7.78	\$8.50	\$0.72	9.25%
Family	\$19.68	\$21.51	\$1.83	9.30%

Factors

Factors

Factor Calculation to add Contraceptives to Drug riders

EXHP-91 (Contraceptives)

Four-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Two Person	$((1 / 0.96) - 1) \times$ selected drug rider rate
Single Parent w/ Children	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Three-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Two Person	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Two-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Factors

Factor Calculation for Specialty Drug Pharmacy Network

EXR-108 (Specialty Drug Pharmacy Network)

Four-Tier

Single	(0.992) x selected drug rider rate
Two Person	(0.992) x selected drug rider rate
Single Parent w/ Children	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

Three-Tier

Single	(0.992) x selected drug rider rate
Two Person	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

Two-Tier

Single	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

This prescription drug [rider; endorsement] incorporates a mandatory specialty drug pharmacy network into all Article 43 prescription drug forms to which it is attached.

Specialty medications are those medications that are designed for conditions that are difficult to treat with traditional therapies, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, growth hormone deficiency, and others.

<u>Prescribed for:</u>	<u>Specialty Medication</u>
Blood Cell Modification	Neumega
Cancer: Antineoplastic	Alferon N, Roferon-A
Cystic Fibrosis	Pulmozyme, TOBI
Infertility	Bravelle, Cetrotide, Chorionic Gonadotrophin, Fertinex, Follistim AQ, Gonal F, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Profasi, Repronex, Synarel
Growth Hormone Deficiency	Genotropin, Humatrope, Increlex, Norditropin, Nutropin/AQ, Saizen, Serostim
Hepatitis C	Copegus, Infergen, Peg Intron, Pegasys, Rebetol (ribavirin)
Multiple Sclerosis	Avonex, Betaseron, Copaxone, Rebif
Osteoporosis	Forteo
Psoriasis	Enbrel, Raptiva
Rheumatoid Arthritis	Enbrel, Humira, Kineret

[Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.

Limitations and exclusions of underlying forms:

First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

**Individual, Sole Proprietor, Small and Large Group
(Traditional)**

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2. EXC-23, 29; Medicare Supplemental - Benefit Plan B
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5. EXC-26, 32; Medicare Supplemental - Benefit Plan F+
6. EXC-27, 33; Medicare Supplemental - Benefit Plan H
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8. EXC-83, 84; Medicare Supplemental - Benefit Plan N
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**Outline of essential benefits, coverages, limitations,
and exclusions**

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Medicare Supplemental

1. EXC-22, 28

Medicare Supplemental - Benefit Plan A

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

2. EXC-23, 29

Medicare Supplemental - Benefit Plan B

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

3. EXC-24, 30

Medicare Supplemental - Benefit Plan C

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.

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4. EXC-25, 31
Medicare Supplemental - Benefit Plan F

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefit exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Balance after Medicare Part B is covered in full for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Balance after Medicare Part B is covered in full for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Balance after Medicare Part B is covered in full for Diagnostic Office Visits. Balance after Medicare Part B is covered in full for periodic routine pap smears. Balance after Medicare Part B is covered in full for periodic routine mammograms. Balance after Medicare Part B is covered in full for Allergy Tests and Injections. Balance after Medicare Part B is Covered in full for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Balance after Medicare Part B is covered in full for Diagnostic Hearing Evaluations. Balance after Medicare Part B is covered in full for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Balance after Medicare Part B is covered in full for Physical Therapy, Speech Therapy and Occupational Therapy. Balance after Medicare Part B is covered in full for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Balance after Medicare Part B is covered in full for Chiropractic Services. Balance after Medicare Part B is covered in full for Ambulance.

5. EXC-26, 32
Medicare Supplemental - Benefit Plan F+

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.

6. EXC-27, 33
Medicare Supplemental - Benefit Plan H

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance or Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance. Prescription Drugs are covered at 50%, after the first \$250, up to a maximum of \$1,250 per member per calendar year. Coverage of prescription drugs limited to those which require a prescription by law and must be prescribed by a person qualified to prescribe drugs.

7. EXC-39, 40
Medicare Supplemental - Benefit Plan H (no drug)

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance or Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

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8. EXC-83, 84
 Medicare Supplemental - Benefit Plan N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received
 **Because 2011 Medicare Part A and Part B cost sharing amounts are unknown at the time of this filing, 2010 cost sharing amounts are listed instead. The 2010

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* · Semiprivate room and board, general nursing and miscellaneous services · First 60 days · 61 st thru 90 th day · 91 st day and after: o While using 60 lifetime reserve days o Once lifetime reserve days are used: o Additional 365 days (lifetime) o Beyond the additional 365 days	· All but \$[1100]** · All but \$[275] a day o All but \$[550] a day o \$[0] o \$[0]	· \$[1100] (Part A deductible) · \$[275] a day o \$[550] a day o [100%] of Medicare eligible o \$[0]	· \$[0] · \$[0] o \$[0] o \$[0] o [All costs]
SKILLED NURSING FACILITY CARE* · You must meet Medicare's requirements, · Within 30 days after leaving the hospital · First 20 days · 21st thru 100th day · 101st day and there after	· [All approved amounts] · All but \$[137.50] a day · \$[0]	· \$[0] · Up to \$[137.50] a day · \$[0]	· \$[0] · \$[0] · [All costs]
BLOOD · First 3 pints · Additional amounts	· \$[0] · [100%]	· [3 pints] · \$[0]	· \$[0] · \$[0]
HOSPICE CARE · You must meet Medicare's requirements including	· All but very limited	· Medicare copayment/coinsurance	· \$[0]

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met
 **Because 2011 Medicare Part A and Part B cost sharing amounts are unknown at the time of this filing, 2010 cost sharing amounts are listed instead. The 2010

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES (IN OR OUT OF THE HOSPITAL TREATMENT) · Such as physician's services, inpatient and outpatient medical and surgical services and · First \$[155]** of Medicare approved amounts* · Remainder of Medicare approved amounts	· \$[0] · Generally [80%]	· \$[0] · Balance, other than up to \$[20]	· \$[155] Part B deductible · Up to \$[20] per office visit and up
PART B EXCESS CHARGES (Above Medicare approved amounts)	· \$[0]	· \$[0]	· [All costs]
BLOOD · First 3 pints · Next \$[155] of Medicare approved amounts* · Remainder of Medicare approved amounts	· \$[0] · \$[0] · [80%]	· [All costs] · \$[0] · [20%]	· \$[0] · \$[155] Part B deductible · \$[0]
CLINICAL LABORATORY SERVICES – (TESTS	· [100%]	· \$[0]	· \$[0]

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MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTHCARE (MEDICARE APPROVED SERVICES)			
· Medically necessary skilled care services and	· [100%]	· [\$0]	· [\$0]
· Durable medical equipment, first \$[155] of	· [\$0]	· [\$0]	· \$[155] Part B deductible
· Remainder of Medicare approved amounts	· [80%]	· [20%]	· [\$0]

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL- NOT COVERED BY MEDICARE			
· Medically necessary emergency care services			
· First \$[250] each calendar year	· [\$0]	· [\$0]	· [\$250]
· Remainder of charges	· [\$0]	· [80%] to a lifetime maximum	· [20%] and amounts over the

9. EXC-85, 90

Medicare Supplemental - Benefit Plan A [incl. Hospice]

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance. Hospice and respite care covered in full.

10. EXC-86, 91

Medicare Supplemental - Benefit Plan B [incl. Hospice]

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

11. EXC-87, 92

Medicare Supplemental - Benefit Plan C [incl. Hospice]

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.
- Hospice and respite care covered in full.

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12. EXC-88, 93
Medicare Supplemental - Benefit Plan F [incl. Hospice]

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefit exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Balance after Medicare Part B is covered in full for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Balance after Medicare Part B is covered in full for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Balance after Medicare Part B is covered in full for Diagnostic Office Visits. Balance after Medicare Part B is covered in full for periodic routine pap smears. Balance after Medicare Part B is covered in full for periodic routine mammograms. Balance after Medicare Part B is covered in full for Allergy Tests and Injections. Balance after Medicare Part B is Covered in full for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Balance after Medicare Part B is covered in full for Diagnostic Hearing Evaluations. Balance after Medicare Part B is covered in full for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Balance after Medicare Part B is covered in full for Physical Therapy, Speech Therapy and Occupational Therapy. Balance after Medicare Part B is covered in full for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Balance after Medicare Part B is covered in full for Chiropractic Services. Balance after Medicare Part B is covered in full for Ambulance. Hospice and respite care covered in full.

13. EXC-89, 94
Medicare Supplemental - Benefit Plan F+ [incl. Hospice]

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.
- Hospice and respite care covered in full.

Rate schedule

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
Medicare Supplemental				
1. <u>EXC-22, 28</u>				
Medicare Supplemental - Benefit Plan A				
Direct Remittance				
EXC-22				
Single	\$137.23	\$142.45	\$5.22	3.80%
Group Remittance				
EXC-28				
Single	\$137.23	\$128.88	(\$8.35)	-6.08%
2. <u>EXC-23, 29</u>				
Medicare Supplemental - Benefit Plan B				
Direct Remittance				
EXC-23				
Single	\$191.60	\$191.41	(\$0.19)	-0.10%
Group Remittance				
EXC-29				
Single	\$191.60	\$173.18	(\$18.42)	-9.61%
3. <u>EXC-24, 30</u>				
Medicare Supplemental - Benefit Plan C				
Direct Remittance				
EXC-24				
Single	\$224.58	\$229.60	\$5.02	2.24%
Group Remittance				
EXC-30				
Single	\$224.58	\$207.74	(\$16.84)	-7.50%
4. <u>EXC-25, 31</u>				
Medicare Supplemental - Benefit Plan F				
Direct Remittance				
EXC-25				
Single	\$238.81	\$231.76	(\$7.05)	-2.95%
Group Remittance				
EXC-31				
Single	\$238.81	\$209.68	(\$29.13)	-12.20%
5. <u>EXC-26, 32</u>				
Medicare Supplemental - Benefit Plan F+				
Direct Remittance				
EXC-26				
Single	\$90.73	\$91.94	\$1.21	1.33%
Group Remittance				
EXC-32				
Single	\$90.73	\$83.18	(\$7.55)	-8.32%
6. <u>EXC-27, 33</u>				
Medicare Supplemental - Benefit Plan H				
Direct Remittance				
EXC-27				
Single	\$312.91	\$308.39	(\$4.52)	-1.44%
Group Remittance				
EXC-33				
Single	\$312.91	\$279.02	(\$33.89)	-10.83%
7. <u>EXC-39, 40</u>				
Medicare Supplemental - Benefit Plan H (no drug)				
Direct Remittance				
EXC-40				
Single	\$213.28	\$207.57	(\$5.71)	-2.68%
Group Remittance				
EXC-39				
Single	\$213.28	\$187.80	(\$25.48)	-11.95%
8. <u>EXC-83, 84</u>				
Medicare Supplemental - Benefit Plan N				
Direct Remittance				
EXC-83				
Single	\$187.37	\$186.26	(\$1.11)	-0.59%

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
Medicare Supplemental				
Group Remittance EXC-84 Single	\$187.37	\$168.52	(\$18.85)	-10.06%
9. <u>EXC-85, EXC-90 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan A [incl. Hospice] Direct Remittance EXC-85 Single	\$137.23	\$142.45	\$5.22	3.80%
Group Remittance EXC-90 Single	\$137.23	\$128.88	(\$8.35)	-6.08%
10. <u>EXC-86, EXC-91 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan B [incl. Hospice] Direct Remittance EXC-86 Single	\$191.60	\$191.41	(\$0.19)	-0.10%
Group Remittance EXC-91 Single	\$191.60	\$173.18	(\$18.42)	-9.61%
11. <u>EXC-87, EXC-92 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan C [incl. Hospice] Direct Remittance EXC-87 Single	\$224.58	\$229.60	\$5.02	2.24%
Group Remittance EXC-92 Single	\$224.58	\$207.74	(\$16.84)	-7.50%
12. <u>EXC-88, EXC-93 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan F [incl. Hospice] Direct Remittance EXC-88 Single	\$238.81	\$231.76	(\$7.05)	-2.95%
Group Remittance EXC-93 Single	\$238.81	\$209.68	(\$29.13)	-12.20%
13. <u>EXC-89, EXC-94 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan F+ [incl. Hospice] Direct Remittance EXC-89 Single	\$90.73	\$91.94	\$1.21	1.33%
Group Remittance EXC-94 Single	\$90.73	\$83.18	(\$7.55)	-8.32%

Commission Schedule

Excellus Health Plan, Inc.
Agent/Broker Commission Program

Schedule A of the Agent/Broker Agreement

Effective January 1, 2012

Applies to Excellus BlueCross BlueShield Products

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products; and SSA business, except as provided in Subparagraph B. 5. B. below.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section B below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **New and Existing Business Commissionable Medical Products**

- A. High Deductible Health Plans (HDHP)
 - (1) HealthyBlue High Deductible Health Plan
 - (2) BluePPO HSA Options 1-4
 - (3) SimplyBlue High Deductible Health Plan
- B. HealthyBlue Copay and Copay/Deductible Plans
 - (1) HealthyBlue Copay Plan, SimplyBlue Copay Plan
 - (2) HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan
- C. Preferred or Exclusive Provider Organization (PPO or EPO) and Point of Service (POS) Plans
 - (1) Healthy New York
 - (2) Excellus BluePPO
 - (3) Blue Healthy Choices
 - (4) Blue Preferred PPO
 - (5) Excellus BlueEPO
 - (6) Blue Point 2
- D. Traditional and HMO Plans
 - (1) Healthy New York
 - (2) BCBS Traditional Hospital & Medical/Surgical, e.g., Classic Blue
 - (3) Blue Choice/HMO Blue \$25 and \$30

3. **New and Growth on Existing Business Commissionable Dental Products**

- A. Dental Blue Options
- B. Dental Blue Classic
- C. Smile Saver
- D. Dental Blue PPO (Growth only)
- E. Dental Options I or II (Growth only)
- F. Dental Schedule A, B or C (Growth only)
- G. Prime Blue Dental (Growth only)

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.
2. **Existing Medical Business** commissions will be subject to a \$150,000 annual maximum of Base and PCPM commissions per group, with the exception of exclusive business with effective dates on or after January 1, 2012.

Existing employer group business that qualified for the 2010 Excellus Health Plan, Inc. Commission Schedule under the PPO/EPO/HDHP Bonus Program will remain commission eligible and payable at the commission levels in Paragraph 4 below.

3. **Commission Schedules**

- A. Community Rated Business: 4% of Paid Premium
- B. Experience Rated Business: % of Paid Premium as follows:

Cumulative YTD Paid Premium	Percent of Paid Premium
First \$500,000	4.0%
\$500,001 - \$1,000,000	3.5%
\$1,000,001 - \$1,500,000	3.0%
\$1,500,001 - \$2,000,000	2.0%
\$2,000,000 +	1.0%

4. **Per Contract Per Month (PCPM) Commission Schedules**

An Agent/Broker will be paid a PCPM commission on all new eligible sales with effective dates beginning on or after January 1, 2012. An Agent/Broker will be paid a PCPM commission for all existing business that transfers to an eligible product with effective dates beginning on or after January 1, 2012. The PCPM commission is in addition to any commission payable under Paragraph 3 above.

- A. Community Rated Business: Eligible products and corresponding PCPM commission.

PCPM Eligible Community Rated Products	PCPM
HealthyBlue High Deductible Health Plan	\$15
SimplyBlue High Deductible Health Plan	\$15
HealthyBlue Copay Plan	\$10
SimplyBlue Copay Plan	\$10
HealthyBlue Copay/Deductible Plan	\$10
SimplyBlue Copay/Deductible Plan	\$10

B. Experience Rated Business: Eligible products and corresponding PCPM commission.

PCPM Eligible Experience Rated Products	PCPM
HealthyBlue High Deductible Health Plan	\$10
SimplyBlue High Deductible Health Plan	\$10
HealthyBlue Copay Plan	\$10
SimplyBlue Copay Plan	\$10
HealthyBlue Copay/Deductible Plan	\$10
SimplyBlue Copay/Deductible Plan	\$10
Excellus BlueEPO	\$10
Blue Healthy Choices	\$10
Excellus BluePPO	\$10
Excellus BluePPO HSA Options 1-4	\$10

5. **Medical Business Override Program**

A. New Medical Business Override

The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2012 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions.

New Medical Contracts	New Medical Group Minimum	Payment
100-249	Two	\$15,000
250-499	Two	\$30,000
500-999	Three	\$50,000
1,000-1,499	Four	\$100,000
1,500 or more	Five	\$150,000

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation.

% of Medical Contracts Retained *	Payment	Maximum Payment
95.0%	0.50% of in force premium	\$50,000 per agency
98.0%	0.75% of in force premium	\$75,000 per agency
* Includes SSA and RMSCO contracts		

SECTION C – DENTAL BUSINESS

1. **New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in Dental Blue Options or Dental Blue Classic plans for all Broker of Record Letters in effect on or after 01/01/2012.

Annual Premium Paid by Group	Commission Percentage
Up to \$20,000	12%
\$20,001-\$30,000	10%
\$30,001-\$40,000	8%
\$40,001-\$50,000	6%
\$50,001-\$100,000	5%
Greater than \$100,000	2%

2. **Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

Annual Premium Paid by Group	Commission Percentage
Up to \$20,000	12%
\$20,001-\$30,000	10%
\$30,001-\$40,000	8%
\$40,001-\$50,000	6%
\$50,001-\$100,000	5%
Greater than \$100,000	2%

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2012 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment.

New Dental Contracts	New Dental Group Minimum	Payment
100-199	Two	\$2,000
200-299	Three	\$5,000
300-399	Four	\$10,000
400-499	Five	\$15,000
500 or more	Six	\$30,000

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation.

% of Dental Contracts Retained *	Payment	Maximum Payment
95.0%	3% of in force premium	\$20,000 per agency
98.0%	5% of in force premium	\$40,000 per agency

Underwriting Guidelines

Excellus

Commercial Underwriting Guidelines

Applied on a Group Level

Policies Effective: November 1, 2011

Last Revised: October 25, 2011

Introduction

Commercial health insurance coverage is available to employer, trust and association groups, subscribers and dependents that meet the qualifications specified in 4235 (c) (1) of the New York State Insurance Law and the Underwriting Guidelines of Excellus Health Plan, Inc, doing business as Excellus BlueCross Blue Shield and Univera Healthcare (“Health Plan”). Outlined below are the basic criteria that the Health Plan will follow to qualify employer, trust and association groups, employees and dependents for commercial coverage.

Disclaimer

Excellus reserves the right to make exceptions to these guidelines, for circumstances where the group/subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective 11/01/2011 and replace all previous group commercial guidelines in use.

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I. Group Eligibility

A. Eligible Groups:

A group, or if the group is a trust or association, a member firm participating in the group is eligible for commercial group coverage if it meets the following criteria:

Employer group/trust:

The group/trust:

1. is headquartered in the Health Plan's service area. In the event the Health Plan is insuring only the local employees of a multi-location group, must have an office in the Health Plan's service area;
2. is engaged in a legal business or is a government entity with the legal authority to contract;
3. regularly employs persons on an active basis for salaries or wages throughout the year;
4. maintains a non-seasonal business in that the group employs at least one employee for 50% of the working days in the previous year;
5. maintains an employer-employee relationship with its subscribers;
6. files state and federal income taxes as an ongoing commercial enterprise, non-profit entity, is validly exempted from filing taxes or is a government entity; and
7. meets and maintains applicable participation and contribution requirements as required by the Health Plan's Underwriting Guidelines.

Association groups:

The association:

1. must meet criteria #1 above for employer groups/trusts, as well as other criteria specified in 4235(c)1 related specifically to associations.
2. member firms must comply with the same underwriting guidelines as groups/trusts enrolled by the Health Plans on a direct basis.

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

1. groups previously terminated for fraud.
2. groups in bankruptcy proceedings.
3. groups terminated for non-payment of premium by any insurance carrier are ineligible as follows:
 - a. small groups (see section "C" below) for 12 months following the termination for non-pay.
 - b. large groups (see section "C" below) for 24 months following the termination for non-pay.

C. Group Size:

The definition of sole proprietors is per 4317(f) (3) of the insurance laws of New York State. The definition of small groups, including association groups, is in accordance with Regulation 145.

To determine a group's classification as "small" or "large", the Health Plan calculates eligible employees based on the following general guidelines:

1. groups with common ownership/control count as being part of one group.
2. groups with membership both inside and outside the Health Plan service area will be counted together, even if membership within the service area is minimal.

D. Group Effective Date:

New groups or groups making changes to existing coverage must provide all required enrollment information to the Health Plan by the 15th of the current month in order to be effective the 1st of the following month. New small groups must include payment of the first month's premium along with all other enrollment materials.

E. Group Renewal Date:

Groups renew annually as follows:

1. community rated groups renew on January 1, unless the product has rolling rates or level premium.
2. a group with rolling rates renews on the 1st of the month of the anniversary of its effective date
3. level premium or experience rated groups renew throughout the year, based upon on a date the group specifies at the time the rate is quoted.

F. Guaranteed Renewal:

A covered small group or, if the group is a trust or association, a member firm will be renewed unless terminated due to any of the following occurrences:

1. non-payment of premium;
2. fraud or misrepresentation of material facts;
3. violation of the Health Plan's contribution or participation requirements;
4. violation of the Health Plan's service area requirements;
5. lapsed membership or membership is downgraded from "full" to "associate" in the trust or association (including a chamber of commerce) through which the coverage is offered;
6. inability to meet the definition of a permissible group under 4235(c) (1); or
7. the Health Plan discontinues participation in the market or discontinues the class of coverage.

G. Open Enrollment Period:

The Health Plan's standard policy is one (1) open enrollment (re-opening) period per year, at the time of the group's renewal. The open enrollment period is the time when eligible group members who have previously declined coverage through the group may enroll. Subscribers may select from among the various offerings available through the group during the open enrollment period.

H. Special Open Enrollment Periods:

A group may request a special open enrollment period when significant change in business conditions occur such as a purchase of a new division or the group expands coverage to a new class of employees.

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

An eligible subscriber must be a citizen of the United States or must be in the United States validly working on at least a semi-permanent basis (e.g., “H” visa). If the product covering the subscriber has a limited network or requires election of a primary care physician (PCP), the subscriber must live, work or reside in the appropriate Health Plan service area.

Additionally, under various group situations, an eligible subscriber must meet the following criteria.

For coverage through an employer group (including member firms within a trust or association), an eligible subscriber must be:

1. a permanent full or part-time employee working at least 20 hours per week;
 2. an officer or director if engaged in the operation of the business at least 20 hours per week and receiving compensation. An owner of a business is eligible regardless of whether he or she actively works at the business, unless the owner is determined to be a silent partner (i.e., exerting no influence on the management or operation of the business).
 3. an elected or appointed official, if the employer group is a public entity (e.g. city, school district);
 4. if a retiree, covered by the Health Plan immediately prior to retirement and with continuous coverage through the Health Plan;
 5. an employee disabled or on FMLA;
 6. a former employee on COBRA/NYS extension of benefits, until the maximum period ends;
 7. a reservist; or
 8. a “1099 employee” who is considered an employee per DOL regulations (e.g., realtors, contractors).
- Note: Large groups may insure employees that work 17.5 hours or more

For coverage through a professional society (e.g. medical, bar, realtors), an eligible subscriber must:

1. qualify for full membership in the professional society under the organization’s by-laws; and
2. be a licensed professional.

B. Employer Probationary Periods:

Employers may select probationary periods from zero (0) to one (1) year in monthly increments.

C. Eligible Dependent:

The eligible dependents are dictated by the subscriber contract/certificate. In general, the eligible dependents are as follows:

1. Spouses
 - a. Spouse, unless the marriage is dissolved through divorce or annulment. A same-sex marriage will be recognized when the marriage is performed in a state where full legal status is conferred
2. Dependent Children
 - a. children of a subscriber are covered until age 26 regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage (unless, until January 1, 2014, the subscriber is covered under a grandfathered group health plan in which case the dependent must not be eligible for coverage through his/her own employer);

b. in addition to the coverage listed in subparagraph a. above, coverage for the children of a subscriber is available, if elected by the subscriber or eligible young adult, for unmarried young adults under 30 years of age who are not insured or eligible for insurance through their own employer, who live, work or reside in New York State or Excellus Health Plan, Inc.'s service area and who are not covered under Medicare;

c. in addition to the coverage listed in subparagraph a. above, coverage may be available through a "make available" rider, if elected by a group, for the children of a subscriber who are unmarried, under 30 years of age, who are not insured or eligible for insurance through their own employer, who live, work or reside in New York State or Excellus Health Plan, Inc.'s service area, and who are not covered by Medicare

d. for purposes of subparagraphs b. and c. above, the term "children" includes natural children, stepchildren, legally adopted children and children for whom a court of law has made the subscriber or spouse legally responsible to support.

D. Subscriber/Dependent Initial Enrollment and Retroactivity

Excellus will enroll a subscriber and/or dependent for the requested date, provided that:

1. the application is received within the retroactive period specified in the subscriber contract/certificate from the date of the qualifying event or,
2. if unspecified, 30 days.

If not enrolled when initially eligible, the subscriber/dependent must wait until the next open enrollment period, unless the subscriber/dependent qualifies for a special enrollment period (see following Section E).

E. Special Enrollment Periods:

The Health Plan recognizes the special enrollment rights available to covered persons under federal and state law and/or regulation. These special enrollment rights allow an employee, spouse or dependent who did not enroll in the group plan when originally eligible due to coverage under the spouse's employer group plan to enroll for coverage at a time other than the group's open enrollment period, if the other coverage is lost for one or more of the following reasons:

1. termination of the spouse's employment;
2. termination of the spouse's other plan or benefit contract;
3. death of the spouse;
4. legal separation, divorce or annulment;
5. reduction in the number of hours worked by the spouse; or
6. employer ceased its contribution toward the premium for the spouse's plan or benefit contract.

If the employee, spouse or dependent applies within 30 days of the loss of coverage or within such longer period specified in the subscriber contract or certificate, he or she may enroll effective the date of the loss of coverage.

F. Pre-existing Conditions:

The definition of waiting periods for pre-existing conditions (pre-ex) is in the subscriber contract/certificate. Pre-ex applies for the period specified in the subscriber contract/certificate, for services in connection with any disease, illness, ailment or other condition where medical advice, diagnosis, care or treatment was actually recommended by or received from a licensed health care provider within 6 months before the coverage began. Pregnancy or conditions in newborns or adopted children enrolled within 31 days of birth are not subject to pre-ex.

The Health Plan will count all sources of creditable coverage, as defined by law, towards the subscriber or dependent's waiting period(s). Employer probationary periods, if any, are included as credit towards the waiting period.

Pre-existing waiting periods, for dependents and subscribers 19 years of age and older, apply to the Health Plan's commercial group coverage as follows:

1. groups with 50 or fewer eligible employees must have pre-existing waiting period provisions
2. groups with 51 to 299 eligible employees may select not to have pre-existing waiting period provisions
3. groups with 300 or more eligible employees must not have pre-existing waiting period provisions

Members under 19 may not be subject to pre-existing condition limitations.

III. Product Offering Requirements

A. Participation Percents:

HMO products are not subject to participation percents, but enrollment in the Health Plan's HMO products may contribute to the total participation percentages.

The group size and participation percents are based upon net-eligible employees (after valid waivers). To obtain or maintain group coverage, 75% of the net-eligible employees must be enrolled in our health plan.

B. Maximum Number of Products or Options:

Groups meeting standard participation requirements may select the following number of products/options:

<u>Enrolled Employees</u>	<u>Number of Products/Options</u>
1 – 5	1
6 – 20	2
21 – 50	3
51 - 499	4
500+	Negotiated among Sales, Rating and Underwriting

Groups with multiple product/option selections may choose the same or different type of products, but may not cause adverse selection by violating the Health Plan's multiple product offering guidelines. See Section C below.

C. Multiple Offerings:

To reduce the potential for adverse selection, the following rules govern which products are available in multiple product offering situations:

1. when offered next to a competitor, the benefit level of the Health Plan's products must be less than the competitor's benefit offering.
2. when multi-option offerings are offered next to a competitor's plan our lowest option has to be the lowest option offered and we must have enrollment in this option.
3. all offerings must either include or exclude drug. High/low offerings may have different drug benefits, but the high base/high drug benefit and the low base/low drug benefits must be paired together.
4. the eligibility criteria for subscriber and dependents must be the same for all products (e.g. domestic partner, student age).
5. the underlying benefits must be essentially the same, except for benefits like vision, which have a low risk of adverse selection.
6. rating tiers must be identical.
7. renewal/open enrollment periods must be the same.
8. the rate differential among Health Plan product offerings must be at least 5% and no more than 30%. If an HSA product is offered, special consideration may be given.
9. if an HSA is offered in conjunction with another product in groups of 1 to 5, two products/offerings, rather than one product/offering may be allowed.

D. Employer Contribution:

The employer must contribute a minimum of 50% of the single premium for each product offering.

If an employer contributes 100% of the premium, all eligible subscribers must be enrolled in the group plan.

E. Group-Initiated Changes in Coverage:

If a group wishes to change its coverage, the following rules are generally in effect:

1. riders may be added or eliminated only at the renewal.
2. groups that eliminate riders may not add the rider to coverage for a period of 2 years. This includes prescription drug and eligibility riders.
3. for experience rated groups benefit changes should occur at the renewal date. One (1) off-cycle change may occur per calendar year.

For community rated groups,

1. upgrades may occur once per year at the time of renewal.
2. downgrades may occur at any time, but not more than once during the year.

F. Rating:

Sole proprietors and groups with 2-50 eligible employees are community rated. Sole proprietors receive a surcharged rate. Rates are based upon the group's location and product selection, in accordance with rates filed with the New York State Insurance Department (NYSID).

Groups with 51 or more eligible employees will be experience rated for Article 43 products.

G. Rate Changes:

For community rated plans, The Health Plan must provide notice to the group policyholder or contract holder, as well as certificate holders, on or before the date the Health Plan files its initial rate change filing with the New York State Insurance Department. The Health Plan may provide the group policyholder or contract holder with a sufficient supply of rate change notices for distribution to certificate holders. The rate contained in the notice to group policyholders or contract holders and certificate holders must be no more than 5% from the actual rate. Upon receipt of approval of its rate change application, the Health Plan must provide the group policyholder or contract holder, as well as certificate holders, with 60 days prior written notice of the approved rate change before it may be implemented.

Rates for experience rated groups are prepared in accordance with a formula filed with the NYSID. The experience rated groups receive notice of the rate change at least 60 days in advance of the effective date of the rate change.

IV. Other Requirements

Eligibility Verification:

New group and subscriber/dependent eligibility and guideline compliance will be verified using information from tax forms, other filings with government agencies and appropriate company records as determined by the Underwriting Department. Recertification of a group will occur annually through a direct request for information from the Health Plan. The annual cycle will repeat as long as the group purchases health coverage from the Health Plan.

Expected Medical Loss Ratio

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
LG HMO	84.2%
Med Supp	80.0%

Composition of Rating Regions

Excellus Health Plan Inc.
Excellus BCBS Rochester Region

Rating Region Definitions

New York State County

Rochester

Livingston

Monroe

Ontario

Seneca

Wayne

Yates

Excelsus Health Plans, Inc
Excelsus BCBS, Syracuse Region

165 Court Street
Rochester, NY 14647

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

Rate Manual / Exhibit A
Effective January 1, 2014

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Large Group (Managed Care)

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**Outline of essential benefits, coverages, limitations,
and exclusions**

1. EXC-8 Rev. 1, EXHP-160, EXR-215
HMO Blue [25, 30] Basic Contract

Inpatient Services, Skilled Nursing Facility and Maternity for Mother covered with a \$500 copayment per admission, [\$100; \$250, \$750, \$1000] copayment options are available. Newborn Nursery and Internal Prosthetic Devices are covered in full. [up to 60 days of Inpatient Hospital Physical Rehabilitation subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment]. Mental Health is covered subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment for up to 30 days [Large Group: unlimited days for biological illness and serious illness for children]. Chemical Dependency Detoxification and Rehabilitation are not covered. Services not covered are charges for special duty nurses, private room, blood (except for the treatment of hemophilia), non-medical items and custodial care. Facility Surgery subject to a [\$50; \$75] copayment. Diagnostic Laboratory and Pathology Services, Radiation, Chemotherapy Therapy, Hemodialysis, Mammography Screening, Pap Smears, and up to 60 days per calendar year for Chemical Dependency are subject to a [\$25, \$30] copayment. Diagnostic Imaging, Cardiac Rehabilitation and up to 30 visits per calendar year combined for related physical, occupational, and speech therapy are subject to a [\$40, \$50] copayment. Outpatient Mental Health is covered subject to a [\$40, \$50] copayment for up to 30 visits [Large Group: unlimited visits for biological illness and serious illness for children]. Pre-Admission Testing is covered in full. Inpatient Surgery covered at the lesser of: a \$200 Copayment or 20% of the Allowable Expense. Outpatient Surgery covered at [a \$40 Copayment; a \$50 Copayment; the lesser of: a \$200 Copayment or 20% of the Allowable Expense]. Office Surgery covered at the lesser of: a \$50 Copayment or 20% of the Allowable Expense. Maternity Care for a normal pregnancy covered at [\$25, \$30] Copayment per visit for pre-natal and post-natal care for the first 10 visits and the lesser of a \$200 copayment or 20% of the Allowable Expense. Complications of Pregnancy and Termination are covered at the lesser of a \$200 copayment or 20% of the Allowable Expense. Anesthesia, In-Hospital Medical Services, and Well Child and Immunizations are covered in full. Adult Routine Physical Exams, Adult Immunizations, Diagnostic Laboratory and Pathology Services, Diagnostic Imaging, Radiation Therapy, Chemotherapy, Hemodialysis, Mammography Screening, Gynecological Services, Prostate Cancer Screening, Bone Density Screening are subject to a [\$25, \$30] copayment. Additional Surgical Opinions, Chiropractic Care, Diagnostic Vision Exams, Diagnostic Hearing Exams, up to 30 visits per calendar year combined for related Physical, Occupational, and Speech Therapy are subject to a [\$40, \$50] copayment. Diagnostic Office Visits, Office Consultations, Allergy Testing and Treatment are subject a [\$25, \$30] Copayment for visits to a Primary Care Physician, and a [\$40, \$50] Copayment for visits to a Specialist. Hearing Aids coverage for up to two hearing aids every three years subject to a \$600 maximum for both hearing aids (not \$600 each) and subject to a [\$40, \$50] Copayment for each visit for a fitting. Pre-hospital Emergency Services and Transportation subject to a \$100 Copayment. Up to 40 Home Care visits per calendar year covered in full. Diabetic Supplies and Insulin for each 30-day supply, Diabetic education, and Diabetic durable medical equipment are subject to a [\$25, \$30] Copayment. Care for an Emergency Condition in the emergency room of a Hospital is subject to a [\$100, \$150] Copayment. Care for an Emergency Condition in a free standing urgent care center is subject to a \$50 Copayment. However, this Copayment will be waived if admitted to the Hospital as an inpatient within 24 hours of the emergency room visit.

2. EXHP-11 Rev.1
Michelle's Law

A full-time student covered under this Contract, Certificate or Group Plan who takes a leave of absence from an accredited institution of learning due to an illness or injury will continue to be covered under this Contract, Certificate or Group Plan for up to twelve months from the date of the leave of absence. However, in no event will a child be covered beyond the age at which coverage of children who are enrolled as full-time students terminates under the Contract, Certificate, Group Plan and/or applicable Rider(s). The medical necessity of the child's leave of absence must be certified by the child's attending physician and written documentation of the illness or injury must be submitted to us.

3. EXHP-47
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with copayment options as follows: (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

4. EXHP-51
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with coinsurance options as follows: (50% Formulary with \$1,000 Single / \$1,500 Family Payment Cap per calendar year). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

5. EXHP-53
Prehospital Emergency Services and Ambulance Transportation Benefit

Covers pre-hospital emergency services and land transportation.

6. EXHP-69 Rev.1
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$5/\$10/\$25), (\$5/\$15/\$35), (\$10/\$30/\$50), (\$7/\$50/\$100). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.
7. EXHP-76 Rev.2
Durable Medical Equipment and External Prosthetic Devices Rider
This rider provides coverage for durable medical equipment and external prosthetic devices subject to a 50% coinsurance and a \$15,000 per member per calendar year maximum for external prosthetic devices.
8. EXHP-79
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
9. EXHP-84
Blue Card Language Rider
The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
10. EXHP-85
Mandate Rider
This rider adds infertility mandate benefits to Article 44 coverage.
11. EXHP-87
Mandate Rider
This rider adds bone density mandate benefits to Article 44 coverage. Specifically, this rider provides coverage for bone mineral density measurements and tests for the detection of osteoporosis.
12. EXHP-89
Mandate Endorsement
This Endorsement amends the rider or contract to which it attaches to by adding or replacing benefits for approved drugs and/or devices for the treatment of osteoporosis.
13. EXHP-107
Mammography Screening
Women's Health Mandate for mammography screening.
14. EXHP-108
Cervical Cytology Screening
This rider reflects benefits from the Women's Health Mandate for Cervical Cytology Screenings.
15. EXHP-113
Prescription Drug Rider
Covers a 30 day supply of retail prescription drugs with copayment options as follows: \$7 Copayment for Generic Drugs.
16. EXHP-123
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired
This policy changes language to the diabetic mandate language in the [Contract; Certificate or Group Health Plan; rider] to which this policy is attached. Specifically, the words "legally blind" are being replaced with "visually impaired". This language change is not expected to impact claims cost in anyway, since we believe the "visually impaired" covered population is equivalent to the "legally blind" covered population.

17. EXHP-131, EXR-108
Prescription Drug Endorsement
This prescription drug endorsement changes the mail-order prescription drug copayment for a 61-90 day supply from three-times the 30 day copayment to two-times the 30 day copayment.
18. EXHP-138
PPACA Health Care Reform Rider
This Rider changes provisions in, or adds provisions to, your Contract or Certificate including any affected riders or endorsements thereto, as required by the federal Patient Protection and Affordable Care Act.
19. EXHP-141
Weight Loss Services Language Change
Language endorsement which revises the criteria of medical necessity as it pertains to excluded services associated with weight loss.
20. EXHP-176
Allowable Expense Rider
This Rider changes the Allowable Expense definition in your coverage. There is no rate impact as this rider merely more accurately describes UCR. There are no associated changes in fees and no associated changes in how our claims are currently adjudicated.
21. EXHP-187
Rider to Continue Coverage for Children Through Age 29
This Rider allows eligible children to continue coverage under your Contract or Certificate and any applicable Rider(s) thereto.
22. EXHP-189
Rider to Extend Temporary Continuation of Coverage
This Rider extends continued coverage available under your Contract or Certificate and any applicable Rider(s) thereto.
23. EXHP-191
Dependent Coverage through Age 29
Children Covered through age 29. If you selected other than individual coverage, your child will be eligible for coverage through the age of 29 years when the child: A. Is unmarried ;B. Is not, as an employee or member, insured by or eligible for coverage under any employee health benefit plan, whether insured or self-insured; and C. Lives, works or resides in the Enrollment Area for your Contract or Certificate.
24. EXHP-210
Autism Mandate
This rider provides mandated coverage for Autism related benefits.
25. EXR-70 Rev. 1
Hospice Care
This rider adds coverage for up to 210 days per year for hospice services subject to a [\$100, \$250, \$500, \$750, \$1000] copayment to pay when services are begun.
26. EXR-71 Rev. 1
Vision Care Benefits
This rider adds coverage for a routine eye exam subject to a [\$40, \$50] Copayment [and up to \$60 for eyewear] once every two calendar years for adults and every year for children.
27. EXR-130
HMO 25 Hearing Aid (Language Clarification) Rider
Language endorsement which revises the hearing aid benefit language to specify that coverage is limited to covered dependents under the age of 19.
28. H DCOP R 01 REV. 1
Prescription Drug Rider
Rider Prescription Drugs \$[(5/15/30); (5/20/35); (10/25/40)]

29. NYSHIP-12
HMO Blue Rider

Full-time Students covered until age 25. Inpatient care covered in full. Inpatient rehabilitation care for substance abuse and alcoholism: provides 30 days of care per person, per calendar year. Unlimited Inpatient Detoxification Care for Alcoholism or Drug Addiction is provided. No Calendar Year Maximum for Durable Medical Equipment, External Prosthetic Appliances and Orthotic Devices. PCP sick child visits to age 19, Mammography visits, routine GYN including Pap Smears, routine physicals and routine prostate cancer screening are subject to a \$5 copayment per visit.

Rate schedule

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
HMO Blue [25] Basic Contract				
Group Remittance				
Single	\$594.46	\$649.74	\$55.28	9.30%
Two Person	\$1,206.76	\$1,318.99	\$112.23	9.30%
Subscriber w/Child(ren)	\$903.57	\$987.60	\$84.03	9.30%
Subscriber and Spouse	\$1,343.49	\$1,468.43	\$124.94	9.30%
Family (4 Tier)	\$1,593.15	\$1,741.31	\$148.16	9.30%
Family (3 Tier)	\$1,539.67	\$1,682.86	\$143.19	9.30%
Family (2 Tier)	\$1,414.82	\$1,546.40	\$131.58	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
HMO Blue [30] Basic Contract				
Group Remittance				
Single	\$573.96	\$627.34	\$53.38	9.30%
Two Person	\$1,165.13	\$1,273.49	\$108.36	9.30%
Subscriber w/Child(ren)	\$872.42	\$953.56	\$81.14	9.30%
Subscriber and Spouse	\$1,297.14	\$1,417.77	\$120.63	9.30%
Family (4 Tier)	\$1,538.22	\$1,681.27	\$143.05	9.30%
Family (3 Tier)	\$1,486.56	\$1,624.81	\$138.25	9.30%
Family (2 Tier)	\$1,366.01	\$1,493.05	\$127.04	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$2.07)	(\$2.26)	(\$0.19)	9.18%
Two Person	(\$4.22)	(\$4.61)	(\$0.39)	9.24%
Subscriber w/Child(ren)	(\$3.17)	(\$3.46)	(\$0.29)	9.15%
Subscriber and Spouse	(\$4.69)	(\$5.13)	(\$0.44)	9.38%
Family (4 Tier)	(\$5.57)	(\$6.09)	(\$0.52)	9.34%
Family (3 Tier)	(\$5.39)	(\$5.89)	(\$0.50)	9.28%
Family (2 Tier)	(\$4.94)	(\$5.40)	(\$0.46)	9.31%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$3.54	\$3.87	\$0.33	9.32%
Two Person	\$7.21	\$7.88	\$0.67	9.29%
Subscriber w/Child(ren)	\$5.39	\$5.89	\$0.50	9.28%
Subscriber and Spouse	\$8.01	\$8.75	\$0.74	9.24%
Family (4 Tier)	\$9.49	\$10.37	\$0.88	9.27%
Family (3 Tier)	\$9.19	\$10.04	\$0.85	9.25%
Family (2 Tier)	\$8.44	\$9.22	\$0.78	9.24%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u>				
HMO Blue [25] Basic Contract				
Group Remittance				
Single	(\$0.76)	(\$0.83)	(\$0.07)	9.21%
Two Person	(\$1.57)	(\$1.72)	(\$0.15)	9.55%
Subscriber w/Child(ren)	(\$1.18)	(\$1.29)	(\$0.11)	9.32%
Subscriber and Spouse	(\$1.74)	(\$1.90)	(\$0.16)	9.20%
Family (4 Tier)	(\$2.06)	(\$2.25)	(\$0.19)	9.22%
Family (3 Tier)	(\$2.00)	(\$2.19)	(\$0.19)	9.50%
Family (2 Tier)	(\$1.84)	(\$2.01)	(\$0.17)	9.24%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$10.22	\$11.17	\$0.95	9.30%
Two Person	\$20.75	\$22.68	\$1.93	9.30%
Subscriber w/Child(ren)	\$15.53	\$16.97	\$1.44	9.27%
Subscriber and Spouse	\$23.10	\$25.25	\$2.15	9.31%
Family (4 Tier)	\$27.40	\$29.95	\$2.55	9.31%
Family (3 Tier)	\$26.48	\$28.94	\$2.46	9.29%
Family (2 Tier)	\$24.33	\$26.59	\$2.26	9.29%

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Upstate HMO-Syracuse Operating Region
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$6.37	\$6.96	\$0.59	9.26%
Two Person	\$12.94	\$14.14	\$1.20	9.27%
Subscriber w/Child(ren)	\$9.69	\$10.59	\$0.90	9.29%
Subscriber and Spouse	\$14.41	\$15.75	\$1.34	9.30%
Family (4 Tier)	\$17.08	\$18.67	\$1.59	9.31%
Family (3 Tier)	\$16.51	\$18.05	\$1.54	9.33%
Family (2 Tier)	\$15.16	\$16.57	\$1.41	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$4.40)	(\$4.81)	(\$0.41)	9.32%
Two Person	(\$8.93)	(\$9.76)	(\$0.83)	9.29%
Subscriber w/Child(ren)	(\$6.69)	(\$7.31)	(\$0.62)	9.27%
Subscriber and Spouse	(\$9.93)	(\$10.85)	(\$0.92)	9.26%
Family (4 Tier)	(\$11.78)	(\$12.88)	(\$1.10)	9.34%
Family (3 Tier)	(\$11.39)	(\$12.45)	(\$1.06)	9.31%
Family (2 Tier)	(\$10.47)	(\$11.44)	(\$0.97)	9.26%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$8.80)	(\$9.62)	(\$0.82)	9.32%
Two Person	(\$17.85)	(\$19.51)	(\$1.66)	9.30%
Subscriber w/Child(ren)	(\$13.37)	(\$14.61)	(\$1.24)	9.27%
Subscriber and Spouse	(\$19.88)	(\$21.73)	(\$1.85)	9.31%
Family (4 Tier)	(\$23.57)	(\$25.76)	(\$2.19)	9.29%
Family (3 Tier)	(\$22.78)	(\$24.90)	(\$2.12)	9.31%
Family (2 Tier)	(\$20.92)	(\$22.87)	(\$1.95)	9.32%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.45	\$1.58	\$0.13	8.97%
Two Person	\$2.94	\$3.21	\$0.27	9.18%
Subscriber w/Child(ren)	\$2.20	\$2.40	\$0.20	9.09%
Subscriber and Spouse	\$3.29	\$3.60	\$0.31	9.42%
Family (4 Tier)	\$3.88	\$4.24	\$0.36	9.28%
Family (3 Tier)	\$3.75	\$4.10	\$0.35	9.33%
Family (2 Tier)	\$3.45	\$3.77	\$0.32	9.28%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.36	\$1.49	\$0.13	9.56%
Two Person	\$2.78	\$3.04	\$0.26	9.35%
Subscriber w/Child(ren)	\$2.09	\$2.28	\$0.19	9.09%
Subscriber and Spouse	\$3.09	\$3.38	\$0.29	9.39%
Family (4 Tier)	\$3.67	\$4.01	\$0.34	9.26%
Family (3 Tier)	\$3.56	\$3.89	\$0.33	9.27%
Family (2 Tier)	\$3.28	\$3.59	\$0.31	9.45%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.34	\$1.46	\$0.12	8.96%
Two Person	\$2.73	\$2.98	\$0.25	9.16%
Subscriber w/Child(ren)	\$2.05	\$2.24	\$0.19	9.27%
Subscriber and Spouse	\$3.05	\$3.33	\$0.28	9.18%
Family (4 Tier)	\$3.61	\$3.95	\$0.34	9.42%
Family (3 Tier)	\$3.49	\$3.81	\$0.32	9.17%
Family (2 Tier)	\$3.20	\$3.50	\$0.30	9.38%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.13	\$1.24	\$0.11	9.73%
Two Person	\$2.31	\$2.52	\$0.21	9.09%
Subscriber w/Child(ren)	\$1.73	\$1.89	\$0.16	9.25%
Subscriber and Spouse	\$2.57	\$2.81	\$0.24	9.34%
Family (4 Tier)	\$3.05	\$3.33	\$0.28	9.18%
Family (3 Tier)	\$2.94	\$3.21	\$0.27	9.18%
Family (2 Tier)	\$2.71	\$2.96	\$0.25	9.23%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.11	\$1.21	\$0.10	9.01%
Two Person	\$2.27	\$2.48	\$0.21	9.25%
Subscriber w/Child(ren)	\$1.68	\$1.84	\$0.16	9.52%
Subscriber and Spouse	\$2.51	\$2.74	\$0.23	9.16%
Family (4 Tier)	\$2.98	\$3.26	\$0.28	9.40%
Family (3 Tier)	\$2.88	\$3.15	\$0.27	9.38%
Family (2 Tier)	\$2.64	\$2.89	\$0.25	9.47%
2. <u>EXHP-11 Rev.1</u>				
Michelle's Law				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$149.19	\$163.06	\$13.87	9.30%
Two Person	\$302.87	\$331.04	\$28.17	9.30%
Subscriber w/Child(ren)	\$226.78	\$247.87	\$21.09	9.30%
Subscriber and Spouse	\$337.18	\$368.54	\$31.36	9.30%
Family (4 Tier)	\$399.85	\$437.04	\$37.19	9.30%
Family (3 Tier)	\$386.42	\$422.36	\$35.94	9.30%
Family (2 Tier)	\$355.08	\$388.10	\$33.02	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$143.23	\$156.55	\$13.32	9.30%
Two Person	\$290.74	\$317.78	\$27.04	9.30%
Subscriber w/Child(ren)	\$217.70	\$237.95	\$20.25	9.30%
Subscriber and Spouse	\$323.69	\$353.79	\$30.10	9.30%
Family (4 Tier)	\$383.85	\$419.55	\$35.70	9.30%
Family (3 Tier)	\$370.96	\$405.46	\$34.50	9.30%
Family (2 Tier)	\$340.87	\$372.57	\$31.70	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$125.88	\$137.59	\$11.71	9.30%
Two Person	\$255.56	\$279.33	\$23.77	9.30%
Subscriber w/Child(ren)	\$191.35	\$209.15	\$17.80	9.30%
Subscriber and Spouse	\$284.52	\$310.98	\$26.46	9.30%
Family (4 Tier)	\$337.40	\$368.78	\$31.38	9.30%
Family (3 Tier)	\$326.05	\$356.37	\$30.32	9.30%
Family (2 Tier)	\$299.62	\$327.48	\$27.86	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$120.89	\$132.13	\$11.24	9.30%
Two Person	\$245.41	\$268.23	\$22.82	9.30%
Subscriber w/Child(ren)	\$183.76	\$200.85	\$17.09	9.30%
Subscriber and Spouse	\$273.21	\$298.62	\$25.41	9.30%
Family (4 Tier)	\$323.98	\$354.11	\$30.13	9.30%
Family (3 Tier)	\$313.10	\$342.22	\$29.12	9.30%
Family (2 Tier)	\$287.72	\$314.48	\$26.76	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$142.08	\$155.29	\$13.21	9.30%
Two Person	\$288.42	\$315.24	\$26.82	9.30%
Subscriber w/Child(ren)	\$215.95	\$236.03	\$20.08	9.30%
Subscriber and Spouse	\$321.09	\$350.95	\$29.86	9.30%
Family (4 Tier)	\$380.75	\$416.16	\$35.41	9.30%
Family (3 Tier)	\$367.97	\$402.19	\$34.22	9.30%
Family (2 Tier)	\$338.14	\$369.59	\$31.45	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$136.40	\$149.09	\$12.69	9.30%
Two Person	\$276.91	\$302.66	\$25.75	9.30%
Subscriber w/Child(ren)	\$207.33	\$226.61	\$19.28	9.30%
Subscriber and Spouse	\$308.28	\$336.95	\$28.67	9.30%
Family (4 Tier)	\$365.57	\$399.57	\$34.00	9.30%
Family (3 Tier)	\$353.29	\$386.15	\$32.86	9.30%
Family (2 Tier)	\$324.64	\$354.83	\$30.19	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$119.33	\$130.43	\$11.10	9.30%
Two Person	\$242.24	\$264.77	\$22.53	9.30%
Subscriber w/Child(ren)	\$181.39	\$198.26	\$16.87	9.30%
Subscriber and Spouse	\$269.70	\$294.78	\$25.08	9.30%
Family (4 Tier)	\$319.80	\$349.54	\$29.74	9.30%
Family (3 Tier)	\$309.07	\$337.81	\$28.74	9.30%
Family (2 Tier)	\$284.02	\$310.43	\$26.41	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$114.58	\$125.24	\$10.66	9.30%
Two Person	\$232.61	\$254.24	\$21.63	9.30%
Subscriber w/Child(ren)	\$174.16	\$190.36	\$16.20	9.30%
Subscriber and Spouse	\$258.96	\$283.04	\$24.08	9.30%
Family (4 Tier)	\$307.08	\$335.64	\$28.56	9.30%
Family (3 Tier)	\$296.77	\$324.37	\$27.60	9.30%
Family (2 Tier)	\$272.71	\$298.07	\$25.36	9.30%
4. <u>EXHP- 51, EXR-108 (50% w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$65.55	\$71.65	\$6.10	9.31%
Two Person	\$133.07	\$145.45	\$12.38	9.30%
Subscriber w/Child(ren)	\$99.65	\$108.92	\$9.27	9.30%
Subscriber and Spouse	\$148.15	\$161.93	\$13.78	9.30%
Family (4 Tier)	\$175.67	\$192.01	\$16.34	9.30%
Family (3 Tier)	\$169.77	\$185.56	\$15.79	9.30%
Family (2 Tier)	\$156.01	\$170.52	\$14.51	9.30%

Excellus Health Plan, Inc.
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$62.94	\$68.79	\$5.85	9.29%
Two Person	\$127.78	\$139.66	\$11.88	9.30%
Subscriber w/Child(ren)	\$95.67	\$104.57	\$8.90	9.30%
Subscriber and Spouse	\$142.25	\$155.48	\$13.23	9.30%
Family (4 Tier)	\$168.69	\$184.38	\$15.69	9.30%
Family (3 Tier)	\$163.03	\$178.19	\$15.16	9.30%
Family (2 Tier)	\$149.81	\$163.74	\$13.93	9.30%
4. <u>EXHP- 51, EXR-108 (50% w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$63.90	\$69.84	\$5.94	9.30%
Two Person	\$129.71	\$141.77	\$12.06	9.30%
Subscriber w/Child(ren)	\$97.12	\$106.15	\$9.03	9.30%
Subscriber and Spouse	\$144.42	\$157.85	\$13.43	9.30%
Family (4 Tier)	\$171.26	\$187.19	\$15.93	9.30%
Family (3 Tier)	\$165.51	\$180.90	\$15.39	9.30%
Family (2 Tier)	\$152.09	\$166.23	\$14.14	9.30%
4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$61.36	\$67.07	\$5.71	9.31%
Two Person	\$124.56	\$136.14	\$11.58	9.30%
Subscriber w/Child(ren)	\$93.27	\$101.94	\$8.67	9.30%
Subscriber and Spouse	\$138.68	\$151.58	\$12.90	9.30%
Family (4 Tier)	\$164.45	\$179.74	\$15.29	9.30%
Family (3 Tier)	\$158.92	\$173.70	\$14.78	9.30%
Family (2 Tier)	\$146.04	\$159.62	\$13.58	9.30%
5. <u>EXHP- 53</u>				
Prehospital Emergency Services and Ambulance Transportation Benefit				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$197.30	\$215.65	\$18.35	9.30%
Two Person	\$400.51	\$437.76	\$37.25	9.30%
Subscriber w/Child(ren)	\$299.88	\$327.77	\$27.89	9.30%
Subscriber and Spouse	\$445.89	\$487.36	\$41.47	9.30%
Family (4 Tier)	\$528.76	\$577.93	\$49.17	9.30%
Family (3 Tier)	\$511.01	\$558.53	\$47.52	9.30%
Family (2 Tier)	\$469.57	\$513.24	\$43.67	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$189.44	\$207.06	\$17.62	9.30%
Two Person	\$384.57	\$420.34	\$35.77	9.30%
Subscriber w/Child(ren)	\$287.95	\$314.73	\$26.78	9.30%
Subscriber and Spouse	\$428.14	\$467.96	\$39.82	9.30%
Family (4 Tier)	\$507.72	\$554.94	\$47.22	9.30%
Family (3 Tier)	\$490.64	\$536.27	\$45.63	9.30%
Family (2 Tier)	\$450.87	\$492.80	\$41.93	9.30%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$178.16	\$194.73	\$16.57	9.30%
Two Person	\$361.68	\$395.32	\$33.64	9.30%
Subscriber w/Child(ren)	\$270.82	\$296.01	\$25.19	9.30%
Subscriber and Spouse	\$402.66	\$440.11	\$37.45	9.30%
Family (4 Tier)	\$477.50	\$521.91	\$44.41	9.30%
Family (3 Tier)	\$461.45	\$504.36	\$42.91	9.30%
Family (2 Tier)	\$424.03	\$463.46	\$39.43	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$171.07	\$186.98	\$15.91	9.30%
Two Person	\$347.28	\$379.58	\$32.30	9.30%
Subscriber w/Child(ren)	\$260.04	\$284.22	\$24.18	9.30%
Subscriber and Spouse	\$386.63	\$422.59	\$35.96	9.30%
Family (4 Tier)	\$458.49	\$501.13	\$42.64	9.30%
Family (3 Tier)	\$443.09	\$484.30	\$41.21	9.30%
Family (2 Tier)	\$407.14	\$445.00	\$37.86	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$133.47	\$145.88	\$12.41	9.30%
Two Person	\$270.95	\$296.15	\$25.20	9.30%
Subscriber w/Child(ren)	\$202.87	\$221.74	\$18.87	9.30%
Subscriber and Spouse	\$301.65	\$329.70	\$28.05	9.30%
Family (4 Tier)	\$357.72	\$390.99	\$33.27	9.30%
Family (3 Tier)	\$345.70	\$377.85	\$32.15	9.30%
Family (2 Tier)	\$317.67	\$347.21	\$29.54	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$128.13	\$140.05	\$11.92	9.30%
Two Person	\$260.11	\$284.30	\$24.19	9.30%
Subscriber w/Child(ren)	\$194.76	\$212.87	\$18.11	9.30%
Subscriber and Spouse	\$289.58	\$316.51	\$26.93	9.30%
Family (4 Tier)	\$343.39	\$375.33	\$31.94	9.30%
Family (3 Tier)	\$331.85	\$362.71	\$30.86	9.30%
Family (2 Tier)	\$304.95	\$333.31	\$28.36	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$93.65	\$102.36	\$8.71	9.30%
Two Person	\$190.14	\$207.82	\$17.68	9.30%
Subscriber w/Child(ren)	\$142.36	\$155.60	\$13.24	9.30%
Subscriber and Spouse	\$211.66	\$231.34	\$19.68	9.30%
Family (4 Tier)	\$251.01	\$274.35	\$23.34	9.30%
Family (3 Tier)	\$242.57	\$265.13	\$22.56	9.30%
Family (2 Tier)	\$222.92	\$243.65	\$20.73	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$89.88	\$98.24	\$8.36	9.30%
Two Person	\$182.47	\$199.44	\$16.97	9.30%
Subscriber w/Child(ren)	\$136.62	\$149.33	\$12.71	9.30%
Subscriber and Spouse	\$203.15	\$222.04	\$18.89	9.30%
Family (4 Tier)	\$240.91	\$263.31	\$22.40	9.30%
Family (3 Tier)	\$232.82	\$254.47	\$21.65	9.30%
Family (2 Tier)	\$213.94	\$233.84	\$19.90	9.30%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
7. <u>EXHP- 76 Rev.2</u>				
Durable Medical Equipment and External Prosthetic Devices Rider				
Group Remittance				
Single	\$3.75	\$4.10	\$0.35	9.33%
Two Person	\$7.63	\$8.34	\$0.71	9.31%
Subscriber w/Child(ren)	\$5.70	\$6.23	\$0.53	9.30%
Subscriber and Spouse	\$8.48	\$9.27	\$0.79	9.32%
Family (4 Tier)	\$10.05	\$10.98	\$0.93	9.25%
Family (3 Tier)	\$9.72	\$10.62	\$0.90	9.26%
Family (2 Tier)	\$8.94	\$9.77	\$0.83	9.28%
8. <u>EXHP- 79</u>				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
9. <u>EXHP- 84</u>				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
10. <u>EXHP- 85</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
11. <u>EXHP- 87</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
12. <u>EXHP- 89</u>				
Mandate Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
13. EXHP-107				
Mammography Screening				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
14. EXHP-108				
Cervical Cytology Screening				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
15. EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)				
Prescription Drug Rider				
Group Remittance				
Single	\$23.79	\$26.00	\$2.21	9.29%
Two Person	\$48.32	\$52.81	\$4.49	9.29%
Subscriber w/Child(ren)	\$36.17	\$39.53	\$3.36	9.29%
Subscriber and Spouse	\$53.79	\$58.79	\$5.00	9.30%
Family (4 Tier)	\$63.78	\$69.71	\$5.93	9.30%
Family (3 Tier)	\$61.64	\$67.37	\$5.73	9.30%
Family (2 Tier)	\$56.64	\$61.91	\$5.27	9.30%
15. EXHP-113, EXR-108 (\$7 Generic w/o Oral)				
Prescription Drug Rider				
Group Remittance				
Single	\$22.83	\$24.95	\$2.12	9.29%
Two Person	\$46.34	\$50.65	\$4.31	9.30%
Subscriber w/Child(ren)	\$34.71	\$37.94	\$3.23	9.31%
Subscriber and Spouse	\$51.59	\$56.39	\$4.80	9.30%
Family (4 Tier)	\$61.19	\$66.88	\$5.69	9.30%
Family (3 Tier)	\$59.13	\$64.63	\$5.50	9.30%
Family (2 Tier)	\$54.34	\$59.39	\$5.05	9.29%
16. EXHP-123				
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
17. EXHP-131, EXR-108				
Prescription Drug Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$8.75	\$9.56	\$0.81	9.26%
Two Person	\$17.77	\$19.42	\$1.65	9.29%
Subscriber w/Child(ren)	\$54.53	\$59.60	\$5.07	9.30%
Subscriber and Spouse	\$19.78	\$21.62	\$1.84	9.30%
Family (4 Tier)	\$96.12	\$105.06	\$8.94	9.30%
Family (3 Tier)	\$92.90	\$101.54	\$8.64	9.30%
Family (2 Tier)	\$85.36	\$93.30	\$7.94	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.12	\$0.13	\$0.01	8.33%
Two Person	\$0.24	\$0.26	\$0.02	8.33%
Subscriber w/Child(ren)	\$40.83	\$44.63	\$3.80	9.31%
Subscriber and Spouse	\$0.28	\$0.31	\$0.03	10.71%
Family (4 Tier)	\$72.01	\$78.71	\$6.70	9.30%
Family (3 Tier)	\$69.59	\$76.06	\$6.47	9.30%
Family (2 Tier)	\$63.95	\$69.90	\$5.95	9.30%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$9.63	\$10.53	\$0.90	9.35%
Two Person	\$19.55	\$21.37	\$1.82	9.31%
Subscriber w/Child(ren)	\$54.43	\$59.49	\$5.06	9.30%
Subscriber and Spouse	\$21.76	\$23.78	\$2.02	9.28%
Family (4 Tier)	\$95.96	\$104.88	\$8.92	9.30%
Family (3 Tier)	\$92.74	\$101.36	\$8.62	9.29%
Family (2 Tier)	\$85.22	\$93.15	\$7.93	9.31%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$39.25	\$42.90	\$3.65	9.30%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$69.22	\$75.66	\$6.44	9.30%
Family (3 Tier)	\$66.89	\$73.11	\$6.22	9.30%
Family (2 Tier)	\$61.48	\$67.20	\$5.72	9.30%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.04	\$0.04	\$0.00	0.00%
Two Person	\$0.10	\$0.11	\$0.01	10.00%
Subscriber w/Child(ren)	\$0.07	\$0.08	\$0.01	14.29%
Subscriber and Spouse	\$0.11	\$0.12	\$0.01	9.09%
Family (4 Tier)	\$0.12	\$0.13	\$0.01	8.33%
Family (3 Tier)	\$0.12	\$0.13	\$0.01	8.33%
Family (2 Tier)	\$0.11	\$0.12	\$0.01	9.09%
18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.04	\$0.04	\$0.00	0.00%
Two Person	\$0.10	\$0.11	\$0.01	10.00%
Subscriber w/Child(ren)	\$0.07	\$0.08	\$0.01	14.29%
Subscriber and Spouse	\$0.11	\$0.12	\$0.01	9.09%
Family (4 Tier)	\$0.12	\$0.13	\$0.01	8.33%
Family (3 Tier)	\$0.12	\$0.13	\$0.01	8.33%
Family (2 Tier)	\$0.11	\$0.12	\$0.01	9.09%

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HMO				
18. <u>EXHP-138 WPS [EXC-8][HMO Blue 25]</u>				
WPS Medical				
Group Remittance				
Single	\$0.21	\$0.23	\$0.02	9.52%
Two Person	\$0.43	\$0.47	\$0.04	9.30%
Subscriber and Spouse	\$0.47	\$0.51	\$0.04	8.51%
Subscriber w/Child(ren)	\$0.32	\$0.35	\$0.03	9.38%
Subscriber w/ Children	\$0.32	\$0.35	\$0.03	9.38%
Family (4 Tier)	\$0.56	\$0.61	\$0.05	8.93%
Family (3 Tier)	\$0.54	\$0.59	\$0.05	9.26%
Family (2 Tier)	\$0.50	\$0.55	\$0.05	10.00%
18. <u>EXHP-138 WPS [EXC-8][HMO Blue 30]</u>				
WPS Medical				
Group Remittance				
Single	\$0.23	\$0.25	\$0.02	8.70%
Two Person	\$0.47	\$0.51	\$0.04	8.51%
Subscriber and Spouse	\$0.52	\$0.57	\$0.05	9.62%
Subscriber w/Child(ren)	\$0.35	\$0.38	\$0.03	8.57%
Subscriber w/ Children	\$0.35	\$0.38	\$0.03	8.57%
Family (4 Tier)	\$0.62	\$0.68	\$0.06	9.68%
Family (3 Tier)	\$0.59	\$0.64	\$0.05	8.47%
Family (2 Tier)	\$0.55	\$0.60	\$0.05	9.09%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$0 Generic Copay]</u>				
WPS Drug				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$1 Generic Copay]</u>				
WPS Drug				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.14	\$0.15	\$0.01	7.14%
Subscriber and Spouse	\$0.16	\$0.17	\$0.01	6.25%
Subscriber w/Child(ren)	\$0.11	\$0.12	\$0.01	9.09%
Subscriber w/ Children	\$0.11	\$0.12	\$0.01	9.09%
Family (4 Tier)	\$0.19	\$0.21	\$0.02	10.53%
Family (3 Tier)	\$0.18	\$0.20	\$0.02	11.11%
Family (2 Tier)	\$0.17	\$0.19	\$0.02	11.76%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$2 Generic Copay]</u>				
WPS Drug				
Group Remittance				
Single	\$0.14	\$0.15	\$0.01	7.14%
Two Person	\$0.28	\$0.31	\$0.03	10.71%
Subscriber and Spouse	\$0.32	\$0.35	\$0.03	9.38%
Subscriber w/Child(ren)	\$0.21	\$0.23	\$0.02	9.52%
Subscriber w/ Children	\$0.21	\$0.23	\$0.02	9.52%
Family (4 Tier)	\$0.38	\$0.42	\$0.04	10.53%
Family (3 Tier)	\$0.36	\$0.39	\$0.03	8.33%
Family (2 Tier)	\$0.33	\$0.36	\$0.03	9.09%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$3 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.21	\$0.23	\$0.02	9.52%
Two Person	\$0.43	\$0.47	\$0.04	9.30%
Subscriber and Spouse	\$0.47	\$0.51	\$0.04	8.51%
Subscriber w/Child(ren)	\$0.32	\$0.35	\$0.03	9.38%
Subscriber w/ Children	\$0.32	\$0.35	\$0.03	9.38%
Family (4 Tier)	\$0.56	\$0.61	\$0.05	8.93%
Family (3 Tier)	\$0.54	\$0.59	\$0.05	9.26%
Family (2 Tier)	\$0.50	\$0.55	\$0.05	10.00%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$4 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.28	\$0.31	\$0.03	10.71%
Two Person	\$0.57	\$0.62	\$0.05	8.77%
Subscriber and Spouse	\$0.63	\$0.69	\$0.06	9.52%
Subscriber w/Child(ren)	\$0.43	\$0.47	\$0.04	9.30%
Subscriber w/ Children	\$0.43	\$0.47	\$0.04	9.30%
Family (4 Tier)	\$0.75	\$0.82	\$0.07	9.33%
Family (3 Tier)	\$0.73	\$0.80	\$0.07	9.59%
Family (2 Tier)	\$0.67	\$0.73	\$0.06	8.96%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.35	\$0.38	\$0.03	8.57%
Two Person	\$0.71	\$0.78	\$0.07	9.86%
Subscriber and Spouse	\$0.79	\$0.86	\$0.07	8.86%
Subscriber w/Child(ren)	\$0.53	\$0.58	\$0.05	9.43%
Subscriber w/ Children	\$0.53	\$0.58	\$0.05	9.43%
Family (4 Tier)	\$0.94	\$1.03	\$0.09	9.57%
Family (3 Tier)	\$0.91	\$0.99	\$0.08	8.79%
Family (2 Tier)	\$0.83	\$0.91	\$0.08	9.64%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.49	\$0.54	\$0.05	10.20%
Two Person	\$0.99	\$1.08	\$0.09	9.09%
Subscriber and Spouse	\$1.11	\$1.21	\$0.10	9.01%
Subscriber w/Child(ren)	\$0.74	\$0.81	\$0.07	9.46%
Subscriber w/ Children	\$0.74	\$0.81	\$0.07	9.46%
Family (4 Tier)	\$1.31	\$1.43	\$0.12	9.16%
Family (3 Tier)	\$1.27	\$1.39	\$0.12	9.45%
Family (2 Tier)	\$1.17	\$1.28	\$0.11	9.40%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.70	\$0.77	\$0.07	10.00%
Two Person	\$1.42	\$1.55	\$0.13	9.15%
Subscriber and Spouse	\$1.58	\$1.73	\$0.15	9.49%
Subscriber w/Child(ren)	\$1.06	\$1.16	\$0.10	9.43%
Subscriber w/ Children	\$1.06	\$1.16	\$0.10	9.43%
Family (4 Tier)	\$1.88	\$2.05	\$0.17	9.04%
Family (3 Tier)	\$1.81	\$1.98	\$0.17	9.39%
Family (2 Tier)	\$1.67	\$1.83	\$0.16	9.58%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$15 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.05	\$1.15	\$0.10	9.52%
Two Person	\$2.13	\$2.33	\$0.20	9.39%
Subscriber and Spouse	\$2.37	\$2.59	\$0.22	9.28%
Subscriber w/Child(ren)	\$1.60	\$1.75	\$0.15	9.38%
Subscriber w/ Children	\$1.60	\$1.75	\$0.15	9.38%
Family (4 Tier)	\$2.81	\$3.07	\$0.26	9.25%
Family (3 Tier)	\$2.72	\$2.97	\$0.25	9.19%
Family (2 Tier)	\$2.50	\$2.73	\$0.23	9.20%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$20 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.40	\$1.53	\$0.13	9.29%
Two Person	\$2.84	\$3.10	\$0.26	9.15%
Subscriber and Spouse	\$3.16	\$3.45	\$0.29	9.18%
Subscriber w/Child(ren)	\$2.13	\$2.33	\$0.20	9.39%
Subscriber w/ Children	\$2.13	\$2.33	\$0.20	9.39%
Family (4 Tier)	\$3.75	\$4.10	\$0.35	9.33%
Family (3 Tier)	\$3.63	\$3.97	\$0.34	9.37%
Family (2 Tier)	\$3.33	\$3.64	\$0.31	9.31%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.97	\$2.15	\$0.18	9.14%
Two Person	\$4.00	\$4.37	\$0.37	9.25%
Subscriber and Spouse	\$4.45	\$4.86	\$0.41	9.21%
Subscriber w/Child(ren)	\$2.99	\$3.27	\$0.28	9.36%
Subscriber w/ Children	\$2.99	\$3.27	\$0.28	9.36%
Family (4 Tier)	\$5.28	\$5.77	\$0.49	9.28%
Family (3 Tier)	\$5.10	\$5.57	\$0.47	9.22%
Family (2 Tier)	\$4.69	\$5.13	\$0.44	9.38%
19. <u>EXHP-141</u>				
Weight Loss Services Language Change				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
20. <u>EXHP-176</u>				
Allowable Expense Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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HMO				
21. <u>EXHP-187</u>				
Rider to Continue Coverage for Children Through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
22. <u>EXHP-189</u>				
Rider to Extend Temporary Continuation of Coverage				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$18.17	\$19.86	\$1.69	9.30%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$32.08	\$35.06	\$2.98	9.29%
Family (3 Tier)	\$30.98	\$33.86	\$2.88	9.30%
Family (2 Tier)	\$28.47	\$31.12	\$2.65	9.31%
23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$17.59	\$19.23	\$1.64	9.32%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$31.03	\$33.92	\$2.89	9.31%
Family (3 Tier)	\$29.99	\$32.78	\$2.79	9.30%
Family (2 Tier)	\$27.54	\$30.10	\$2.56	9.30%
24. <u>EXHP-210[Blue Choice 25]</u>				
Autism Mandate				
Group Remittance				
Single	\$1.56	\$1.71	\$0.15	9.62%
Two Person	\$3.17	\$3.46	\$0.29	9.15%
Subscriber and Spouse	\$3.53	\$3.86	\$0.33	9.35%
Subscriber w/Child(ren)	\$2.38	\$2.60	\$0.22	9.24%
Subscriber w/ Children	\$2.38	\$2.60	\$0.22	9.24%
Family (4 Tier)	\$4.19	\$4.58	\$0.39	9.31%
Family (3 Tier)	\$4.05	\$4.43	\$0.38	9.38%
Family (2 Tier)	\$3.72	\$4.07	\$0.35	9.41%
24. <u>EXHP-210[Blue Choice 30]</u>				
Autism Mandate				
Group Remittance				
Single	\$1.45	\$1.58	\$0.13	8.97%
Two Person	\$2.95	\$3.22	\$0.27	9.15%
Subscriber and Spouse	\$3.28	\$3.59	\$0.31	9.45%
Subscriber w/Child(ren)	\$2.21	\$2.42	\$0.21	9.50%
Subscriber w/ Children	\$2.21	\$2.42	\$0.21	9.50%
Family (4 Tier)	\$3.89	\$4.25	\$0.36	9.25%
Family (3 Tier)	\$3.76	\$4.11	\$0.35	9.31%
Family (2 Tier)	\$3.45	\$3.77	\$0.32	9.28%

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HMO				
25. <u>EXR- 70 Rev. 1: \$100 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.79	\$0.86	\$0.07	8.86%
Two Person	\$1.62	\$1.77	\$0.15	9.26%
Subscriber w/Child(ren)	\$1.21	\$1.32	\$0.11	9.09%
Subscriber and Spouse	\$1.79	\$1.96	\$0.17	9.50%
Family (4 Tier)	\$2.13	\$2.33	\$0.20	9.39%
Family (3 Tier)	\$2.06	\$2.25	\$0.19	9.22%
Family (2 Tier)	\$1.89	\$2.07	\$0.18	9.52%
25. <u>EXR- 70 Rev. 1: \$250 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.72	\$0.79	\$0.07	9.72%
Two Person	\$1.46	\$1.60	\$0.14	9.59%
Subscriber w/Child(ren)	\$1.10	\$1.20	\$0.10	9.09%
Subscriber and Spouse	\$1.62	\$1.77	\$0.15	9.26%
Family (4 Tier)	\$1.91	\$2.09	\$0.18	9.42%
Family (3 Tier)	\$1.86	\$2.03	\$0.17	9.14%
Family (2 Tier)	\$1.72	\$1.88	\$0.16	9.30%
25. <u>EXR- 70 Rev. 1: \$500 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.70	\$0.77	\$0.07	10.00%
Two Person	\$1.44	\$1.57	\$0.13	9.03%
Subscriber w/Child(ren)	\$1.07	\$1.17	\$0.10	9.35%
Subscriber and Spouse	\$1.60	\$1.75	\$0.15	9.38%
Family (4 Tier)	\$1.89	\$2.07	\$0.18	9.52%
Family (3 Tier)	\$1.84	\$2.01	\$0.17	9.24%
Family (2 Tier)	\$1.68	\$1.84	\$0.16	9.52%
25. <u>EXR- 70 Rev. 1: \$750 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.55	\$0.60	\$0.05	9.09%
Two Person	\$1.11	\$1.21	\$0.10	9.01%
Subscriber w/Child(ren)	\$0.84	\$0.92	\$0.08	9.52%
Subscriber and Spouse	\$1.24	\$1.36	\$0.12	9.68%
Family (4 Tier)	\$1.47	\$1.61	\$0.14	9.52%
Family (3 Tier)	\$1.42	\$1.55	\$0.13	9.15%
Family (2 Tier)	\$1.31	\$1.43	\$0.12	9.16%
25. <u>EXR- 70 Rev. 1: \$1000 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.54	\$0.59	\$0.05	9.26%
Two Person	\$1.08	\$1.18	\$0.10	9.26%
Subscriber w/Child(ren)	\$0.81	\$0.89	\$0.08	9.88%
Subscriber and Spouse	\$1.21	\$1.32	\$0.11	9.09%
Family (4 Tier)	\$1.44	\$1.57	\$0.13	9.03%
Family (3 Tier)	\$1.39	\$1.52	\$0.13	9.35%
Family (2 Tier)	\$1.28	\$1.40	\$0.12	9.38%
26. <u>EXR- 71 Rev. 1: Eyewear \$60 Allowance</u>				
Vision Care Benefits				
Group Remittance				
Single	\$6.88	\$7.52	\$0.64	9.30%
Two Person	\$13.97	\$15.27	\$1.30	9.31%
Subscriber w/Child(ren)	\$10.47	\$11.44	\$0.97	9.26%
Subscriber and Spouse	\$15.55	\$17.00	\$1.45	9.32%
Family (4 Tier)	\$18.46	\$20.18	\$1.72	9.32%
Family (3 Tier)	\$17.83	\$19.49	\$1.66	9.31%
Family (2 Tier)	\$16.39	\$17.91	\$1.52	9.27%

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HMO				
26. <u>EXR- 71 Rev. 1: Vision Exam \$40 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$1.45	\$1.58	\$0.13	8.97%
Two Person	\$2.94	\$3.21	\$0.27	9.18%
Subscriber w/Child(ren)	\$2.20	\$2.40	\$0.20	9.09%
Subscriber and Spouse	\$3.29	\$3.60	\$0.31	9.42%
Family (4 Tier)	\$3.88	\$4.24	\$0.36	9.28%
Family (3 Tier)	\$3.75	\$4.10	\$0.35	9.33%
Family (2 Tier)	\$3.45	\$3.77	\$0.32	9.28%
26. <u>EXR- 71 Rev. 1: Vision Exam \$50 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$0.47	\$0.51	\$0.04	8.51%
Two Person	\$0.98	\$1.07	\$0.09	9.18%
Subscriber w/Child(ren)	\$0.73	\$0.80	\$0.07	9.59%
Subscriber and Spouse	\$1.10	\$1.20	\$0.10	9.09%
Family (4 Tier)	\$1.29	\$1.41	\$0.12	9.30%
Family (3 Tier)	\$1.25	\$1.37	\$0.12	9.60%
Family (2 Tier)	\$1.14	\$1.25	\$0.11	9.65%
27. <u>EXR-130</u>				
HMO 25 Hearing Aid (Language Clarification) Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
28. <u>H DCOP R 01 REV. 1</u>				
\$5/\$15/\$30				
Group Remittance				
w/ Contraceptives				
Single	\$184.94	\$202.14	\$17.20	9.30%
Two Person	\$375.45	\$410.37	\$34.92	9.30%
Subscriber w/Child(ren)	\$281.13	\$307.28	\$26.15	9.30%
Subscriber and Spouse	\$417.99	\$456.86	\$38.87	9.30%
Family (4 Tier)	\$495.67	\$541.77	\$46.10	9.30%
Family (3 Tier)	\$479.02	\$523.57	\$44.55	9.30%
Family (2 Tier)	\$440.19	\$481.13	\$40.94	9.30%
Group Remittance				
w/o Contraceptives				
Single	\$177.55	\$194.06	\$16.51	9.30%
Two Person	\$360.44	\$393.96	\$33.52	9.30%
Subscriber w/Child(ren)	\$269.87	\$294.97	\$25.10	9.30%
Subscriber and Spouse	\$401.28	\$438.60	\$37.32	9.30%
Family (4 Tier)	\$475.84	\$520.09	\$44.25	9.30%
Family (3 Tier)	\$459.87	\$502.64	\$42.77	9.30%
Family (2 Tier)	\$422.58	\$461.88	\$39.30	9.30%
28. <u>H DCOP R 01 REV. 1</u>				
\$5/\$20/\$35				
Group Remittance				
w/ Contraceptives				
Single	\$170.81	\$186.70	\$15.89	9.30%
Two Person	\$346.74	\$378.99	\$32.25	9.30%
Subscriber w/Child(ren)	\$259.63	\$283.78	\$24.15	9.30%
Subscriber and Spouse	\$386.03	\$421.93	\$35.90	9.30%
Family (4 Tier)	\$457.78	\$500.35	\$42.57	9.30%
Family (3 Tier)	\$442.41	\$483.55	\$41.14	9.30%
Family (2 Tier)	\$406.54	\$444.35	\$37.81	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
Group Remittance w/o Contraceptives				
Single	\$163.99	\$179.24	\$15.25	9.30%
Two Person	\$332.90	\$363.86	\$30.96	9.30%
Subscriber w/Child(ren)	\$249.27	\$272.45	\$23.18	9.30%
Subscriber and Spouse	\$370.61	\$405.08	\$34.47	9.30%
Family (4 Tier)	\$439.51	\$480.38	\$40.87	9.30%
Family (3 Tier)	\$424.73	\$464.23	\$39.50	9.30%
Family (2 Tier)	\$390.30	\$426.60	\$36.30	9.30%
28. <u>H DCOP R 01 REV. 1</u>				
\$10/\$25/\$40				
Group Remittance w/ Contraceptives				
Single	\$149.51	\$163.41	\$13.90	9.30%
Two Person	\$303.51	\$331.74	\$28.23	9.30%
Subscriber w/Child(ren)	\$227.25	\$248.38	\$21.13	9.30%
Subscriber and Spouse	\$337.89	\$369.31	\$31.42	9.30%
Family (4 Tier)	\$400.70	\$437.97	\$37.27	9.30%
Family (3 Tier)	\$387.23	\$423.24	\$36.01	9.30%
Family (2 Tier)	\$355.85	\$388.94	\$33.09	9.30%
Group Remittance w/o Contraceptives				
Single	\$143.52	\$156.87	\$13.35	9.30%
Two Person	\$291.34	\$318.43	\$27.09	9.30%
Subscriber w/Child(ren)	\$218.14	\$238.43	\$20.29	9.30%
Subscriber and Spouse	\$324.35	\$354.51	\$30.16	9.30%
Family (4 Tier)	\$384.62	\$420.39	\$35.77	9.30%
Family (3 Tier)	\$371.71	\$406.28	\$34.57	9.30%
Family (2 Tier)	\$341.57	\$373.34	\$31.77	9.30%
28. <u>H DCOP R 01 REV. 1</u>				
\$10/\$25/\$40 - Limited Network				
Group Remittance w/ Contraceptives				
Single	\$142.15	\$155.37	\$13.22	9.30%
Two Person	\$288.60	\$315.44	\$26.84	9.30%
Subscriber w/Child(ren)	\$216.10	\$236.20	\$20.10	9.30%
Subscriber and Spouse	\$321.30	\$351.18	\$29.88	9.30%
Family (4 Tier)	\$381.01	\$416.44	\$35.43	9.30%
Family (3 Tier)	\$368.21	\$402.45	\$34.24	9.30%
Family (2 Tier)	\$338.35	\$369.82	\$31.47	9.30%
Group Remittance w/o Contraceptives				
Single	\$136.48	\$149.17	\$12.69	9.30%
Two Person	\$277.07	\$302.84	\$25.77	9.30%
Subscriber w/Child(ren)	\$207.45	\$226.74	\$19.29	9.30%
Subscriber and Spouse	\$308.46	\$337.15	\$28.69	9.30%
Family (4 Tier)	\$365.77	\$399.79	\$34.02	9.30%
Family (3 Tier)	\$353.50	\$386.38	\$32.88	9.30%
Family (2 Tier)	\$324.84	\$355.05	\$30.21	9.30%
28. <u>H DCOP R 01 REV. 1</u>				
\$10/\$25/\$40 w/ \$0 Copay on Generic up to age 19				
Group Remittance w/ Contraceptives				
Single	\$151.45	\$165.53	\$14.08	9.30%
Two Person	\$307.46	\$336.05	\$28.59	9.30%
Subscriber w/Child(ren)	\$230.22	\$251.63	\$21.41	9.30%
Subscriber and Spouse	\$342.30	\$374.13	\$31.83	9.30%
Family (4 Tier)	\$405.92	\$443.67	\$37.75	9.30%
Family (3 Tier)	\$392.29	\$428.77	\$36.48	9.30%
Family (2 Tier)	\$360.48	\$394.00	\$33.52	9.30%

Excelsus Health Plan, Inc.
Upstate HMO-Syracuse Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
Group Remittance w/o Contraceptives				
Single	\$145.41	\$158.93	\$13.52	9.30%
Two Person	\$295.19	\$322.64	\$27.45	9.30%
Subscriber w/Child(ren)	\$221.03	\$241.59	\$20.56	9.30%
Subscriber and Spouse	\$328.64	\$359.20	\$30.56	9.30%
Family (4 Tier)	\$389.71	\$425.95	\$36.24	9.30%
Family (3 Tier)	\$376.62	\$411.65	\$35.03	9.30%
Family (2 Tier)	\$346.08	\$378.27	\$32.19	9.30%
29. NYSHIP-12				
HMO Blue Rider				
Group Remittance				
Single	\$2.29	\$2.50	\$0.21	9.17%
Family	\$5.69	\$6.22	\$0.53	9.31%

Factors

Factors

Factor Calculation to add Contraceptives to Drug riders

EXHP-91 (Contraceptives)

Four-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Two Person	$((1 / 0.96) - 1) \times$ selected drug rider rate
Single Parent w/ Children	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Three-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Two Person	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Two-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Factors

Factor Calculation for Specialty Drug Pharmacy Network

EXR-108 (Specialty Drug Pharmacy Network)

Four-Tier

Single	(0.992) x selected drug rider rate
Two Person	(0.992) x selected drug rider rate
Single Parent w/ Children	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

Three-Tier

Single	(0.992) x selected drug rider rate
Two Person	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

Two-Tier

Single	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

This prescription drug [rider; endorsement] incorporates a mandatory specialty drug pharmacy network into all Article 43 prescription drug forms to which it is attached.

Specialty medications are those medications that are designed for conditions that are difficult to treat with traditional therapies, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, growth hormone deficiency, and others.

<u>Prescribed for:</u>	<u>Specialty Medication</u>
Blood Cell Modification	Neumega
Cancer: Antineoplastic	Alferon N, Roferon-A
Cystic Fibrosis	Pulmozyme, TOBI
Infertility	Bravelle, Cetrotide, Chorionic Gonadotrophin, Fertinex, Follistim AQ, Gonal F, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Profasi, Repronex, Synarel
Growth Hormone Deficiency	Genotropin, Humatrope, Increlex, Norditropin, Nutropin/AQ, Saizen, Serostim
Hepatitis C	Copegus, Infergen, Peg Intron, Pegasys, Rebetol (ribavirin)
Multiple Sclerosis	Avonex, Betaseron, Copaxone, Rebif
Osteoporosis	Forteo
Psoriasis	Enbrel, Raptiva
Rheumatoid Arthritis	Enbrel, Humira, Kineret

[Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.

Limitations and exclusions of underlying forms:

First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

**Individual, Sole Proprietor, Small and Large Group
(Traditional)**

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4. EXC-25, 31; Medicare Supplemental - Benefit Plan F
5. EXC-26, 32; Medicare Supplemental - Benefit Plan F+
6. EXC-27, 33; Medicare Supplemental - Benefit Plan H
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**Outline of essential benefits, coverages, limitations,
and exclusions**

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Medicare Supplemental

1. EXC-22, EXC-28
 Medicare Supplemental - Benefit Plan A

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

2. EXC-23, EXC-29
 Medicare Supplemental - Benefit Plan B

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

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3. EXC-24, EXC-30
Medicare Supplemental - Benefit Plan C

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.

4. EXC-25, EXC-31
Medicare Supplemental - Benefit Plan F

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefit exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Balance after Medicare Part B is covered in full for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Balance after Medicare Part B is covered in full for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Balance after Medicare Part B is covered in full for Diagnostic Office Visits. Balance after Medicare Part B is covered in full for periodic routine pap smears. Balance after Medicare Part B is covered in full for periodic routine mammograms. Balance after Medicare Part B is covered in full for Allergy Tests and Injections. Balance after Medicare Part B is Covered in full for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Balance after Medicare Part B is covered in full for Diagnostic Hearing Evaluations. Balance after Medicare Part B is covered in full for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Balance after Medicare Part B is covered in full for Physical Therapy, Speech Therapy and Occupational Therapy. Balance after Medicare Part B is covered in full for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Balance after Medicare Part B is covered in full for Chiropractic Services. Balance after Medicare Part B is covered in full for Ambulance.

5. EXC-26, EXC-32
Medicare Supplemental - Benefit Plan F+

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.

6. EXC-27, EXC-33
Medicare Supplemental - Benefit Plan H

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance or Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance. Prescription Drugs are covered at 50%, after the first \$250, up to a maximum of \$1,250 per member per calendar year. Coverage of prescription drugs limited to those which require a prescription by law and must be prescribed by a person qualified to prescribe drugs.

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7. EXC-39, EXC-40
 Medicare Supplemental - Benefit Plan H (no drug)

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance or Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

8. EXC-83, 84
 Medicare Supplemental - Benefit Plan N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received
 **Because 2011 Medicare Part A and Part B cost sharing amounts are unknown at the time of this filing, 2010 cost sharing amounts are listed instead. The 2010

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* • Semiprivate room and board, general nursing and miscellaneous services • First 60 days • 61 st thru 90 th day • 91 st day and after: o While using 60 lifetime reserve days o Once lifetime reserve days are used: o Additional 365 days (lifetime) o Beyond the additional 365 days	• All but \$[1100]** • All but \$[275] a day o All but \$[550] a day o \$[0] o \$[0]	• \$[1100] (Part A deductible) • \$[275] a day o \$[550] a day o [100%] of Medicare eligible expenses o \$[0]	• [0] • [0] o [0] o [0] o [All costs]
SKILLED NURSING FACILITY CARE* • You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility. • Within 30 days after leaving the hospital • First 20 days • 21 st thru 100 th day • 101 st day and there after	• [All approved amounts] • All but \$[137.50] a day • \$[0]	• [0] • Up to \$[137.50] a day • \$[0]	• [0] • [0] • [All costs]
BLOOD • First 3 pints • Additional amounts	• [0] • [100%]	• [3 pints] • \$[0]	• [0] • \$[0]
HOSPICE CARE • You must meet Medicare's requirements including a doctors certification of terminal illness	• All but very limited copayments/coinsurance for outpatient drugs and inpatient respite care	• Medicare copayment/coinsurance	• [0]

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MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met
 **Because 2011 Medicare Part A and Part B cost sharing amounts are unknown at the time of this filing, 2010 cost sharing amounts are listed instead. The 2010

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES (IN OR OUT OF THE HOSPITAL TREATMENT) · Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. · First \$[155]** of Medicare approved amounts* · Remainder of Medicare approved amounts	· [\$0] · Generally [80%]	· [\$0] · Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	· \$[155] Part B deductible · Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare approved amounts)	· [\$0]	· [\$0]	· [All costs]
BLOOD · First 3 pints · Next \$[155] of Medicare approved amounts* · Remainder of Medicare approved amounts	· [\$0] · [\$0] · [80%]	· [All costs] · [\$0] · [20%]	· [\$0] · \$[155] Part B deductible · [\$0]
CLINICAL LABORATORY SERVICES – (TESTS FOR DIAGNOSTIC SERVICES)	· [100%]	· [\$0]	· [\$0]

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTHCARE (MEDICARE APPROVED SERVICES) · Medically necessary skilled care services and medical supplies · Durable medical equipment, first \$[155] of Medicare approved amounts* · Remainder of Medicare approved amounts	· [100%] · [\$0] · [80%]	· [\$0] · [\$0] · [20%]	· [\$0] · \$[155] Part B deductible · [\$0]

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL- NOT COVERED BY MEDICARE · Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA · First \$[250] each calendar year · Remainder of charges	· [\$0] · [\$0]	· [\$0] · [80%] to a lifetime maximum benefit of [\$50,000]	· [\$250] · [20%] and amounts over the [\$50,000] lifetime maximum

9. EXC-85, EXC-90 [2010 Plan]
 Medicare Supplemental - Benefit Plan A [incl. Hospice]

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance. Hospice and respite care covered in full.

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10. EXC-86, EXC-91 [2010 Plan]
Medicare Supplemental - Benefit Plan B [incl. Hospice]

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

11. EXC-87, EXC-92 [2010 Plan]
Medicare Supplemental - Benefit Plan C [incl. Hospice]

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
 - Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
 - Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
 - Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
 - Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
 - Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
 - Blood. The first three pints of blood are covered in full.
- Hospice and respite care covered in full.

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12. EXC-88, EXC-93 [2010 Plan]
Medicare Supplemental - Benefit Plan F [incl. Hospice]

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefit exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Balance after Medicare Part B is covered in full for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Balance after Medicare Part B is covered in full for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Balance after Medicare Part B is covered in full for Diagnostic Office Visits. Balance after Medicare Part B is covered in full for periodic routine pap smears. Balance after Medicare Part B is covered in full for periodic routine mammograms. Balance after Medicare Part B is covered in full for Allergy Tests and Injections. Balance after Medicare Part B is Covered in full for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Balance after Medicare Part B is covered in full for Diagnostic Hearing Evaluations. Balance after Medicare Part B is covered in full for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Balance after Medicare Part B is covered in full for Physical Therapy, Speech Therapy and Occupational Therapy. Balance after Medicare Part B is covered in full for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Balance after Medicare Part B is covered in full for Chiropractic Services. Balance after Medicare Part B is covered in full for Ambulance.
Hospice and respite care covered in full.

13. EXC-89, EXC-94 [2010 Plan]
Medicare Supplemental - Benefit Plan F+ [incl. Hospice]

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
 - Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
 - Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
 - Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
 - Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
 - Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
 - Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
 - Blood. The first three pints of blood are covered in full.
- Hospice and respite care covered in full.

Rate schedule

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
Medicare Supplemental				
1. <u>EXC-22, 28</u> Medicare Supplemental - Benefit Plan A Direct Remittance EXC-22 Single	\$133.74	\$131.94	(\$1.80)	-1.35%
Group Remittance EXC-28 Single	\$133.74	\$119.37	(\$14.37)	-10.74%
2. <u>EXC-23, 29</u> Medicare Supplemental - Benefit Plan B Direct Remittance EXC-23 Single	\$178.54	\$177.29	(\$1.25)	-0.70%
Group Remittance EXC-29 Single	\$178.54	\$160.40	(\$18.14)	-10.16%
3. <u>EXC-24, 30</u> Medicare Supplemental - Benefit Plan C Direct Remittance EXC-24 Single	\$222.48	\$212.66	(\$9.82)	-4.41%
Group Remittance EXC-30 Single	\$222.48	\$192.41	(\$30.07)	-13.52%
4. <u>EXC-25, 31</u> Medicare Supplemental - Benefit Plan F Direct Remittance EXC-25 Single	\$216.95	\$214.66	(\$2.29)	-1.06%
Group Remittance EXC-31 Single	\$216.95	\$194.22	(\$22.73)	-10.48%
5. <u>EXC-26, 32</u> Medicare Supplemental - Benefit Plan F+ Direct Remittance EXC-26 Single	\$87.36	\$85.16	(\$2.20)	-2.52%
Group Remittance EXC-32 Single	\$87.36	\$77.05	(\$10.31)	-11.80%
6. <u>EXC-27, 33</u> Medicare Supplemental - Benefit Plan H Direct Remittance EXC-27 Single	\$283.76	\$285.64	\$1.88	0.66%
Group Remittance EXC-33 Single	\$283.76	\$258.44	(\$25.32)	-8.92%
7. <u>EXC-39, 40</u> Medicare Supplemental - Benefit Plan H (no drug) Direct Remittance EXC-40 Single	\$192.46	\$192.25	(\$0.21)	-0.11%
Group Remittance EXC-39 Single	\$192.46	\$173.94	(\$18.52)	-9.62%
8. <u>EXC-83, 84</u> Medicare Supplemental - Benefit Plan N Direct Remittance EXC-83 Single	\$175.00	\$172.52	(\$2.48)	-1.42%

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
Medicare Supplemental				
Group Remittance EXC-84 Single	\$175.00	\$156.09	(\$18.91)	-10.81%
9. EXC-85, EXC-90 [2010 Plan]				
Medicare Supplemental - Benefit Plan A [incl. Hospice] Direct Remittance EXC-85 Single	\$133.74	\$131.94	(\$1.80)	-1.35%
Group Remittance EXC-90 Single	\$133.74	\$119.37	(\$14.37)	-10.74%
10. EXC-86, EXC-91 [2010 Plan]				
Medicare Supplemental - Benefit Plan B [incl. Hospice] Direct Remittance EXC-86 Single	\$178.54	\$177.29	(\$1.25)	-0.70%
Group Remittance EXC-91 Single	\$178.54	\$160.40	(\$18.14)	-10.16%
11. EXC-87, EXC-92 [2010 Plan]				
Medicare Supplemental - Benefit Plan C [incl. Hospice] Direct Remittance EXC-87 Single	\$222.48	\$212.66	(\$9.82)	-4.41%
Group Remittance EXC-92 Single	\$222.48	\$192.41	(\$30.07)	-13.52%
12. EXC-88, EXC-93 [2010 Plan]				
Medicare Supplemental - Benefit Plan F [incl. Hospice] Direct Remittance EXC-88 Single	\$216.95	\$214.66	(\$2.29)	-1.06%
Group Remittance EXC-93 Single	\$216.95	\$194.22	(\$22.73)	-10.48%
13. EXC-89, EXC-94 [2010 Plan]				
Medicare Supplemental - Benefit Plan F+ [incl. Hospice] Direct Remittance EXC-89 Single	\$87.36	\$85.16	(\$2.20)	-2.52%
Group Remittance EXC-94 Single	\$87.36	\$77.05	(\$10.31)	-11.80%

Commission Schedule

Excellus Health Plan, Inc.
Agent/Broker Commission Program

Schedule A of the Agent/Broker Agreement

Effective January 1, 2012

Applies to Excellus BlueCross BlueShield Products

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products; and SSA business, except as provided in Subparagraph B. 5. B. below.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section B below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **New and Existing Business Commissionable Medical Products**

- A. High Deductible Health Plans (HDHP)
 - (1) HealthyBlue High Deductible Health Plan
 - (2) BluePPO HSA Options 1-4
 - (3) SimplyBlue High Deductible Health Plan
- B. HealthyBlue Copay and Copay/Deductible Plans
 - (1) HealthyBlue Copay Plan, SimplyBlue Copay Plan
 - (2) HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan
- C. Preferred or Exclusive Provider Organization (PPO or EPO) and Point of Service (POS) Plans
 - (1) Healthy New York
 - (2) Excellus BluePPO
 - (3) Blue Healthy Choices
 - (4) Blue Preferred PPO
 - (5) Excellus BlueEPO
 - (6) Blue Point 2
- D. Traditional and HMO Plans
 - (1) Healthy New York
 - (2) BCBS Traditional Hospital & Medical/Surgical, e.g., Classic Blue
 - (3) Blue Choice/HMO Blue \$25 and \$30

3. **New and Growth on Existing Business Commissionable Dental Products**

- A. Dental Blue Options
- B. Dental Blue Classic
- C. Smile Saver
- D. Dental Blue PPO (Growth only)
- E. Dental Options I or II (Growth only)
- F. Dental Schedule A, B or C (Growth only)
- G. Prime Blue Dental (Growth only)

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.
2. **Existing Medical Business** commissions will be subject to a \$150,000 annual maximum of Base and PCPM commissions per group, with the exception of exclusive business with effective dates on or after January 1, 2012.

Existing employer group business that qualified for the 2010 Excellus Health Plan, Inc. Commission Schedule under the PPO/EPO/HDHP Bonus Program will remain commission eligible and payable at the commission levels in Paragraph 4 below.

3. **Commission Schedules**

- A. Community Rated Business: 4% of Paid Premium
- B. Experience Rated Business: % of Paid Premium as follows:

Cumulative YTD Paid Premium	Percent of Paid Premium
First \$500,000	4.0%
\$500,001 - \$1,000,000	3.5%
\$1,000,001 - \$1,500,000	3.0%
\$1,500,001 - \$2,000,000	2.0%
\$2,000,000 +	1.0%

4. **Per Contract Per Month (PCPM) Commission Schedules**

An Agent/Broker will be paid a PCPM commission on all new eligible sales with effective dates beginning on or after January 1, 2012. An Agent/Broker will be paid a PCPM commission for all existing business that transfers to an eligible product with effective dates beginning on or after January 1, 2012. The PCPM commission is in addition to any commission payable under Paragraph 3 above.

- A. Community Rated Business: Eligible products and corresponding PCPM commission.

PCPM Eligible Community Rated Products	PCPM
HealthyBlue High Deductible Health Plan	\$15
SimplyBlue High Deductible Health Plan	\$15
HealthyBlue Copay Plan	\$10
SimplyBlue Copay Plan	\$10
HealthyBlue Copay/Deductible Plan	\$10
SimplyBlue Copay/Deductible Plan	\$10

B. Experience Rated Business: Eligible products and corresponding PCPM commission.

PCPM Eligible Experience Rated Products	PCPM
HealthyBlue High Deductible Health Plan	\$10
SimplyBlue High Deductible Health Plan	\$10
HealthyBlue Copay Plan	\$10
SimplyBlue Copay Plan	\$10
HealthyBlue Copay/Deductible Plan	\$10
SimplyBlue Copay/Deductible Plan	\$10
Excellus BlueEPO	\$10
Blue Healthy Choices	\$10
Excellus BluePPO	\$10
Excellus BluePPO HSA Options 1-4	\$10

5. **Medical Business Override Program**

A. New Medical Business Override

The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2012 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions.

New Medical Contracts	New Medical Group Minimum	Payment
100-249	Two	\$15,000
250-499	Two	\$30,000
500-999	Three	\$50,000
1,000-1,499	Four	\$100,000
1,500 or more	Five	\$150,000

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation.

% of Medical Contracts Retained *	Payment	Maximum Payment
95.0%	0.50% of in force premium	\$50,000 per agency
98.0%	0.75% of in force premium	\$75,000 per agency
* Includes SSA and RMSCO contracts		

SECTION C – DENTAL BUSINESS

1. **New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in Dental Blue Options or Dental Blue Classic plans for all Broker of Record Letters in effect on or after 01/01/2012.

Annual Premium Paid by Group	Commission Percentage
Up to \$20,000	12%
\$20,001-\$30,000	10%
\$30,001-\$40,000	8%
\$40,001-\$50,000	6%
\$50,001-\$100,000	5%
Greater than \$100,000	2%

2. **Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

Annual Premium Paid by Group	Commission Percentage
Up to \$20,000	12%
\$20,001-\$30,000	10%
\$30,001-\$40,000	8%
\$40,001-\$50,000	6%
\$50,001-\$100,000	5%
Greater than \$100,000	2%

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2012 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment.

New Dental Contracts	New Dental Group Minimum	Payment
100-199	Two	\$2,000
200-299	Three	\$5,000
300-399	Four	\$10,000
400-499	Five	\$15,000
500 or more	Six	\$30,000

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation.

% of Dental Contracts Retained *	Payment	Maximum Payment
95.0%	3% of in force premium	\$20,000 per agency
98.0%	5% of in force premium	\$40,000 per agency

Underwriting Guidelines

Excellus

Commercial Underwriting Guidelines

Applied on a Group Level

Policies Effective: November 1, 2011

Last Revised: October 25, 2011

Introduction

Commercial health insurance coverage is available to employer, trust and association groups, subscribers and dependents that meet the qualifications specified in 4235 (c) (1) of the New York State Insurance Law and the Underwriting Guidelines of Excellus Health Plan, Inc, doing business as Excellus BlueCross Blue Shield and Univera Healthcare (“Health Plan”). Outlined below are the basic criteria that the Health Plan will follow to qualify employer, trust and association groups, employees and dependents for commercial coverage.

Disclaimer

Excellus reserves the right to make exceptions to these guidelines, for circumstances where the group/subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective 11/01/2011 and replace all previous group commercial guidelines in use.

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I. Group Eligibility

A. Eligible Groups:

A group, or if the group is a trust or association, a member firm participating in the group is eligible for commercial group coverage if it meets the following criteria:

Employer group/trust:

The group/trust:

1. is headquartered in the Health Plan's service area. In the event the Health Plan is insuring only the local employees of a multi-location group, must have an office in the Health Plan's service area;
2. is engaged in a legal business or is a government entity with the legal authority to contract;
3. regularly employs persons on an active basis for salaries or wages throughout the year;
4. maintains a non-seasonal business in that the group employs at least one employee for 50% of the working days in the previous year;
5. maintains an employer-employee relationship with its subscribers;
6. files state and federal income taxes as an ongoing commercial enterprise, non-profit entity, is validly exempted from filing taxes or is a government entity; and
7. meets and maintains applicable participation and contribution requirements as required by the Health Plan's Underwriting Guidelines.

Association groups:

The association:

1. must meet criteria #1 above for employer groups/trusts, as well as other criteria specified in 4235(c)1 related specifically to associations.
2. member firms must comply with the same underwriting guidelines as groups/trusts enrolled by the Health Plans on a direct basis.

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

1. groups previously terminated for fraud.
2. groups in bankruptcy proceedings.
3. groups terminated for non-payment of premium by any insurance carrier are ineligible as follows:
 - a. small groups (see section "C" below) for 12 months following the termination for non-pay.
 - b. large groups (see section "C" below) for 24 months following the termination for non-pay.

C. Group Size:

The definition of sole proprietors is per 4317(f) (3) of the insurance laws of New York State. The definition of small groups, including association groups, is in accordance with Regulation 145.

To determine a group's classification as "small" or "large", the Health Plan calculates eligible employees based on the following general guidelines:

1. groups with common ownership/control count as being part of one group.
2. groups with membership both inside and outside the Health Plan service area will be counted together, even if membership within the service area is minimal.

D. Group Effective Date:

New groups or groups making changes to existing coverage must provide all required enrollment information to the Health Plan by the 15th of the current month in order to be effective the 1st of the following month. New small groups must include payment of the first month's premium along with all other enrollment materials.

E. Group Renewal Date:

Groups renew annually as follows:

1. community rated groups renew on January 1, unless the product has rolling rates or level premium.
2. a group with rolling rates renews on the 1st of the month of the anniversary of its effective date
3. level premium or experience rated groups renew throughout the year, based upon on a date the group specifies at the time the rate is quoted.

F. Guaranteed Renewal:

A covered small group or, if the group is a trust or association, a member firm will be renewed unless terminated due to any of the following occurrences:

1. non-payment of premium;
2. fraud or misrepresentation of material facts;
3. violation of the Health Plan's contribution or participation requirements;
4. violation of the Health Plan's service area requirements;
5. lapsed membership or membership is downgraded from "full" to "associate" in the trust or association (including a chamber of commerce) through which the coverage is offered;
6. inability to meet the definition of a permissible group under 4235(c) (1); or
7. the Health Plan discontinues participation in the market or discontinues the class of coverage.

G. Open Enrollment Period:

The Health Plan's standard policy is one (1) open enrollment (re-opening) period per year, at the time of the group's renewal. The open enrollment period is the time when eligible group members who have previously declined coverage through the group may enroll. Subscribers may select from among the various offerings available through the group during the open enrollment period.

H. Special Open Enrollment Periods:

A group may request a special open enrollment period when significant change in business conditions occur such as a purchase of a new division or the group expands coverage to a new class of employees.

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

An eligible subscriber must be a citizen of the United States or must be in the United States validly working on at least a semi-permanent basis (e.g., “H” visa). If the product covering the subscriber has a limited network or requires election of a primary care physician (PCP), the subscriber must live, work or reside in the appropriate Health Plan service area.

Additionally, under various group situations, an eligible subscriber must meet the following criteria.

For coverage through an employer group (including member firms within a trust or association), an eligible subscriber must be:

1. a permanent full or part-time employee working at least 20 hours per week;
 2. an officer or director if engaged in the operation of the business at least 20 hours per week and receiving compensation. An owner of a business is eligible regardless of whether he or she actively works at the business, unless the owner is determined to be a silent partner (i.e., exerting no influence on the management or operation of the business).
 3. an elected or appointed official, if the employer group is a public entity (e.g. city, school district);
 4. if a retiree, covered by the Health Plan immediately prior to retirement and with continuous coverage through the Health Plan;
 5. an employee disabled or on FMLA;
 6. a former employee on COBRA/NYS extension of benefits, until the maximum period ends;
 7. a reservist; or
 8. a “1099 employee” who is considered an employee per DOL regulations (e.g., realtors, contractors).
- Note: Large groups may insure employees that work 17.5 hours or more

For coverage through a professional society (e.g. medical, bar, realtors), an eligible subscriber must:

1. qualify for full membership in the professional society under the organization’s by-laws; and
2. be a licensed professional.

B. Employer Probationary Periods:

Employers may select probationary periods from zero (0) to one (1) year in monthly increments.

C. Eligible Dependent:

The eligible dependents are dictated by the subscriber contract/certificate. In general, the eligible dependents are as follows:

1. Spouses
 - a. Spouse, unless the marriage is dissolved through divorce or annulment. A same-sex marriage will be recognized when the marriage is performed in a state where full legal status is conferred
2. Dependent Children
 - a. children of a subscriber are covered until age 26 regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage (unless, until January 1, 2014, the subscriber is covered under a grandfathered group health plan in which case the dependent must not be eligible for coverage through his/her own employer);

b. in addition to the coverage listed in subparagraph a. above, coverage for the children of a subscriber is available, if elected by the subscriber or eligible young adult, for unmarried young adults under 30 years of age who are not insured or eligible for insurance through their own employer, who live, work or reside in New York State or Excellus Health Plan, Inc.'s service area and who are not covered under Medicare;

c. in addition to the coverage listed in subparagraph a. above, coverage may be available through a "make available" rider, if elected by a group, for the children of a subscriber who are unmarried, under 30 years of age, who are not insured or eligible for insurance through their own employer, who live, work or reside in New York State or Excellus Health Plan, Inc.'s service area, and who are not covered by Medicare

d. for purposes of subparagraphs b. and c. above, the term "children" includes natural children, stepchildren, legally adopted children and children for whom a court of law has made the subscriber or spouse legally responsible to support.

D. Subscriber/Dependent Initial Enrollment and Retroactivity

Excellus will enroll a subscriber and/or dependent for the requested date, provided that:

1. the application is received within the retroactive period specified in the subscriber contract/certificate from the date of the qualifying event or,
2. if unspecified, 30 days.

If not enrolled when initially eligible, the subscriber/dependent must wait until the next open enrollment period, unless the subscriber/dependent qualifies for a special enrollment period (see following Section E).

E. Special Enrollment Periods:

The Health Plan recognizes the special enrollment rights available to covered persons under federal and state law and/or regulation. These special enrollment rights allow an employee, spouse or dependent who did not enroll in the group plan when originally eligible due to coverage under the spouse's employer group plan to enroll for coverage at a time other than the group's open enrollment period, if the other coverage is lost for one or more of the following reasons:

1. termination of the spouse's employment;
2. termination of the spouse's other plan or benefit contract;
3. death of the spouse;
4. legal separation, divorce or annulment;
5. reduction in the number of hours worked by the spouse; or
6. employer ceased its contribution toward the premium for the spouse's plan or benefit contract.

If the employee, spouse or dependent applies within 30 days of the loss of coverage or within such longer period specified in the subscriber contract or certificate, he or she may enroll effective the date of the loss of coverage.

F. Pre-existing Conditions:

The definition of waiting periods for pre-existing conditions (pre-ex) is in the subscriber contract/certificate. Pre-ex applies for the period specified in the subscriber contract/certificate, for services in connection with any disease, illness, ailment or other condition where medical advice, diagnosis, care or treatment was actually recommended by or received from a licensed health care provider within 6 months before the coverage began. Pregnancy or conditions in newborns or adopted children enrolled within 31 days of birth are not subject to pre-ex.

The Health Plan will count all sources of creditable coverage, as defined by law, towards the subscriber or dependent's waiting period(s). Employer probationary periods, if any, are included as credit towards the waiting period.

Pre-existing waiting periods, for dependents and subscribers 19 years of age and older, apply to the Health Plan's commercial group coverage as follows:

1. groups with 50 or fewer eligible employees must have pre-existing waiting period provisions
2. groups with 51 to 299 eligible employees may select not to have pre-existing waiting period provisions
3. groups with 300 or more eligible employees must not have pre-existing waiting period provisions

Members under 19 may not be subject to pre-existing condition limitations.

III. Product Offering Requirements

A. Participation Percents:

HMO products are not subject to participation percents, but enrollment in the Health Plan's HMO products may contribute to the total participation percentages.

The group size and participation percents are based upon net-eligible employees (after valid waivers). To obtain or maintain group coverage, 75% of the net-eligible employees must be enrolled in our health plan.

B. Maximum Number of Products or Options:

Groups meeting standard participation requirements may select the following number of products/options:

<u>Enrolled Employees</u>	<u>Number of Products/Options</u>
1 – 5	1
6 – 20	2
21 – 50	3
51 - 499	4
500+	Negotiated among Sales, Rating and Underwriting

Groups with multiple product/option selections may choose the same or different type of products, but may not cause adverse selection by violating the Health Plan's multiple product offering guidelines. See Section C below.

C. Multiple Offerings:

To reduce the potential for adverse selection, the following rules govern which products are available in multiple product offering situations:

1. when offered next to a competitor, the benefit level of the Health Plan's products must be less than the competitor's benefit offering.
2. when multi-option offerings are offered next to a competitor's plan our lowest option has to be the lowest option offered and we must have enrollment in this option.
3. all offerings must either include or exclude drug. High/low offerings may have different drug benefits, but the high base/high drug benefit and the low base/low drug benefits must be paired together.
4. the eligibility criteria for subscriber and dependents must be the same for all products (e.g. domestic partner, student age).
5. the underlying benefits must be essentially the same, except for benefits like vision, which have a low risk of adverse selection.
6. rating tiers must be identical.
7. renewal/open enrollment periods must be the same.
8. the rate differential among Health Plan product offerings must be at least 5% and no more than 30%. If an HSA product is offered, special consideration may be given.
9. if an HSA is offered in conjunction with another product in groups of 1 to 5, two products/offerings, rather than one product/offering may be allowed.

D. Employer Contribution:

The employer must contribute a minimum of 50% of the single premium for each product offering.

If an employer contributes 100% of the premium, all eligible subscribers must be enrolled in the group plan.

E. Group-Initiated Changes in Coverage:

If a group wishes to change its coverage, the following rules are generally in effect:

1. riders may be added or eliminated only at the renewal.
2. groups that eliminate riders may not add the rider to coverage for a period of 2 years. This includes prescription drug and eligibility riders.
3. for experience rated groups benefit changes should occur at the renewal date. One (1) off-cycle change may occur per calendar year.

For community rated groups,

1. upgrades may occur once per year at the time of renewal.
2. downgrades may occur at any time, but not more than once during the year.

F. Rating:

Sole proprietors and groups with 2-50 eligible employees are community rated. Sole proprietors receive a surcharged rate. Rates are based upon the group's location and product selection, in accordance with rates filed with the New York State Insurance Department (NYSID).

Groups with 51 or more eligible employees will be experience rated for Article 43 products.

G. Rate Changes:

For community rated plans, The Health Plan must provide notice to the group policyholder or contract holder, as well as certificate holders, on or before the date the Health Plan files its initial rate change filing with the New York State Insurance Department. The Health Plan may provide the group policyholder or contract holder with a sufficient supply of rate change notices for distribution to certificate holders. The rate contained in the notice to group policyholders or contract holders and certificate holders must be no more than 5% from the actual rate. Upon receipt of approval of its rate change application, the Health Plan must provide the group policyholder or contract holder, as well as certificate holders, with 60 days prior written notice of the approved rate change before it may be implemented.

Rates for experience rated groups are prepared in accordance with a formula filed with the NYSID. The experience rated groups receive notice of the rate change at least 60 days in advance of the effective date of the rate change.

IV. Other Requirements

Eligibility Verification:

New group and subscriber/dependent eligibility and guideline compliance will be verified using information from tax forms, other filings with government agencies and appropriate company records as determined by the Underwriting Department. Recertification of a group will occur annually through a direct request for information from the Health Plan. The annual cycle will repeat as long as the group purchases health coverage from the Health Plan.

Expected Medical Loss Ratio

Excellus Health Plan, Inc.
Excellus BCBS, Central New York Region
Upstate HMO-Syracuse Operating Region

Exhibit B

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
LG HMO	84.2%
Med Supp	80.0%

Composition of Rating Regions

Excellus Health Plan Inc.
Excellus BCBS Syracuse Region

Rating Region Definitions

New York State County

Syracuse

Broome

Cayuga

Chemung

Cortland

Madison (West*)

Onondaga

Schuyler

Steuben

Tioga

Tompkins

* ZIP codes 13030, 13035, 13037, 13052, 13082, 13122, and 13151

Excellus Health Plans, Inc
Excellus BCBS, Utica Region

165 Court Street
Rochester, NY 14647

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

Rate Manual / Exhibit A
Effective January 1, 2014

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 - a) Index**
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Large Group (Managed Care)

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Upstate HMO-Utica Operating Region

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**Outline of essential benefits, coverages, limitations,
and exclusions**

1. EXC-8 Rev. 1, EXHP-160, EXR-215
HMO Blue [25, 30] Basic Contract

Inpatient Services, Skilled Nursing Facility and Maternity for Mother covered with a \$500 copayment per admission, [\$100; \$250, \$750, \$1000] copayment options are available. Newborn Nursery and Internal Prosthetic Devices are covered in full. [up to 60 days of Inpatient Hospital Physical Rehabilitation subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment]. Mental Health is covered subject to a [\$100, \$250, \$500, \$750, \$1000] Copayment for up to 30 days [Large Group: unlimited days for biological illness and serious illness for children]. Chemical Dependency Detoxification and Rehabilitation are not covered. Services not covered are charges for special duty nurses, private room, blood (except for the treatment of hemophilia), non-medical items and custodial care. Facility Surgery subject to a [\$50; \$75] copayment. Diagnostic Laboratory and Pathology Services, Radiation, Chemotherapy Therapy, Hemodialysis, Mammography Screening, Pap Smears, and up to 60 days per calendar year for Chemical Dependency are subject to a [\$25, \$30] copayment. Diagnostic Imaging, Cardiac Rehabilitation and up to 30 visits per calendar year combined for related physical, occupational, and speech therapy are subject to a [\$40, \$50] copayment. Outpatient Mental Health is covered subject to a [\$40, \$50] copayment for up to 30 visits [Large Group: unlimited visits for biological illness and serious illness for children]. Pre-Admission Testing is covered in full. Inpatient Surgery covered at the lesser of: a \$200 Copayment or 20% of the Allowable Expense. Outpatient Surgery covered at [a \$40 Copayment; a \$50 Copayment; the lesser of: a \$200 Copayment or 20% of the Allowable Expense]. Office Surgery covered at the lesser of: a \$50 Copayment or 20% of the Allowable Expense. Maternity Care for a normal pregnancy covered at [\$25, \$30] Copayment per visit for pre-natal and post-natal care for the first 10 visits and the lesser of a \$200 copayment or 20% of the Allowable Expense. Complications of Pregnancy and Termination are covered at the lesser of a \$200 copayment or 20% of the Allowable Expense. Anesthesia, In-Hospital Medical Services, and Well Child and Immunizations are covered in full. Adult Routine Physical Exams, Adult Immunizations, Diagnostic Laboratory and Pathology Services, Diagnostic Imaging, Radiation Therapy, Chemotherapy, Hemodialysis, Mammography Screening, Gynecological Services, Prostate Cancer Screening, Bone Density Screening are subject to a [\$25, \$30] copayment. Additional Surgical Opinions, Chiropractic Care, Diagnostic Vision Exams, Diagnostic Hearing Exams, up to 30 visits per calendar year combined for related Physical, Occupational, and Speech Therapy are subject to a [\$40, \$50] copayment. Diagnostic Office Visits, Office Consultations, Allergy Testing and Treatment are subject a [\$25, \$30] Copayment for visits to a Primary Care Physician, and a [\$40, \$50] Copayment for visits to a Specialist. Hearing Aids coverage for up to two hearing aids every three years subject to a \$600 maximum for both hearing aids (not \$600 each) and subject to a [\$40, \$50] Copayment for each visit for a fitting. Pre-hospital Emergency Services and Transportation subject to a \$100 Copayment. Up to 40 Home Care visits per calendar year covered in full. Diabetic Supplies and Insulin for each 30-day supply, Diabetic education, and Diabetic durable medical equipment are subject to a [\$25, \$30] Copayment. Care for an Emergency Condition in the emergency room of a Hospital is subject to a [\$100, \$150] Copayment. Care for an Emergency Condition in a free standing urgent care center is subject to a \$50 Copayment. However, this Copayment will be waived if admitted to the Hospital as an inpatient within 24 hours of the emergency room visit.

2. EXHP-11 Rev.1
Michelle's Law

A full-time student covered under this Contract, Certificate or Group Plan who takes a leave of absence from an accredited institution of learning due to an illness or injury will continue to be covered under this Contract, Certificate or Group Plan for up to twelve months from the date of the leave of absence. However, in no event will a child be covered beyond the age at which coverage of children who are enrolled as full-time students terminates under the Contract, Certificate, Group Plan and/or applicable Rider(s). The medical necessity of the child's leave of absence must be certified by the child's attending physician and written documentation of the illness or injury must be submitted to us.

3. EXHP-47
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with copayment options as follows: (\$10 Generic / \$30 Brand Formulary), (\$10 Generic / \$40 Brand Formulary). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

4. EXHP-51
Drug Rider [- Limited Network]

Covers retail or mail order prescription drugs with coinsurance options as follows: (50% Formulary with \$1,000 Single / \$1,500 Family Payment Cap per calendar year). First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those, which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. All applicable New York State mandated benefits are covered.

5. EXHP-53
Prehospital Emergency Services and Ambulance Transportation Benefit
Covers pre-hospital emergency services and land transportation.

6. EXHP-69 Rev.1
Prescription Drug Rider

Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$5/\$10/\$25), (\$5/\$15/\$35), (\$10/\$30/\$50), (\$7/\$50/\$100). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.
7. EXHP-76 Rev.2
Durable Medical Equipment and External Prosthetic Devices Rider

This rider provides coverage for durable medical equipment and external prosthetic devices subject to a 50% coinsurance and a \$15,000 per member per calendar year maximum for external prosthetic devices.
8. EXHP-79
Blue Card Language Rider

The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
9. EXHP-84
Blue Card Language Rider

The Blue Card program provides benefits when a member is outside of our service area. When the member receives health care services outside of our service area from a provider that participates with a Blue Cross and Blue Shield Plan, claims may be processed through the BlueCard Program.
10. EXHP-85
Mandate Rider

This rider adds infertility mandate benefits to Article 44 coverage.
11. EXHP-87
Mandate Rider

This rider adds bone density mandate benefits to Article 44 coverage. Specifically, this rider provides coverage for bone mineral density measurements and tests for the detection of osteoporosis.
12. EXHP-89
Mandate Endorsement

This Endorsement amends the rider or contract to which it attaches to by adding or replacing benefits for approved drugs and/or devices for the treatment of osteoporosis.
13. EXHP-107
Mammography Screening

Women's Health Mandate for mammography screening.
14. EXHP-108
Cervical Cytology Screening

This rider reflects benefits from the Women's Health Mandate for Cervical Cytology Screenings.
15. EXHP-113
Prescription Drug Rider

Covers a 30 day supply of retail prescription drugs with copayment options as follows: \$7 Copayment for Generic Drugs.
16. EXHP-123
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired

This policy changes language to the diabetic mandate language in the [Contract; Certificate or Group Health Plan; rider] to which this policy is attached. Specifically, the words "legally blind" are being replaced with "visually impaired". This language change is not expected to impact claims cost in anyway, since we believe the "visually impaired" covered population is equivalent to the "legally blind" covered population.

17. EXHP-131, EXR-108
Prescription Drug Endorsement
This prescription drug endorsement changes the mail-order prescription drug copayment for a 61-90 day supply from three-times the 30 day copayment to two-times the 30 day copayment.
18. EXHP-138
PPACA Health Care Reform Rider
This Rider changes provisions in, or adds provisions to, your Contract or Certificate including any affected riders or endorsements thereto, as required by the federal Patient Protection and Affordable Care Act.
19. EXHP-141
Weight Loss Services Language Change
Language endorsement which revises the criteria of medical necessity as it pertains to excluded services associated with weight loss.
20. EXHP-176
Allowable Expense Rider
This Rider changes the Allowable Expense definition in your coverage. There is no rate impact as this rider merely more accurately describes UCR. There are no associated changes in fees and no associated changes in how our claims are currently adjudicated.
21. EXHP-187
Rider to Continue Coverage for Children Through Age 29
This Rider allows eligible children to continue coverage under your Contract or Certificate and any applicable Rider(s) thereto.
22. EXHP-189
Rider to Extend Temporary Continuation of Coverage
This Rider extends continued coverage available under your Contract or Certificate and any applicable Rider(s) thereto.
23. EXHP-191
Dependent Coverage through Age 29
Children Covered through age 29. If you selected other than individual coverage, your child will be eligible for coverage through the age of 29 years when the child: A. Is unmarried ;B. Is not, as an employee or member, insured by or eligible for coverage under any employee health benefit plan, whether insured or self-insured; and C. Lives, works or resides in the Enrollment Area for your Contract or Certificate.
24. EXHP-210
Autism Mandate
This rider provides mandated coverage for Autism related benefits.
25. EXR-1
Domestic Partner Rider
This rider adds coverage to your Contract, Certificate or Group Health Plan for domestic partners.
26. EXR-70 Rev. 1
Hospice Care
This rider adds coverage for up to 210 days per year for hospice services subject to a [\$100, \$250, \$500, \$750, \$1000] copayment to pay when services are begun.
27. EXR-71 Rev. 1
Vision Care Benefits
This rider adds coverage for a routine eye exam subject to a [\$40, \$50] Copayment [and up to \$60 for eyewear] once every two calendar years for adults and every year for children.
28. EXR-130
HMO 25 Hearing Aid (Language Clarification) Rider
Language endorsement which revises the hearing aid benefit language to specify that coverage is limited to covered dependents under the age of 19.

29. HRX-COPAY-00 Rev.1, EXR-108
Prescription Drug Rider

Covers a 30 day supply of retail prescription drugs with copayment options for Tier 1 / Tier 2 / and Tier 3 drugs. Copayment options: (\$10/\$25/\$40). Includes Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug. First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes devices of any type. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

30. HSERVRIDER
Service Area

The Service Area Rider HSERVRIDER expands the service area of the HealthGuard Blue New York Group Certificate of Central New York (CNY) H GP C 01 to include the Utica - Watertown HMO Blue counties of Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison (East), Montgomery, Oneida, Oswego, Otsego, & St. Lawrence, counties. This filing is intended to create Utica - Watertown regional rates for H GP C 01 and the riders H NYSHIP6 R 02, and H HGCHG2 R 02, in order to provide the New York State Employees (NYSHIP) with the same policy form numbers and benefits as the Central New York region.

31. NYSHIP-12
HMO Blue Rider

Full-time Students covered until age 25. Inpatient care covered in full. Inpatient rehabilitation care for substance abuse and alcoholism: provides 30 days of care per person, per calendar year. Unlimited Inpatient Detoxification Care for Alcoholism or Drug Addiction is provided. No Calendar Year Maximum for Durable Medical Equipment, External Prosthetic Appliances and Orthotic Devices. PCP sick child visits to age 19, Mammography visits, routine GYN including Pap Smears, routine physicals and routine prostate cancer screening are subject to a \$5 copayment per visit.

Rate schedule

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2014

Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
HMO Blue [25] Basic Contract				
Group Remittance				
Single	\$597.88	\$653.48	\$55.60	9.30%
Two Person	\$1,153.91	\$1,261.22	\$107.31	9.30%
Subscriber w/Child(ren)	\$1,165.87	\$1,274.30	\$108.43	9.30%
Subscriber and Spouse	\$1,195.76	\$1,306.97	\$111.21	9.30%
Family (4 Tier)	\$1,608.31	\$1,757.88	\$149.57	9.30%
Family (3 Tier)	\$1,542.53	\$1,685.99	\$143.46	9.30%
Family (2 Tier)	\$1,488.74	\$1,627.19	\$138.45	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
HMO Blue [30] Basic Contract				
Group Remittance				
Single	\$590.69	\$645.62	\$54.93	9.30%
Two Person	\$1,140.03	\$1,246.05	\$106.02	9.30%
Subscriber w/Child(ren)	\$1,151.83	\$1,258.95	\$107.12	9.30%
Subscriber and Spouse	\$1,181.37	\$1,291.24	\$109.87	9.30%
Family (4 Tier)	\$1,588.94	\$1,736.71	\$147.77	9.30%
Family (3 Tier)	\$1,523.97	\$1,665.70	\$141.73	9.30%
Family (2 Tier)	\$1,470.83	\$1,607.62	\$136.79	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$2.18)	(\$2.38)	(\$0.20)	9.17%
Two Person	(\$4.19)	(\$4.58)	(\$0.39)	9.31%
Subscriber w/Child(ren)	(\$4.23)	(\$4.62)	(\$0.39)	9.22%
Subscriber and Spouse	(\$4.34)	(\$4.74)	(\$0.40)	9.22%
Family (4 Tier)	(\$5.84)	(\$6.38)	(\$0.54)	9.25%
Family (3 Tier)	(\$5.59)	(\$6.11)	(\$0.52)	9.30%
Family (2 Tier)	(\$5.40)	(\$5.90)	(\$0.50)	9.26%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$3.65	\$3.99	\$0.34	9.32%
Two Person	\$7.02	\$7.67	\$0.65	9.26%
Subscriber w/Child(ren)	\$7.10	\$7.76	\$0.66	9.30%
Subscriber and Spouse	\$7.28	\$7.96	\$0.68	9.34%
Family (4 Tier)	\$9.80	\$10.71	\$0.91	9.29%
Family (3 Tier)	\$9.39	\$10.26	\$0.87	9.27%
Family (2 Tier)	\$9.07	\$9.91	\$0.84	9.26%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u>				
HMO Blue [25] Basic Contract				
Group Remittance				
Single	(\$0.72)	(\$0.79)	(\$0.07)	9.72%
Two Person	(\$1.38)	(\$1.51)	(\$0.13)	9.42%
Subscriber w/Child(ren)	(\$1.40)	(\$1.53)	(\$0.13)	9.29%
Subscriber and Spouse	(\$1.44)	(\$1.57)	(\$0.13)	9.03%
Family (4 Tier)	(\$1.94)	(\$2.12)	(\$0.18)	9.28%
Family (3 Tier)	(\$1.86)	(\$2.03)	(\$0.17)	9.14%
Family (2 Tier)	(\$1.80)	(\$1.97)	(\$0.17)	9.44%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$10.11	\$11.05	\$0.94	9.30%
Two Person	\$19.53	\$21.35	\$1.82	9.32%
Subscriber w/Child(ren)	\$19.72	\$21.55	\$1.83	9.28%
Subscriber and Spouse	\$20.23	\$22.11	\$1.88	9.29%
Family (4 Tier)	\$27.21	\$29.74	\$2.53	9.30%
Family (3 Tier)	\$26.10	\$28.53	\$2.43	9.31%
Family (2 Tier)	\$25.19	\$27.53	\$2.34	9.29%

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
Large Group Rates
Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$6.30	\$6.89	\$0.59	9.37%
Two Person	\$12.17	\$13.30	\$1.13	9.29%
Subscriber w/Child(ren)	\$12.31	\$13.45	\$1.14	9.26%
Subscriber and Spouse	\$12.61	\$13.78	\$1.17	9.28%
Family (4 Tier)	\$16.97	\$18.55	\$1.58	9.31%
Family (3 Tier)	\$16.27	\$17.78	\$1.51	9.28%
Family (2 Tier)	\$15.71	\$17.17	\$1.46	9.29%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$4.39)	(\$4.80)	(\$0.41)	9.34%
Two Person	(\$8.47)	(\$9.26)	(\$0.79)	9.33%
Subscriber w/Child(ren)	(\$8.54)	(\$9.33)	(\$0.79)	9.25%
Subscriber and Spouse	(\$8.78)	(\$9.60)	(\$0.82)	9.34%
Family (4 Tier)	(\$11.81)	(\$12.91)	(\$1.10)	9.31%
Family (3 Tier)	(\$11.32)	(\$12.37)	(\$1.05)	9.28%
Family (2 Tier)	(\$10.92)	(\$11.94)	(\$1.02)	9.34%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$8.79)	(\$9.61)	(\$0.82)	9.33%
Two Person	(\$16.97)	(\$18.55)	(\$1.58)	9.31%
Subscriber w/Child(ren)	(\$17.13)	(\$18.72)	(\$1.59)	9.28%
Subscriber and Spouse	(\$17.58)	(\$19.21)	(\$1.63)	9.27%
Family (4 Tier)	(\$23.65)	(\$25.85)	(\$2.20)	9.30%
Family (3 Tier)	(\$22.67)	(\$24.78)	(\$2.11)	9.31%
Family (2 Tier)	(\$21.88)	(\$23.91)	(\$2.03)	9.28%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.49	\$1.63	\$0.14	9.40%
Two Person	\$2.86	\$3.13	\$0.27	9.44%
Subscriber w/Child(ren)	\$2.89	\$3.16	\$0.27	9.34%
Subscriber and Spouse	\$2.96	\$3.24	\$0.28	9.46%
Family (4 Tier)	\$3.97	\$4.34	\$0.37	9.32%
Family (3 Tier)	\$3.83	\$4.19	\$0.36	9.40%
Family (2 Tier)	\$3.68	\$4.02	\$0.34	9.24%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.43	\$1.56	\$0.13	9.09%
Two Person	\$2.75	\$3.01	\$0.26	9.45%
Subscriber w/Child(ren)	\$2.79	\$3.05	\$0.26	9.32%
Subscriber and Spouse	\$2.85	\$3.12	\$0.27	9.47%
Family (4 Tier)	\$3.84	\$4.20	\$0.36	9.38%
Family (3 Tier)	\$3.68	\$4.02	\$0.34	9.24%
Family (2 Tier)	\$3.54	\$3.87	\$0.33	9.32%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.34	\$1.46	\$0.12	8.96%
Two Person	\$2.59	\$2.83	\$0.24	9.27%
Subscriber w/Child(ren)	\$2.61	\$2.85	\$0.24	9.20%
Subscriber and Spouse	\$2.69	\$2.94	\$0.25	9.29%
Family (4 Tier)	\$3.61	\$3.95	\$0.34	9.42%
Family (3 Tier)	\$3.45	\$3.77	\$0.32	9.28%
Family (2 Tier)	\$3.34	\$3.65	\$0.31	9.28%

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.19	\$1.30	\$0.11	9.24%
Two Person	\$2.30	\$2.51	\$0.21	9.13%
Subscriber w/Child(ren)	\$2.32	\$2.54	\$0.22	9.48%
Subscriber and Spouse	\$2.36	\$2.58	\$0.22	9.32%
Family (4 Tier)	\$3.20	\$3.50	\$0.30	9.38%
Family (3 Tier)	\$3.06	\$3.34	\$0.28	9.15%
Family (2 Tier)	\$2.95	\$3.22	\$0.27	9.15%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.15	\$1.26	\$0.11	9.57%
Two Person	\$2.23	\$2.44	\$0.21	9.42%
Subscriber w/Child(ren)	\$2.25	\$2.46	\$0.21	9.33%
Subscriber and Spouse	\$2.32	\$2.54	\$0.22	9.48%
Family (4 Tier)	\$3.12	\$3.41	\$0.29	9.29%
Family (3 Tier)	\$2.99	\$3.27	\$0.28	9.36%
Family (2 Tier)	\$2.87	\$3.14	\$0.27	9.41%
2. <u>EXHP-11 Rev.1</u>				
Michelle's Law				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$132.05	\$144.33	\$12.28	9.30%
Two Person	\$254.87	\$278.57	\$23.70	9.30%
Subscriber w/Child(ren)	\$257.51	\$281.46	\$23.95	9.30%
Subscriber and Spouse	\$264.12	\$288.68	\$24.56	9.30%
Family (4 Tier)	\$355.22	\$388.26	\$33.04	9.30%
Family (3 Tier)	\$340.70	\$372.39	\$31.69	9.30%
Family (2 Tier)	\$328.82	\$359.40	\$30.58	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$126.77	\$138.56	\$11.79	9.30%
Two Person	\$244.65	\$267.40	\$22.75	9.30%
Subscriber w/Child(ren)	\$247.21	\$270.20	\$22.99	9.30%
Subscriber and Spouse	\$253.54	\$277.12	\$23.58	9.30%
Family (4 Tier)	\$341.01	\$372.72	\$31.71	9.30%
Family (3 Tier)	\$327.07	\$357.49	\$30.42	9.30%
Family (2 Tier)	\$315.66	\$345.02	\$29.36	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$110.39	\$120.66	\$10.27	9.30%
Two Person	\$213.05	\$232.86	\$19.81	9.30%
Subscriber w/Child(ren)	\$215.27	\$235.29	\$20.02	9.30%
Subscriber and Spouse	\$220.79	\$241.32	\$20.53	9.30%
Family (4 Tier)	\$296.96	\$324.58	\$27.62	9.30%
Family (3 Tier)	\$284.82	\$311.31	\$26.49	9.30%
Family (2 Tier)	\$274.88	\$300.44	\$25.56	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$106.00	\$115.86	\$9.86	9.30%
Two Person	\$204.58	\$223.61	\$19.03	9.30%
Subscriber w/Child(ren)	\$206.69	\$225.91	\$19.22	9.30%
Subscriber and Spouse	\$212.00	\$231.72	\$19.72	9.30%
Family (4 Tier)	\$285.12	\$311.64	\$26.52	9.30%
Family (3 Tier)	\$273.48	\$298.91	\$25.43	9.30%
Family (2 Tier)	\$263.94	\$288.49	\$24.55	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$125.65	\$137.34	\$11.69	9.30%
Two Person	\$242.51	\$265.06	\$22.55	9.30%
Subscriber w/Child(ren)	\$245.03	\$267.82	\$22.79	9.30%
Subscriber and Spouse	\$251.30	\$274.67	\$23.37	9.30%
Family (4 Tier)	\$338.00	\$369.43	\$31.43	9.30%
Family (3 Tier)	\$324.18	\$354.33	\$30.15	9.30%
Family (2 Tier)	\$312.86	\$341.96	\$29.10	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$120.66	\$131.88	\$11.22	9.30%
Two Person	\$232.86	\$254.52	\$21.66	9.30%
Subscriber w/Child(ren)	\$235.28	\$257.16	\$21.88	9.30%
Subscriber and Spouse	\$241.31	\$263.75	\$22.44	9.30%
Family (4 Tier)	\$324.57	\$354.76	\$30.19	9.30%
Family (3 Tier)	\$311.30	\$340.25	\$28.95	9.30%
Family (2 Tier)	\$300.43	\$328.37	\$27.94	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$104.51	\$114.23	\$9.72	9.30%
Two Person	\$201.71	\$220.47	\$18.76	9.30%
Subscriber w/Child(ren)	\$203.81	\$222.76	\$18.95	9.30%
Subscriber and Spouse	\$209.04	\$228.48	\$19.44	9.30%
Family (4 Tier)	\$281.15	\$307.30	\$26.15	9.30%
Family (3 Tier)	\$269.64	\$294.72	\$25.08	9.30%
Family (2 Tier)	\$260.24	\$284.44	\$24.20	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$100.36	\$109.69	\$9.33	9.30%
Two Person	\$193.70	\$211.71	\$18.01	9.30%
Subscriber w/Child(ren)	\$195.71	\$213.91	\$18.20	9.30%
Subscriber and Spouse	\$200.73	\$219.40	\$18.67	9.30%
Family (4 Tier)	\$269.99	\$295.10	\$25.11	9.30%
Family (3 Tier)	\$258.93	\$283.01	\$24.08	9.30%
Family (2 Tier)	\$249.90	\$273.14	\$23.24	9.30%
4. <u>EXHP- 51, EXR-108 (50% w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$59.96	\$65.54	\$5.58	9.31%
Two Person	\$115.73	\$126.49	\$10.76	9.30%
Subscriber w/Child(ren)	\$116.92	\$127.79	\$10.87	9.30%
Subscriber and Spouse	\$119.91	\$131.06	\$11.15	9.30%
Family (4 Tier)	\$161.29	\$176.29	\$15.00	9.30%
Family (3 Tier)	\$154.70	\$169.09	\$14.39	9.30%
Family (2 Tier)	\$149.31	\$163.20	\$13.89	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Utica South Operating Region
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$57.53	\$62.88	\$5.35	9.30%
Two Person	\$111.06	\$121.39	\$10.33	9.30%
Subscriber w/Child(ren)	\$112.21	\$122.65	\$10.44	9.30%
Subscriber and Spouse	\$115.09	\$125.79	\$10.70	9.30%
Family (4 Tier)	\$154.79	\$169.19	\$14.40	9.30%
Family (3 Tier)	\$148.46	\$162.27	\$13.81	9.30%
Family (2 Tier)	\$143.27	\$156.59	\$13.32	9.30%
4. <u>EXHP- 51, EXR-108 (50% w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$58.48	\$63.92	\$5.44	9.30%
Two Person	\$112.85	\$123.35	\$10.50	9.30%
Subscriber w/Child(ren)	\$114.02	\$124.62	\$10.60	9.30%
Subscriber and Spouse	\$116.93	\$127.80	\$10.87	9.30%
Family (4 Tier)	\$157.28	\$171.91	\$14.63	9.30%
Family (3 Tier)	\$150.85	\$164.88	\$14.03	9.30%
Family (2 Tier)	\$145.59	\$159.13	\$13.54	9.30%
4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$56.15	\$61.37	\$5.22	9.30%
Two Person	\$108.36	\$118.44	\$10.08	9.30%
Subscriber w/Child(ren)	\$109.47	\$119.65	\$10.18	9.30%
Subscriber and Spouse	\$112.29	\$122.73	\$10.44	9.30%
Family (4 Tier)	\$151.03	\$165.08	\$14.05	9.30%
Family (3 Tier)	\$144.86	\$158.33	\$13.47	9.30%
Family (2 Tier)	\$139.80	\$152.80	\$13.00	9.30%
5. <u>EXHP- 53</u>				
Prehospital Emergency Services and Ambulance Transportation Benefit				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$176.75	\$193.19	\$16.44	9.30%
Two Person	\$341.12	\$372.84	\$31.72	9.30%
Subscriber w/Child(ren)	\$344.66	\$376.71	\$32.05	9.30%
Subscriber and Spouse	\$353.49	\$386.36	\$32.87	9.30%
Family (4 Tier)	\$475.45	\$519.67	\$44.22	9.30%
Family (3 Tier)	\$456.01	\$498.42	\$42.41	9.30%
Family (2 Tier)	\$440.10	\$481.03	\$40.93	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$169.67	\$185.45	\$15.78	9.30%
Two Person	\$327.44	\$357.89	\$30.45	9.30%
Subscriber w/Child(ren)	\$330.85	\$361.62	\$30.77	9.30%
Subscriber and Spouse	\$339.32	\$370.88	\$31.56	9.30%
Family (4 Tier)	\$456.40	\$498.85	\$42.45	9.30%
Family (3 Tier)	\$437.73	\$478.44	\$40.71	9.30%
Family (2 Tier)	\$422.45	\$461.74	\$39.29	9.30%

Excellus Health Plan, Inc.
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$158.93	\$173.71	\$14.78	9.30%
Two Person	\$306.74	\$335.27	\$28.53	9.30%
Subscriber w/Child(ren)	\$309.93	\$338.75	\$28.82	9.30%
Subscriber and Spouse	\$317.86	\$347.42	\$29.56	9.30%
Family (4 Tier)	\$427.51	\$467.27	\$39.76	9.30%
Family (3 Tier)	\$410.04	\$448.17	\$38.13	9.30%
Family (2 Tier)	\$395.74	\$432.54	\$36.80	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$152.57	\$166.76	\$14.19	9.30%
Two Person	\$294.46	\$321.84	\$27.38	9.30%
Subscriber w/Child(ren)	\$297.51	\$325.18	\$27.67	9.30%
Subscriber and Spouse	\$305.13	\$333.51	\$28.38	9.30%
Family (4 Tier)	\$410.40	\$448.57	\$38.17	9.30%
Family (3 Tier)	\$393.63	\$430.24	\$36.61	9.30%
Family (2 Tier)	\$379.89	\$415.22	\$35.33	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$120.56	\$131.77	\$11.21	9.30%
Two Person	\$232.66	\$254.30	\$21.64	9.30%
Subscriber w/Child(ren)	\$235.07	\$256.93	\$21.86	9.30%
Subscriber and Spouse	\$241.09	\$263.51	\$22.42	9.30%
Family (4 Tier)	\$324.27	\$354.43	\$30.16	9.30%
Family (3 Tier)	\$311.02	\$339.94	\$28.92	9.30%
Family (2 Tier)	\$300.16	\$328.07	\$27.91	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$115.73	\$126.49	\$10.76	9.30%
Two Person	\$223.36	\$244.13	\$20.77	9.30%
Subscriber w/Child(ren)	\$225.69	\$246.68	\$20.99	9.30%
Subscriber and Spouse	\$231.47	\$253.00	\$21.53	9.30%
Family (4 Tier)	\$311.32	\$340.27	\$28.95	9.30%
Family (3 Tier)	\$298.59	\$326.36	\$27.77	9.30%
Family (2 Tier)	\$288.17	\$314.97	\$26.80	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$83.63	\$91.41	\$7.78	9.30%
Two Person	\$161.40	\$176.41	\$15.01	9.30%
Subscriber w/Child(ren)	\$163.08	\$178.25	\$15.17	9.30%
Subscriber and Spouse	\$167.25	\$182.80	\$15.55	9.30%
Family (4 Tier)	\$224.97	\$245.89	\$20.92	9.30%
Family (3 Tier)	\$215.76	\$235.83	\$20.07	9.30%
Family (2 Tier)	\$208.25	\$227.62	\$19.37	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$80.27	\$87.74	\$7.47	9.31%
Two Person	\$154.91	\$169.32	\$14.41	9.30%
Subscriber w/Child(ren)	\$156.52	\$171.08	\$14.56	9.30%
Subscriber and Spouse	\$160.54	\$175.47	\$14.93	9.30%
Family (4 Tier)	\$215.92	\$236.00	\$20.08	9.30%
Family (3 Tier)	\$207.09	\$226.35	\$19.26	9.30%
Family (2 Tier)	\$199.86	\$218.45	\$18.59	9.30%

Excellus Health Plan, Inc.
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
7. <u>EXHP- 76 Rev.2</u>				
Durable Medical Equipment and External Prosthetic Devices Rider				
Group Remittance				
Single	\$5.04	\$5.51	\$0.47	9.33%
Two Person	\$9.72	\$10.62	\$0.90	9.26%
Subscriber w/Child(ren)	\$9.82	\$10.73	\$0.91	9.27%
Subscriber and Spouse	\$10.08	\$11.02	\$0.94	9.33%
Family (4 Tier)	\$13.55	\$14.81	\$1.26	9.30%
Family (3 Tier)	\$12.99	\$14.20	\$1.21	9.31%
Family (2 Tier)	\$12.54	\$13.71	\$1.17	9.33%
8. <u>EXHP- 79</u>				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
9. <u>EXHP- 84</u>				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
10. <u>EXHP- 85</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
11. <u>EXHP- 87</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
12. <u>EXHP- 89</u>				
Mandate Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
13. EXHP-107				
Mammography Screening				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
14. EXHP-108				
Cervical Cytology Screening				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
15. EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)				
Prescription Drug Rider				
Group Remittance				
Single	\$22.13	\$24.19	\$2.06	9.31%
Two Person	\$42.69	\$46.66	\$3.97	9.30%
Subscriber w/Child(ren)	\$43.13	\$47.14	\$4.01	9.30%
Subscriber and Spouse	\$44.24	\$48.35	\$4.11	9.29%
Family (4 Tier)	\$59.50	\$65.03	\$5.53	9.29%
Family (3 Tier)	\$57.06	\$62.37	\$5.31	9.31%
Family (2 Tier)	\$55.08	\$60.20	\$5.12	9.30%
15. EXHP-113, EXR-108 (\$7 Generic w/o Oral)				
Prescription Drug Rider				
Group Remittance				
Single	\$21.23	\$23.20	\$1.97	9.28%
Two Person	\$40.96	\$44.77	\$3.81	9.30%
Subscriber w/Child(ren)	\$41.38	\$45.23	\$3.85	9.30%
Subscriber and Spouse	\$42.44	\$46.39	\$3.95	9.31%
Family (4 Tier)	\$57.07	\$62.38	\$5.31	9.30%
Family (3 Tier)	\$54.75	\$59.84	\$5.09	9.30%
Family (2 Tier)	\$52.84	\$57.75	\$4.91	9.29%
16. EXHP-123				
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
17. EXHP-131, EXR-108				
Prescription Drug Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$8.69	\$9.50	\$0.81	9.32%
Two Person	\$16.76	\$18.32	\$1.56	9.31%
Subscriber w/Child(ren)	\$69.39	\$75.84	\$6.45	9.30%
Subscriber and Spouse	\$17.37	\$18.99	\$1.62	9.33%
Family (4 Tier)	\$95.74	\$104.64	\$8.90	9.30%
Family (3 Tier)	\$91.82	\$100.36	\$8.54	9.30%
Family (2 Tier)	\$88.62	\$96.86	\$8.24	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.11	\$0.12	\$0.01	9.09%
Two Person	\$0.23	\$0.25	\$0.02	8.70%
Subscriber w/Child(ren)	\$52.71	\$57.61	\$4.90	9.30%
Subscriber and Spouse	\$0.24	\$0.26	\$0.02	8.33%
Family (4 Tier)	\$72.70	\$79.46	\$6.76	9.30%
Family (3 Tier)	\$69.73	\$76.21	\$6.48	9.29%
Family (2 Tier)	\$67.30	\$73.56	\$6.26	9.30%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$9.78	\$10.69	\$0.91	9.30%
Two Person	\$18.86	\$20.61	\$1.75	9.28%
Subscriber w/Child(ren)	\$70.89	\$77.48	\$6.59	9.30%
Subscriber and Spouse	\$19.54	\$21.36	\$1.82	9.31%
Family (4 Tier)	\$97.80	\$106.90	\$9.10	9.30%
Family (3 Tier)	\$93.79	\$102.51	\$8.72	9.30%
Family (2 Tier)	\$90.52	\$98.94	\$8.42	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$51.83	\$56.65	\$4.82	9.30%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$71.51	\$78.16	\$6.65	9.30%
Family (3 Tier)	\$68.58	\$74.96	\$6.38	9.30%
Family (2 Tier)	\$66.20	\$72.36	\$6.16	9.31%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.11	\$0.12	\$0.01	9.09%
Subscriber w/Child(ren)	\$0.11	\$0.12	\$0.01	9.09%
Subscriber and Spouse	\$0.12	\$0.13	\$0.01	8.33%
Family (4 Tier)	\$0.17	\$0.19	\$0.02	11.76%
Family (3 Tier)	\$0.16	\$0.17	\$0.01	6.25%
Family (2 Tier)	\$0.16	\$0.17	\$0.01	6.25%
18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.11	\$0.12	\$0.01	9.09%
Subscriber w/Child(ren)	\$0.11	\$0.12	\$0.01	9.09%
Subscriber and Spouse	\$0.12	\$0.13	\$0.01	8.33%
Family (4 Tier)	\$0.17	\$0.19	\$0.02	11.76%
Family (3 Tier)	\$0.16	\$0.17	\$0.01	6.25%
Family (2 Tier)	\$0.16	\$0.17	\$0.01	6.25%

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HMO				
18. <u>EXHP-138 WPS [EXC-8][HMO Blue 25]</u>				
WPS Medical				
Group Remittance				
Single	\$0.20	\$0.22	\$0.02	10.00%
Two Person	\$0.39	\$0.43	\$0.04	10.26%
Subscriber and Spouse	\$0.40	\$0.44	\$0.04	10.00%
Subscriber w/Child(ren)	\$0.39	\$0.43	\$0.04	10.26%
Subscriber w/ Children	\$0.39	\$0.43	\$0.04	10.26%
Family (4 Tier)	\$0.54	\$0.59	\$0.05	9.26%
Family (3 Tier)	\$0.51	\$0.56	\$0.05	9.80%
Family (2 Tier)	\$0.49	\$0.54	\$0.05	10.20%
18. <u>EXHP-138 WPS [EXC-8][HMO Blue 30]</u>				
WPS Medical				
Group Remittance				
Single	\$0.22	\$0.24	\$0.02	9.09%
Two Person	\$0.43	\$0.47	\$0.04	9.30%
Subscriber and Spouse	\$0.44	\$0.48	\$0.04	9.09%
Subscriber w/Child(ren)	\$0.43	\$0.47	\$0.04	9.30%
Subscriber w/ Children	\$0.43	\$0.47	\$0.04	9.30%
Family (4 Tier)	\$0.59	\$0.64	\$0.05	8.47%
Family (3 Tier)	\$0.57	\$0.62	\$0.05	8.77%
Family (2 Tier)	\$0.55	\$0.60	\$0.05	9.09%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$0 Generic Copay]</u>				
WPS Drug				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$1 Generic Copay]</u>				
WPS Drug				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.14	\$0.15	\$0.01	7.14%
Subscriber and Spouse	\$0.14	\$0.15	\$0.01	7.14%
Subscriber w/Child(ren)	\$0.14	\$0.15	\$0.01	7.14%
Subscriber w/ Children	\$0.14	\$0.15	\$0.01	7.14%
Family (4 Tier)	\$0.19	\$0.21	\$0.02	10.53%
Family (3 Tier)	\$0.18	\$0.20	\$0.02	11.11%
Family (2 Tier)	\$0.17	\$0.19	\$0.02	11.76%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at \$2 Generic Copay]</u>				
WPS Drug				
Group Remittance				
Single	\$0.14	\$0.15	\$0.01	7.14%
Two Person	\$0.27	\$0.30	\$0.03	11.11%
Subscriber and Spouse	\$0.28	\$0.31	\$0.03	10.71%
Subscriber w/Child(ren)	\$0.27	\$0.30	\$0.03	11.11%
Subscriber w/ Children	\$0.27	\$0.30	\$0.03	11.11%
Family (4 Tier)	\$0.38	\$0.42	\$0.04	10.53%
Family (3 Tier)	\$0.36	\$0.39	\$0.03	8.33%
Family (2 Tier)	\$0.35	\$0.38	\$0.03	8.57%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$3 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.21	\$0.23	\$0.02	9.52%
Two Person	\$0.41	\$0.45	\$0.04	9.76%
Subscriber and Spouse	\$0.42	\$0.46	\$0.04	9.52%
Subscriber w/Child(ren)	\$0.41	\$0.45	\$0.04	9.76%
Subscriber w/ Children	\$0.41	\$0.45	\$0.04	9.76%
Family (4 Tier)	\$0.56	\$0.61	\$0.05	8.93%
Family (3 Tier)	\$0.54	\$0.59	\$0.05	9.26%
Family (2 Tier)	\$0.52	\$0.57	\$0.05	9.62%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$4 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.28	\$0.31	\$0.03	10.71%
Two Person	\$0.54	\$0.59	\$0.05	9.26%
Subscriber and Spouse	\$0.56	\$0.61	\$0.05	8.93%
Subscriber w/Child(ren)	\$0.55	\$0.60	\$0.05	9.09%
Subscriber w/ Children	\$0.55	\$0.60	\$0.05	9.09%
Family (4 Tier)	\$0.75	\$0.82	\$0.07	9.33%
Family (3 Tier)	\$0.72	\$0.79	\$0.07	9.72%
Family (2 Tier)	\$0.70	\$0.77	\$0.07	10.00%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.35	\$0.38	\$0.03	8.57%
Two Person	\$0.68	\$0.74	\$0.06	8.82%
Subscriber and Spouse	\$0.70	\$0.77	\$0.07	10.00%
Subscriber w/Child(ren)	\$0.68	\$0.74	\$0.06	8.82%
Subscriber w/ Children	\$0.68	\$0.74	\$0.06	8.82%
Family (4 Tier)	\$0.94	\$1.03	\$0.09	9.57%
Family (3 Tier)	\$0.90	\$0.98	\$0.08	8.89%
Family (2 Tier)	\$0.87	\$0.95	\$0.08	9.20%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.49	\$0.54	\$0.05	10.20%
Two Person	\$0.95	\$1.04	\$0.09	9.47%
Subscriber and Spouse	\$0.98	\$1.07	\$0.09	9.18%
Subscriber w/Child(ren)	\$0.96	\$1.05	\$0.09	9.38%
Subscriber w/ Children	\$0.96	\$1.05	\$0.09	9.38%
Family (4 Tier)	\$1.32	\$1.44	\$0.12	9.09%
Family (3 Tier)	\$1.26	\$1.38	\$0.12	9.52%
Family (2 Tier)	\$1.22	\$1.33	\$0.11	9.02%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.70	\$0.77	\$0.07	10.00%
Two Person	\$1.35	\$1.48	\$0.13	9.63%
Subscriber and Spouse	\$1.40	\$1.53	\$0.13	9.29%
Subscriber w/Child(ren)	\$1.37	\$1.50	\$0.13	9.49%
Subscriber w/ Children	\$1.37	\$1.50	\$0.13	9.49%
Family (4 Tier)	\$1.88	\$2.05	\$0.17	9.04%
Family (3 Tier)	\$1.81	\$1.98	\$0.17	9.39%
Family (2 Tier)	\$1.74	\$1.90	\$0.16	9.20%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$15 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.05	\$1.15	\$0.10	9.52%
Two Person	\$2.03	\$2.22	\$0.19	9.36%
Subscriber and Spouse	\$2.10	\$2.30	\$0.20	9.52%
Subscriber w/Child(ren)	\$2.05	\$2.24	\$0.19	9.27%
Subscriber w/ Children	\$2.05	\$2.24	\$0.19	9.27%
Family (4 Tier)	\$2.82	\$3.08	\$0.26	9.22%
Family (3 Tier)	\$2.71	\$2.96	\$0.25	9.23%
Family (2 Tier)	\$2.61	\$2.85	\$0.24	9.20%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$20 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.41	\$1.54	\$0.13	9.22%
Two Person	\$2.72	\$2.97	\$0.25	9.19%
Subscriber and Spouse	\$2.82	\$3.08	\$0.26	9.22%
Subscriber w/Child(ren)	\$2.75	\$3.01	\$0.26	9.45%
Subscriber w/ Children	\$2.75	\$3.01	\$0.26	9.45%
Family (4 Tier)	\$3.79	\$4.14	\$0.35	9.23%
Family (3 Tier)	\$3.64	\$3.98	\$0.34	9.34%
Family (2 Tier)	\$3.51	\$3.84	\$0.33	9.40%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.97	\$2.15	\$0.18	9.14%
Two Person	\$3.80	\$4.15	\$0.35	9.21%
Subscriber and Spouse	\$3.94	\$4.31	\$0.37	9.39%
Subscriber w/Child(ren)	\$3.84	\$4.20	\$0.36	9.38%
Subscriber w/ Children	\$3.84	\$4.20	\$0.36	9.38%
Family (4 Tier)	\$5.30	\$5.79	\$0.49	9.25%
Family (3 Tier)	\$5.08	\$5.55	\$0.47	9.25%
Family (2 Tier)	\$4.91	\$5.37	\$0.46	9.37%
19. <u>EXHP-141</u>				
Weight Loss Services Language Change				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
20. <u>EXHP-176</u>				
Allowable Expense Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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HMO				
21. <u>EXHP-187</u>				
Rider to Continue Coverage for Children Through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
22. <u>EXHP-189</u>				
Rider to Extend Temporary Continuation of Coverage				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$23.48	\$25.66	\$2.18	9.28%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$32.38	\$35.39	\$3.01	9.30%
Family (3 Tier)	\$31.05	\$33.94	\$2.89	9.31%
Family (2 Tier)	\$29.98	\$32.77	\$2.79	9.31%
23. <u>EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$23.24	\$25.40	\$2.16	9.29%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$32.05	\$35.03	\$2.98	9.30%
Family (3 Tier)	\$30.75	\$33.61	\$2.86	9.30%
Family (2 Tier)	\$29.67	\$32.43	\$2.76	9.30%
24. <u>EXHP-210[Blue Choice 25]</u>				
Autism Mandate				
Group Remittance				
Single	\$1.49	\$1.63	\$0.14	9.40%
Two Person	\$2.88	\$3.15	\$0.27	9.38%
Subscriber and Spouse	\$2.98	\$3.26	\$0.28	9.40%
Subscriber w/Child(ren)	\$2.91	\$3.18	\$0.27	9.28%
Subscriber w/ Children	\$2.91	\$3.18	\$0.27	9.28%
Family (4 Tier)	\$4.01	\$4.38	\$0.37	9.23%
Family (3 Tier)	\$3.84	\$4.20	\$0.36	9.38%
Family (2 Tier)	\$3.72	\$4.07	\$0.35	9.41%
24. <u>EXHP-210[Blue Choice 30]</u>				
Autism Mandate				
Group Remittance				
Single	\$1.39	\$1.52	\$0.13	9.35%
Two Person	\$2.68	\$2.93	\$0.25	9.33%
Subscriber and Spouse	\$2.77	\$3.03	\$0.26	9.39%
Subscriber w/Child(ren)	\$2.70	\$2.95	\$0.25	9.26%
Subscriber w/ Children	\$2.70	\$2.95	\$0.25	9.26%
Family (4 Tier)	\$3.73	\$4.08	\$0.35	9.38%
Family (3 Tier)	\$3.58	\$3.91	\$0.33	9.22%
Family (2 Tier)	\$3.45	\$3.77	\$0.32	9.28%

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HMO				
25. <u>EXR- 1</u>				
Domestic Partner Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
26. <u>EXR- 70 Rev. 1: \$100 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.79	\$0.86	\$0.07	8.86%
Two Person	\$1.52	\$1.66	\$0.14	9.21%
Subscriber w/Child(ren)	\$1.53	\$1.67	\$0.14	9.15%
Subscriber and Spouse	\$1.59	\$1.74	\$0.15	9.43%
Family (4 Tier)	\$2.13	\$2.33	\$0.20	9.39%
Family (3 Tier)	\$2.04	\$2.23	\$0.19	9.31%
Family (2 Tier)	\$1.96	\$2.14	\$0.18	9.18%
26. <u>EXR- 70 Rev. 1: \$250 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.74	\$0.81	\$0.07	9.46%
Two Person	\$1.44	\$1.57	\$0.13	9.03%
Subscriber w/Child(ren)	\$1.45	\$1.58	\$0.13	8.97%
Subscriber and Spouse	\$1.50	\$1.64	\$0.14	9.33%
Family (4 Tier)	\$2.01	\$2.20	\$0.19	9.45%
Family (3 Tier)	\$1.94	\$2.12	\$0.18	9.28%
Family (2 Tier)	\$1.86	\$2.03	\$0.17	9.14%
26. <u>EXR- 70 Rev. 1: \$500 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.73	\$0.80	\$0.07	9.59%
Two Person	\$1.41	\$1.54	\$0.13	9.22%
Subscriber w/Child(ren)	\$1.43	\$1.56	\$0.13	9.09%
Subscriber and Spouse	\$1.47	\$1.61	\$0.14	9.52%
Family (4 Tier)	\$1.98	\$2.16	\$0.18	9.09%
Family (3 Tier)	\$1.89	\$2.07	\$0.18	9.52%
Family (2 Tier)	\$1.82	\$1.99	\$0.17	9.34%
26. <u>EXR- 70 Rev. 1: \$750 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.60	\$0.66	\$0.06	10.00%
Two Person	\$1.14	\$1.25	\$0.11	9.65%
Subscriber w/Child(ren)	\$1.15	\$1.26	\$0.11	9.57%
Subscriber and Spouse	\$1.19	\$1.30	\$0.11	9.24%
Family (4 Tier)	\$1.60	\$1.75	\$0.15	9.38%
Family (3 Tier)	\$1.52	\$1.66	\$0.14	9.21%
Family (2 Tier)	\$1.49	\$1.63	\$0.14	9.40%
26. <u>EXR- 70 Rev. 1: \$1000 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.54	\$0.59	\$0.05	9.26%
Two Person	\$1.07	\$1.17	\$0.10	9.35%
Subscriber w/Child(ren)	\$1.08	\$1.18	\$0.10	9.26%
Subscriber and Spouse	\$1.10	\$1.20	\$0.10	9.09%
Family (4 Tier)	\$1.49	\$1.63	\$0.14	9.40%
Family (3 Tier)	\$1.43	\$1.56	\$0.13	9.09%
Family (2 Tier)	\$1.37	\$1.50	\$0.13	9.49%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
27. <u>EXR- 71 Rev. 1: Eyewear \$60 Allowance</u>				
Vision Care Benefits				
Group Remittance				
Single	\$6.91	\$7.55	\$0.64	9.26%
Two Person	\$13.34	\$14.58	\$1.24	9.30%
Subscriber w/Child(ren)	\$13.49	\$14.74	\$1.25	9.27%
Subscriber and Spouse	\$13.83	\$15.12	\$1.29	9.33%
Family (4 Tier)	\$18.60	\$20.33	\$1.73	9.30%
Family (3 Tier)	\$17.83	\$19.49	\$1.66	9.31%
Family (2 Tier)	\$17.21	\$18.81	\$1.60	9.30%
27. <u>EXR- 71 Rev. 1: Vision Exam \$40 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$1.49	\$1.63	\$0.14	9.40%
Two Person	\$2.86	\$3.13	\$0.27	9.44%
Subscriber w/Child(ren)	\$2.89	\$3.16	\$0.27	9.34%
Subscriber and Spouse	\$2.96	\$3.24	\$0.28	9.46%
Family (4 Tier)	\$3.97	\$4.34	\$0.37	9.32%
Family (3 Tier)	\$3.83	\$4.19	\$0.36	9.40%
Family (2 Tier)	\$3.68	\$4.02	\$0.34	9.24%
27. <u>EXR- 71 Rev. 1: Vision Exam \$50 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$0.50	\$0.55	\$0.05	10.00%
Two Person	\$0.97	\$1.06	\$0.09	9.28%
Subscriber w/Child(ren)	\$0.97	\$1.06	\$0.09	9.28%
Subscriber and Spouse	\$0.99	\$1.08	\$0.09	9.09%
Family (4 Tier)	\$1.33	\$1.45	\$0.12	9.02%
Family (3 Tier)	\$1.27	\$1.39	\$0.12	9.45%
Family (2 Tier)	\$1.23	\$1.34	\$0.11	8.94%
28. <u>EXR-130</u>				
HMO 25 Hearing Aid (Language Clarification) Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$165.30	\$180.67	\$15.37	9.30%
Two Person	\$319.03	\$348.70	\$29.67	9.30%
Subscriber w/Child(ren)	\$322.34	\$352.32	\$29.98	9.30%
Subscriber and Spouse	\$330.58	\$361.32	\$30.74	9.30%
Family (4 Tier)	\$444.65	\$486.00	\$41.35	9.30%
Family (3 Tier)	\$426.45	\$466.11	\$39.66	9.30%
Family (2 Tier)	\$411.58	\$449.86	\$38.28	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/out Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$158.72	\$173.48	\$14.76	9.30%
Two Person	\$306.30	\$334.79	\$28.49	9.30%
Subscriber w/Child(ren)	\$309.49	\$338.27	\$28.78	9.30%
Subscriber and Spouse	\$317.42	\$346.94	\$29.52	9.30%
Family (4 Tier)	\$426.93	\$466.63	\$39.70	9.30%
Family (3 Tier)	\$409.47	\$447.55	\$38.08	9.30%
Family (2 Tier)	\$395.18	\$431.93	\$36.75	9.30%

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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$152.18	\$166.33	\$14.15	9.30%
Two Person	\$293.72	\$321.04	\$27.32	9.30%
Subscriber w/Child(ren)	\$296.75	\$324.35	\$27.60	9.30%
Subscriber and Spouse	\$304.36	\$332.67	\$28.31	9.30%
Family (4 Tier)	\$409.35	\$447.42	\$38.07	9.30%
Family (3 Tier)	\$392.63	\$429.14	\$36.51	9.30%
Family (2 Tier)	\$378.93	\$414.17	\$35.24	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/out Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$146.08	\$159.67	\$13.59	9.30%
Two Person	\$281.95	\$308.17	\$26.22	9.30%
Subscriber w/Child(ren)	\$284.85	\$311.34	\$26.49	9.30%
Subscriber and Spouse	\$292.16	\$319.33	\$27.17	9.30%
Family (4 Tier)	\$392.95	\$429.49	\$36.54	9.30%
Family (3 Tier)	\$376.88	\$411.93	\$35.05	9.30%
Family (2 Tier)	\$363.75	\$397.58	\$33.83	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$132.31	\$144.61	\$12.30	9.30%
Two Person	\$255.34	\$279.09	\$23.75	9.30%
Subscriber w/Child(ren)	\$258.00	\$281.99	\$23.99	9.30%
Subscriber and Spouse	\$264.60	\$289.21	\$24.61	9.30%
Family (4 Tier)	\$355.89	\$388.99	\$33.10	9.30%
Family (3 Tier)	\$341.35	\$373.10	\$31.75	9.30%
Family (2 Tier)	\$329.45	\$360.09	\$30.64	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/out Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$127.02	\$138.83	\$11.81	9.30%
Two Person	\$245.14	\$267.94	\$22.80	9.30%
Subscriber w/Child(ren)	\$247.69	\$270.73	\$23.04	9.30%
Subscriber and Spouse	\$254.04	\$277.67	\$23.63	9.30%
Family (4 Tier)	\$341.69	\$373.47	\$31.78	9.30%
Family (3 Tier)	\$327.71	\$358.19	\$30.48	9.30%
Family (2 Tier)	\$316.28	\$345.69	\$29.41	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/Oral with \$0 Copay on Generic up to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$134.28	\$146.77	\$12.49	9.30%
Two Person	\$259.17	\$283.27	\$24.10	9.30%
Subscriber w/Child(ren)	\$261.86	\$286.21	\$24.35	9.30%
Subscriber and Spouse	\$268.57	\$293.55	\$24.98	9.30%
Family (4 Tier)	\$361.23	\$394.82	\$33.59	9.30%
Family (3 Tier)	\$346.46	\$378.68	\$32.22	9.30%
Family (2 Tier)	\$334.36	\$365.46	\$31.10	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/out Oral with \$0 Copay on Generic up to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$128.93	\$140.92	\$11.99	9.30%
Two Person	\$248.84	\$271.98	\$23.14	9.30%
Subscriber w/Child(ren)	\$251.42	\$274.80	\$23.38	9.30%
Subscriber and Spouse	\$257.86	\$281.84	\$23.98	9.30%
Family (4 Tier)	\$346.80	\$379.05	\$32.25	9.30%
Family (3 Tier)	\$332.63	\$363.56	\$30.93	9.30%
Family (2 Tier)	\$321.03	\$350.89	\$29.86	9.30%

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HMO				
29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/Oral) Limited Network</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$125.75	\$137.44	\$11.69	9.30%
Two Person	\$242.70	\$265.27	\$22.57	9.30%
Subscriber w/Child(ren)	\$245.21	\$268.01	\$22.80	9.30%
Subscriber and Spouse	\$251.49	\$274.88	\$23.39	9.30%
Family (4 Tier)	\$338.27	\$369.73	\$31.46	9.30%
Family (3 Tier)	\$324.43	\$354.60	\$30.17	9.30%
Family (2 Tier)	\$313.12	\$342.24	\$29.12	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/out Oral) Limited Network</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$120.70	\$131.93	\$11.23	9.30%
Two Person	\$232.95	\$254.61	\$21.66	9.30%
Subscriber w/Child(ren)	\$235.37	\$257.26	\$21.89	9.30%
Subscriber and Spouse	\$241.39	\$263.84	\$22.45	9.30%
Family (4 Tier)	\$324.69	\$354.89	\$30.20	9.30%
Family (3 Tier)	\$311.40	\$340.36	\$28.96	9.30%
Family (2 Tier)	\$300.54	\$328.49	\$27.95	9.30%
30. <u>HSERVRIDER</u>				
Service Area				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
31. <u>NYSHIP-12</u>				
HMO Blue Rider				
Group Remittance				
Single	\$2.31	\$2.52	\$0.21	9.09%
Family	\$6.00	\$6.56	\$0.56	9.33%

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
HMO Blue [25] Basic Contract				
Group Remittance				
Single	\$627.77	\$686.15	\$58.38	9.30%
Two Person	\$1,211.61	\$1,324.29	\$112.68	9.30%
Subscriber w/Child(ren)	\$1,224.17	\$1,338.02	\$113.85	9.30%
Subscriber and Spouse	\$1,255.56	\$1,372.33	\$116.77	9.30%
Family (4 Tier)	\$1,688.73	\$1,845.78	\$157.05	9.30%
Family (3 Tier)	\$1,619.66	\$1,770.29	\$150.63	9.30%
Family (2 Tier)	\$1,563.18	\$1,708.56	\$145.38	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215</u>				
HMO Blue [30] Basic Contract				
Group Remittance				
Single	\$620.22	\$677.90	\$57.68	9.30%
Two Person	\$1,197.03	\$1,308.35	\$111.32	9.30%
Subscriber w/Child(ren)	\$1,209.42	\$1,321.90	\$112.48	9.30%
Subscriber and Spouse	\$1,240.45	\$1,355.81	\$115.36	9.30%
Family (4 Tier)	\$1,668.39	\$1,823.55	\$155.16	9.30%
Family (3 Tier)	\$1,600.17	\$1,748.99	\$148.82	9.30%
Family (2 Tier)	\$1,544.37	\$1,688.00	\$143.63	9.30%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket Emergency Room \$150 Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$2.30)	(\$2.51)	(\$0.21)	9.13%
Two Person	(\$4.40)	(\$4.81)	(\$0.41)	9.32%
Subscriber w/Child(ren)	(\$4.44)	(\$4.85)	(\$0.41)	9.23%
Subscriber and Spouse	(\$4.56)	(\$4.98)	(\$0.42)	9.21%
Family (4 Tier)	(\$6.13)	(\$6.70)	(\$0.57)	9.30%
Family (3 Tier)	(\$5.87)	(\$6.42)	(\$0.55)	9.37%
Family (2 Tier)	(\$5.67)	(\$6.20)	(\$0.53)	9.35%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$40 Phys/\$50 Fac</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$3.83	\$4.19	\$0.36	9.40%
Two Person	\$7.37	\$8.06	\$0.69	9.36%
Subscriber w/Child(ren)	\$7.46	\$8.15	\$0.69	9.25%
Subscriber and Spouse	\$7.64	\$8.35	\$0.71	9.29%
Family (4 Tier)	\$10.29	\$11.25	\$0.96	9.33%
Family (3 Tier)	\$9.87	\$10.79	\$0.92	9.32%
Family (2 Tier)	\$9.52	\$10.41	\$0.89	9.35%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracket OP Surg \$50 Phys/\$150 Fac</u>				
HMO Blue [25] Basic Contract				
Group Remittance				
Single	(\$0.75)	(\$0.82)	(\$0.07)	9.33%
Two Person	(\$1.45)	(\$1.58)	(\$0.13)	8.97%
Subscriber w/Child(ren)	(\$1.46)	(\$1.60)	(\$0.14)	9.59%
Subscriber and Spouse	(\$1.51)	(\$1.65)	(\$0.14)	9.27%
Family (4 Tier)	(\$2.04)	(\$2.23)	(\$0.19)	9.31%
Family (3 Tier)	(\$1.95)	(\$2.13)	(\$0.18)	9.23%
Family (2 Tier)	(\$1.89)	(\$2.07)	(\$0.18)	9.52%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$10.62	\$11.61	\$0.99	9.32%
Two Person	\$20.51	\$22.42	\$1.91	9.31%
Subscriber w/Child(ren)	\$20.71	\$22.64	\$1.93	9.32%
Subscriber and Spouse	\$21.24	\$23.22	\$1.98	9.32%
Family (4 Tier)	\$28.58	\$31.24	\$2.66	9.31%
Family (3 Tier)	\$27.41	\$29.96	\$2.55	9.30%
Family (2 Tier)	\$26.45	\$28.91	\$2.46	9.30%

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HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$6.62	\$7.24	\$0.62	9.37%
Two Person	\$12.78	\$13.97	\$1.19	9.31%
Subscriber w/Child(ren)	\$12.93	\$14.13	\$1.20	9.28%
Subscriber and Spouse	\$13.24	\$14.47	\$1.23	9.29%
Family (4 Tier)	\$17.81	\$19.47	\$1.66	9.32%
Family (3 Tier)	\$17.08	\$18.67	\$1.59	9.31%
Family (2 Tier)	\$16.49	\$18.02	\$1.53	9.28%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$4.61)	(\$5.04)	(\$0.43)	9.33%
Two Person	(\$8.90)	(\$9.73)	(\$0.83)	9.33%
Subscriber w/Child(ren)	(\$8.97)	(\$9.80)	(\$0.83)	9.25%
Subscriber and Spouse	(\$9.21)	(\$10.07)	(\$0.86)	9.34%
Family (4 Tier)	(\$12.41)	(\$13.56)	(\$1.15)	9.27%
Family (3 Tier)	(\$11.88)	(\$12.98)	(\$1.10)	9.26%
Family (2 Tier)	(\$11.48)	(\$12.55)	(\$1.07)	9.32%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 Inpatient Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	(\$9.23)	(\$10.09)	(\$0.86)	9.32%
Two Person	(\$17.81)	(\$19.47)	(\$1.66)	9.32%
Subscriber w/Child(ren)	(\$17.99)	(\$19.66)	(\$1.67)	9.28%
Subscriber and Spouse	(\$18.46)	(\$20.18)	(\$1.72)	9.32%
Family (4 Tier)	(\$24.83)	(\$27.14)	(\$2.31)	9.30%
Family (3 Tier)	(\$23.81)	(\$26.02)	(\$2.21)	9.28%
Family (2 Tier)	(\$22.97)	(\$25.11)	(\$2.14)	9.32%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$100 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.56	\$1.71	\$0.15	9.62%
Two Person	\$3.00	\$3.28	\$0.28	9.33%
Subscriber w/Child(ren)	\$3.04	\$3.32	\$0.28	9.21%
Subscriber and Spouse	\$3.11	\$3.40	\$0.29	9.32%
Family (4 Tier)	\$4.17	\$4.56	\$0.39	9.35%
Family (3 Tier)	\$4.02	\$4.39	\$0.37	9.20%
Family (2 Tier)	\$3.86	\$4.22	\$0.36	9.33%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$250 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.50	\$1.64	\$0.14	9.33%
Two Person	\$2.88	\$3.15	\$0.27	9.38%
Subscriber w/Child(ren)	\$2.93	\$3.20	\$0.27	9.22%
Subscriber and Spouse	\$2.99	\$3.27	\$0.28	9.36%
Family (4 Tier)	\$4.03	\$4.40	\$0.37	9.18%
Family (3 Tier)	\$3.86	\$4.22	\$0.36	9.33%
Family (2 Tier)	\$3.72	\$4.07	\$0.35	9.41%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$500 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.41	\$1.54	\$0.13	9.22%
Two Person	\$2.72	\$2.97	\$0.25	9.19%
Subscriber w/Child(ren)	\$2.75	\$3.01	\$0.26	9.45%
Subscriber and Spouse	\$2.82	\$3.08	\$0.26	9.22%
Family (4 Tier)	\$3.79	\$4.14	\$0.35	9.23%
Family (3 Tier)	\$3.62	\$3.96	\$0.34	9.39%
Family (2 Tier)	\$3.51	\$3.84	\$0.33	9.40%

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
Large Group Rates
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$750 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.25	\$1.37	\$0.12	9.60%
Two Person	\$2.41	\$2.63	\$0.22	9.13%
Subscriber w/Child(ren)	\$2.43	\$2.66	\$0.23	9.47%
Subscriber and Spouse	\$2.49	\$2.72	\$0.23	9.24%
Family (4 Tier)	\$3.35	\$3.66	\$0.31	9.25%
Family (3 Tier)	\$3.22	\$3.52	\$0.30	9.32%
Family (2 Tier)	\$3.09	\$3.38	\$0.29	9.39%
1. <u>EXC-8 Rev. 1, EXHP-160, EXR-215, Bracketed \$1000 IP Rehab Copay</u>				
HMO Blue [25, 30] Basic Contract				
Group Remittance				
Single	\$1.20	\$1.31	\$0.11	9.17%
Two Person	\$2.34	\$2.56	\$0.22	9.40%
Subscriber w/Child(ren)	\$2.36	\$2.58	\$0.22	9.32%
Subscriber and Spouse	\$2.43	\$2.66	\$0.23	9.47%
Family (4 Tier)	\$3.27	\$3.57	\$0.30	9.17%
Family (3 Tier)	\$3.14	\$3.43	\$0.29	9.24%
Family (2 Tier)	\$3.02	\$3.30	\$0.28	9.27%
2. <u>EXHP-11 Rev.1</u>				
Michelle's Law				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$132.05	\$144.33	\$12.28	9.30%
Two Person	\$254.87	\$278.57	\$23.70	9.30%
Subscriber w/Child(ren)	\$257.51	\$281.46	\$23.95	9.30%
Subscriber and Spouse	\$264.12	\$288.68	\$24.56	9.30%
Family (4 Tier)	\$355.22	\$388.26	\$33.04	9.30%
Family (3 Tier)	\$340.70	\$372.39	\$31.69	9.30%
Family (2 Tier)	\$328.82	\$359.40	\$30.58	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$126.77	\$138.56	\$11.79	9.30%
Two Person	\$244.65	\$267.40	\$22.75	9.30%
Subscriber w/Child(ren)	\$247.21	\$270.20	\$22.99	9.30%
Subscriber and Spouse	\$253.54	\$277.12	\$23.58	9.30%
Family (4 Tier)	\$341.01	\$372.72	\$31.71	9.30%
Family (3 Tier)	\$327.07	\$357.49	\$30.42	9.30%
Family (2 Tier)	\$315.66	\$345.02	\$29.36	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$110.39	\$120.66	\$10.27	9.30%
Two Person	\$213.05	\$232.86	\$19.81	9.30%
Subscriber w/Child(ren)	\$215.27	\$235.29	\$20.02	9.30%
Subscriber and Spouse	\$220.79	\$241.32	\$20.53	9.30%
Family (4 Tier)	\$296.96	\$324.58	\$27.62	9.30%
Family (3 Tier)	\$284.82	\$311.31	\$26.49	9.30%
Family (2 Tier)	\$274.88	\$300.44	\$25.56	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$106.00	\$115.86	\$9.86	9.30%
Two Person	\$204.58	\$223.61	\$19.03	9.30%
Subscriber w/Child(ren)	\$206.69	\$225.91	\$19.22	9.30%
Subscriber and Spouse	\$212.00	\$231.72	\$19.72	9.30%
Family (4 Tier)	\$285.12	\$311.64	\$26.52	9.30%
Family (3 Tier)	\$273.48	\$298.91	\$25.43	9.30%
Family (2 Tier)	\$263.94	\$288.49	\$24.55	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$125.65	\$137.34	\$11.69	9.30%
Two Person	\$242.51	\$265.06	\$22.55	9.30%
Subscriber w/Child(ren)	\$245.03	\$267.82	\$22.79	9.30%
Subscriber and Spouse	\$251.30	\$274.67	\$23.37	9.30%
Family (4 Tier)	\$338.00	\$369.43	\$31.43	9.30%
Family (3 Tier)	\$324.18	\$354.33	\$30.15	9.30%
Family (2 Tier)	\$312.86	\$341.96	\$29.10	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$30 wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$120.66	\$131.88	\$11.22	9.30%
Two Person	\$232.86	\$254.52	\$21.66	9.30%
Subscriber w/Child(ren)	\$235.28	\$257.16	\$21.88	9.30%
Subscriber and Spouse	\$241.31	\$263.75	\$22.44	9.30%
Family (4 Tier)	\$324.57	\$354.76	\$30.19	9.30%
Family (3 Tier)	\$311.30	\$340.25	\$28.95	9.30%
Family (2 Tier)	\$300.43	\$328.37	\$27.94	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$104.51	\$114.23	\$9.72	9.30%
Two Person	\$201.71	\$220.47	\$18.76	9.30%
Subscriber w/Child(ren)	\$203.81	\$222.76	\$18.95	9.30%
Subscriber and Spouse	\$209.04	\$228.48	\$19.44	9.30%
Family (4 Tier)	\$281.15	\$307.30	\$26.15	9.30%
Family (3 Tier)	\$269.64	\$294.72	\$25.08	9.30%
Family (2 Tier)	\$260.24	\$284.44	\$24.20	9.30%
3. <u>EXHP- 47, EXR-108 (\$10/\$40 wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$100.36	\$109.69	\$9.33	9.30%
Two Person	\$193.70	\$211.71	\$18.01	9.30%
Subscriber w/Child(ren)	\$195.71	\$213.91	\$18.20	9.30%
Subscriber and Spouse	\$200.73	\$219.40	\$18.67	9.30%
Family (4 Tier)	\$269.99	\$295.10	\$25.11	9.30%
Family (3 Tier)	\$258.93	\$283.01	\$24.08	9.30%
Family (2 Tier)	\$249.90	\$273.14	\$23.24	9.30%
4. <u>EXHP- 51, EXR-108 (50% w Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$59.96	\$65.54	\$5.58	9.31%
Two Person	\$115.73	\$126.49	\$10.76	9.30%
Subscriber w/Child(ren)	\$116.92	\$127.79	\$10.87	9.30%
Subscriber and Spouse	\$119.91	\$131.06	\$11.15	9.30%
Family (4 Tier)	\$161.29	\$176.29	\$15.00	9.30%
Family (3 Tier)	\$154.70	\$169.09	\$14.39	9.30%
Family (2 Tier)	\$149.31	\$163.20	\$13.89	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u>				
Drug Rider				
Group Remittance				
Single	\$57.53	\$62.88	\$5.35	9.30%
Two Person	\$111.06	\$121.39	\$10.33	9.30%
Subscriber w/Child(ren)	\$112.21	\$122.65	\$10.44	9.30%
Subscriber and Spouse	\$115.09	\$125.79	\$10.70	9.30%
Family (4 Tier)	\$154.79	\$169.19	\$14.40	9.30%
Family (3 Tier)	\$148.46	\$162.27	\$13.81	9.30%
Family (2 Tier)	\$143.27	\$156.59	\$13.32	9.30%
4. <u>EXHP- 51, EXR-108 (50% w Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$58.48	\$63.92	\$5.44	9.30%
Two Person	\$112.85	\$123.35	\$10.50	9.30%
Subscriber w/Child(ren)	\$114.02	\$124.62	\$10.60	9.30%
Subscriber and Spouse	\$116.93	\$127.80	\$10.87	9.30%
Family (4 Tier)	\$157.28	\$171.91	\$14.63	9.30%
Family (3 Tier)	\$150.85	\$164.88	\$14.03	9.30%
Family (2 Tier)	\$145.59	\$159.13	\$13.54	9.30%
4. <u>EXHP- 51, EXR-108 (50% wo Oral)</u>				
Drug Rider - Limited Network				
Group Remittance				
Single	\$56.15	\$61.37	\$5.22	9.30%
Two Person	\$108.36	\$118.44	\$10.08	9.30%
Subscriber w/Child(ren)	\$109.47	\$119.65	\$10.18	9.30%
Subscriber and Spouse	\$112.29	\$122.73	\$10.44	9.30%
Family (4 Tier)	\$151.03	\$165.08	\$14.05	9.30%
Family (3 Tier)	\$144.86	\$158.33	\$13.47	9.30%
Family (2 Tier)	\$139.80	\$152.80	\$13.00	9.30%
5. <u>EXHP- 53</u>				
Prehospital Emergency Services and Ambulance Transportation Benefit				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$176.75	\$193.19	\$16.44	9.30%
Two Person	\$341.12	\$372.84	\$31.72	9.30%
Subscriber w/Child(ren)	\$344.66	\$376.71	\$32.05	9.30%
Subscriber and Spouse	\$353.49	\$386.36	\$32.87	9.30%
Family (4 Tier)	\$475.45	\$519.67	\$44.22	9.30%
Family (3 Tier)	\$456.01	\$498.42	\$42.41	9.30%
Family (2 Tier)	\$440.10	\$481.03	\$40.93	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$10/\$25 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$169.67	\$185.45	\$15.78	9.30%
Two Person	\$327.44	\$357.89	\$30.45	9.30%
Subscriber w/Child(ren)	\$330.85	\$361.62	\$30.77	9.30%
Subscriber and Spouse	\$339.32	\$370.88	\$31.56	9.30%
Family (4 Tier)	\$456.40	\$498.85	\$42.45	9.30%
Family (3 Tier)	\$437.73	\$478.44	\$40.71	9.30%
Family (2 Tier)	\$422.45	\$461.74	\$39.29	9.30%

Excellus Health Plan, Inc.
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$158.93	\$173.71	\$14.78	9.30%
Two Person	\$306.74	\$335.27	\$28.53	9.30%
Subscriber w/Child(ren)	\$309.93	\$338.75	\$28.82	9.30%
Subscriber and Spouse	\$317.86	\$347.42	\$29.56	9.30%
Family (4 Tier)	\$427.51	\$467.27	\$39.76	9.30%
Family (3 Tier)	\$410.04	\$448.17	\$38.13	9.30%
Family (2 Tier)	\$395.74	\$432.54	\$36.80	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$5/\$15/\$35 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$152.57	\$166.76	\$14.19	9.30%
Two Person	\$294.46	\$321.84	\$27.38	9.30%
Subscriber w/Child(ren)	\$297.51	\$325.18	\$27.67	9.30%
Subscriber and Spouse	\$305.13	\$333.51	\$28.38	9.30%
Family (4 Tier)	\$410.40	\$448.57	\$38.17	9.30%
Family (3 Tier)	\$393.63	\$430.24	\$36.61	9.30%
Family (2 Tier)	\$379.89	\$415.22	\$35.33	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$120.56	\$131.77	\$11.21	9.30%
Two Person	\$232.66	\$254.30	\$21.64	9.30%
Subscriber w/Child(ren)	\$235.07	\$256.93	\$21.86	9.30%
Subscriber and Spouse	\$241.09	\$263.51	\$22.42	9.30%
Family (4 Tier)	\$324.27	\$354.43	\$30.16	9.30%
Family (3 Tier)	\$311.02	\$339.94	\$28.92	9.30%
Family (2 Tier)	\$300.16	\$328.07	\$27.91	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$10/\$30/\$50 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$115.73	\$126.49	\$10.76	9.30%
Two Person	\$223.36	\$244.13	\$20.77	9.30%
Subscriber w/Child(ren)	\$225.69	\$246.68	\$20.99	9.30%
Subscriber and Spouse	\$231.47	\$253.00	\$21.53	9.30%
Family (4 Tier)	\$311.32	\$340.27	\$28.95	9.30%
Family (3 Tier)	\$298.59	\$326.36	\$27.77	9.30%
Family (2 Tier)	\$288.17	\$314.97	\$26.80	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$83.63	\$91.41	\$7.78	9.30%
Two Person	\$161.40	\$176.41	\$15.01	9.30%
Subscriber w/Child(ren)	\$163.08	\$178.25	\$15.17	9.30%
Subscriber and Spouse	\$167.25	\$182.80	\$15.55	9.30%
Family (4 Tier)	\$224.97	\$245.89	\$20.92	9.30%
Family (3 Tier)	\$215.76	\$235.83	\$20.07	9.30%
Family (2 Tier)	\$208.25	\$227.62	\$19.37	9.30%
6. <u>EXHP- 69 Rev.1, EXR-108 (\$7/\$50/\$100 wo/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$80.27	\$87.74	\$7.47	9.31%
Two Person	\$154.91	\$169.32	\$14.41	9.30%
Subscriber w/Child(ren)	\$156.52	\$171.08	\$14.56	9.30%
Subscriber and Spouse	\$160.54	\$175.47	\$14.93	9.30%
Family (4 Tier)	\$215.92	\$236.00	\$20.08	9.30%
Family (3 Tier)	\$207.09	\$226.35	\$19.26	9.30%
Family (2 Tier)	\$199.86	\$218.45	\$18.59	9.30%

Excellus Health Plan, Inc.
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
7. <u>EXHP- 76 Rev.2</u>				
Durable Medical Equipment and External Prosthetic Devices Rider				
Group Remittance				
Single	\$5.29	\$5.78	\$0.49	9.26%
Two Person	\$10.20	\$11.15	\$0.95	9.31%
Subscriber w/Child(ren)	\$10.32	\$11.28	\$0.96	9.30%
Subscriber and Spouse	\$10.59	\$11.57	\$0.98	9.25%
Family (4 Tier)	\$14.22	\$15.54	\$1.32	9.28%
Family (3 Tier)	\$13.65	\$14.92	\$1.27	9.30%
Family (2 Tier)	\$13.17	\$14.39	\$1.22	9.26%
8. <u>EXHP- 79</u>				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
9. <u>EXHP- 84</u>				
Blue Card Language Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
10. <u>EXHP- 85</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
11. <u>EXHP- 87</u>				
Mandate Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
12. <u>EXHP- 89</u>				
Mandate Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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HMO				
13. <u>EXHP-107</u>				
Mammography Screening				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
14. <u>EXHP-108</u>				
Cervical Cytology Screening				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
15. <u>EXHP-113, EXHP-91, EXR-108 (\$7 Generic w/ Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$22.13	\$24.19	\$2.06	9.31%
Two Person	\$42.69	\$46.66	\$3.97	9.30%
Subscriber w/Child(ren)	\$43.13	\$47.14	\$4.01	9.30%
Subscriber and Spouse	\$44.24	\$48.35	\$4.11	9.29%
Family (4 Tier)	\$59.50	\$65.03	\$5.53	9.29%
Family (3 Tier)	\$57.06	\$62.37	\$5.31	9.31%
Family (2 Tier)	\$55.08	\$60.20	\$5.12	9.30%
15. <u>EXHP-113, EXR-108 (\$7 Generic w/o Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$21.23	\$23.20	\$1.97	9.28%
Two Person	\$40.96	\$44.77	\$3.81	9.30%
Subscriber w/Child(ren)	\$41.38	\$45.23	\$3.85	9.30%
Subscriber and Spouse	\$42.44	\$46.39	\$3.95	9.31%
Family (4 Tier)	\$57.07	\$62.38	\$5.31	9.30%
Family (3 Tier)	\$54.75	\$59.84	\$5.09	9.30%
Family (2 Tier)	\$52.84	\$57.75	\$4.91	9.29%
16. <u>EXHP-123</u>				
Diabetic Equip & Supply Mandate-change from legally blind to visually impaired				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
17. <u>EXHP-131, EXR-108</u>				
Prescription Drug Endorsement				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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HMO				
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$9.12	\$9.97	\$0.85	9.32%
Two Person	\$17.61	\$19.25	\$1.64	9.31%
Subscriber w/Child(ren)	\$72.86	\$79.64	\$6.78	9.31%
Subscriber and Spouse	\$18.24	\$19.94	\$1.70	9.32%
Family (4 Tier)	\$100.53	\$109.88	\$9.35	9.30%
Family (3 Tier)	\$96.41	\$105.38	\$8.97	9.30%
Family (2 Tier)	\$93.05	\$101.70	\$8.65	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.12	\$0.13	\$0.01	8.33%
Two Person	\$0.24	\$0.26	\$0.02	8.33%
Subscriber w/Child(ren)	\$55.34	\$60.49	\$5.15	9.31%
Subscriber and Spouse	\$0.25	\$0.27	\$0.02	8.00%
Family (4 Tier)	\$76.33	\$83.43	\$7.10	9.30%
Family (3 Tier)	\$73.22	\$80.03	\$6.81	9.30%
Family (2 Tier)	\$70.66	\$77.23	\$6.57	9.30%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$10.26	\$11.21	\$0.95	9.26%
Two Person	\$19.80	\$21.64	\$1.84	9.29%
Subscriber w/Child(ren)	\$74.43	\$81.35	\$6.92	9.30%
Subscriber and Spouse	\$20.52	\$22.43	\$1.91	9.31%
Family (4 Tier)	\$102.69	\$112.24	\$9.55	9.30%
Family (3 Tier)	\$98.48	\$107.64	\$9.16	9.30%
Family (2 Tier)	\$95.04	\$103.88	\$8.84	9.30%
18. <u>EXHP-138 [Grandfathered Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$54.42	\$59.48	\$5.06	9.30%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$75.08	\$82.06	\$6.98	9.30%
Family (3 Tier)	\$72.01	\$78.71	\$6.70	9.30%
Family (2 Tier)	\$69.50	\$75.96	\$6.46	9.29%
18. <u>EXHP-138 [Non-Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.12	\$0.13	\$0.01	8.33%
Subscriber w/Child(ren)	\$0.12	\$0.13	\$0.01	8.33%
Subscriber and Spouse	\$0.14	\$0.15	\$0.01	7.14%
Family (4 Tier)	\$0.18	\$0.20	\$0.02	11.11%
Family (3 Tier)	\$0.17	\$0.19	\$0.02	11.76%
Family (2 Tier)	\$0.17	\$0.19	\$0.02	11.76%
18. <u>EXHP-138 [Grandfathered Impact to EXHP- 76 Rev.2]</u>				
PPACA Health Care Reform Rider				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.12	\$0.13	\$0.01	8.33%
Subscriber w/Child(ren)	\$0.12	\$0.13	\$0.01	8.33%
Subscriber and Spouse	\$0.14	\$0.15	\$0.01	7.14%
Family (4 Tier)	\$0.18	\$0.20	\$0.02	11.11%
Family (3 Tier)	\$0.17	\$0.19	\$0.02	11.76%
Family (2 Tier)	\$0.17	\$0.19	\$0.02	11.76%

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HMO				
18. <u>EXHP-138 WPS [EXC-8][HMO Blue 25]</u>				
WPS Medical				
Group Remittance				
Single	\$0.21	\$0.23	\$0.02	9.52%
Two Person	\$0.41	\$0.45	\$0.04	9.76%
Subscriber and Spouse	\$0.42	\$0.46	\$0.04	9.52%
Subscriber w/Child(ren)	\$0.41	\$0.45	\$0.04	9.76%
Subscriber w/ Children	\$0.41	\$0.45	\$0.04	9.76%
Family (4 Tier)	\$0.57	\$0.62	\$0.05	8.77%
Family (3 Tier)	\$0.54	\$0.59	\$0.05	9.26%
Family (2 Tier)	\$0.51	\$0.56	\$0.05	9.80%
18. <u>EXHP-138 WPS [EXC-8][HMO Blue 30]</u>				
WPS Medical				
Group Remittance				
Single	\$0.23	\$0.25	\$0.02	8.70%
Two Person	\$0.45	\$0.49	\$0.04	8.89%
Subscriber and Spouse	\$0.46	\$0.50	\$0.04	8.70%
Subscriber w/Child(ren)	\$0.45	\$0.49	\$0.04	8.89%
Subscriber w/ Children	\$0.45	\$0.49	\$0.04	8.89%
Family (4 Tier)	\$0.62	\$0.68	\$0.06	9.68%
Family (3 Tier)	\$0.60	\$0.66	\$0.06	10.00%
Family (2 Tier)	\$0.58	\$0.63	\$0.05	8.62%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$0 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/ Children	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$1 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.07	\$0.08	\$0.01	14.29%
Two Person	\$0.15	\$0.16	\$0.01	6.67%
Subscriber and Spouse	\$0.15	\$0.16	\$0.01	6.67%
Subscriber w/Child(ren)	\$0.15	\$0.16	\$0.01	6.67%
Subscriber w/ Children	\$0.15	\$0.16	\$0.01	6.67%
Family (4 Tier)	\$0.20	\$0.22	\$0.02	10.00%
Family (3 Tier)	\$0.19	\$0.21	\$0.02	10.53%
Family (2 Tier)	\$0.18	\$0.20	\$0.02	11.11%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$2 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.15	\$0.16	\$0.01	6.67%
Two Person	\$0.28	\$0.31	\$0.03	10.71%
Subscriber and Spouse	\$0.29	\$0.32	\$0.03	10.34%
Subscriber w/Child(ren)	\$0.28	\$0.31	\$0.03	10.71%
Subscriber w/ Children	\$0.28	\$0.31	\$0.03	10.71%
Family (4 Tier)	\$0.40	\$0.44	\$0.04	10.00%
Family (3 Tier)	\$0.38	\$0.42	\$0.04	10.53%
Family (2 Tier)	\$0.37	\$0.40	\$0.03	8.11%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$3 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.22	\$0.24	\$0.02	9.09%
Two Person	\$0.43	\$0.47	\$0.04	9.30%
Subscriber and Spouse	\$0.44	\$0.48	\$0.04	9.09%
Subscriber w/Child(ren)	\$0.43	\$0.47	\$0.04	9.30%
Subscriber w/ Children	\$0.43	\$0.47	\$0.04	9.30%
Family (4 Tier)	\$0.59	\$0.64	\$0.05	8.47%
Family (3 Tier)	\$0.57	\$0.62	\$0.05	8.77%
Family (2 Tier)	\$0.55	\$0.60	\$0.05	9.09%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$4 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.29	\$0.32	\$0.03	10.34%
Two Person	\$0.57	\$0.62	\$0.05	8.77%
Subscriber and Spouse	\$0.59	\$0.64	\$0.05	8.47%
Subscriber w/Child(ren)	\$0.58	\$0.63	\$0.05	8.62%
Subscriber w/ Children	\$0.58	\$0.63	\$0.05	8.62%
Family (4 Tier)	\$0.79	\$0.86	\$0.07	8.86%
Family (3 Tier)	\$0.76	\$0.83	\$0.07	9.21%
Family (2 Tier)	\$0.74	\$0.81	\$0.07	9.46%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$5 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.37	\$0.40	\$0.03	8.11%
Two Person	\$0.71	\$0.78	\$0.07	9.86%
Subscriber and Spouse	\$0.74	\$0.81	\$0.07	9.46%
Subscriber w/Child(ren)	\$0.71	\$0.78	\$0.07	9.86%
Subscriber w/ Children	\$0.71	\$0.78	\$0.07	9.86%
Family (4 Tier)	\$0.99	\$1.08	\$0.09	9.09%
Family (3 Tier)	\$0.95	\$1.04	\$0.09	9.47%
Family (2 Tier)	\$0.91	\$0.99	\$0.08	8.79%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$7 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.51	\$0.56	\$0.05	9.80%
Two Person	\$1.00	\$1.09	\$0.09	9.00%
Subscriber and Spouse	\$1.03	\$1.13	\$0.10	9.71%
Subscriber w/Child(ren)	\$1.01	\$1.10	\$0.09	8.91%
Subscriber w/ Children	\$1.01	\$1.10	\$0.09	8.91%
Family (4 Tier)	\$1.39	\$1.52	\$0.13	9.35%
Family (3 Tier)	\$1.32	\$1.44	\$0.12	9.09%
Family (2 Tier)	\$1.28	\$1.40	\$0.12	9.38%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$10 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$0.74	\$0.81	\$0.07	9.46%
Two Person	\$1.42	\$1.55	\$0.13	9.15%
Subscriber and Spouse	\$1.47	\$1.61	\$0.14	9.52%
Subscriber w/Child(ren)	\$1.44	\$1.57	\$0.13	9.03%
Subscriber w/ Children	\$1.44	\$1.57	\$0.13	9.03%
Family (4 Tier)	\$1.97	\$2.15	\$0.18	9.14%
Family (3 Tier)	\$1.90	\$2.08	\$0.18	9.47%
Family (2 Tier)	\$1.83	\$2.00	\$0.17	9.29%

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HMO				
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$15 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.10	\$1.20	\$0.10	9.09%
Two Person	\$2.13	\$2.33	\$0.20	9.39%
Subscriber and Spouse	\$2.21	\$2.42	\$0.21	9.50%
Subscriber w/Child(ren)	\$2.15	\$2.35	\$0.20	9.30%
Subscriber w/ Children	\$2.15	\$2.35	\$0.20	9.30%
Family (4 Tier)	\$2.96	\$3.24	\$0.28	9.46%
Family (3 Tier)	\$2.85	\$3.12	\$0.27	9.47%
Family (2 Tier)	\$2.74	\$2.99	\$0.25	9.12%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [\$20 Generic Copay]]</u>				
WPS Drug				
Group Remittance				
Single	\$1.48	\$1.62	\$0.14	9.46%
Two Person	\$2.86	\$3.13	\$0.27	9.44%
Subscriber and Spouse	\$2.96	\$3.24	\$0.28	9.46%
Subscriber w/Child(ren)	\$2.89	\$3.16	\$0.27	9.34%
Subscriber w/ Children	\$2.89	\$3.16	\$0.27	9.34%
Family (4 Tier)	\$3.98	\$4.35	\$0.37	9.30%
Family (3 Tier)	\$3.82	\$4.18	\$0.36	9.42%
Family (2 Tier)	\$3.69	\$4.03	\$0.34	9.21%
18. <u>EXHP-138 WPS Rx [OC Generic Covers in Full Impact at [No Current Coverage]]</u>				
WPS Drug				
Group Remittance				
Single	\$2.07	\$2.26	\$0.19	9.18%
Two Person	\$3.99	\$4.36	\$0.37	9.27%
Subscriber and Spouse	\$4.14	\$4.53	\$0.39	9.42%
Subscriber w/Child(ren)	\$4.03	\$4.40	\$0.37	9.18%
Subscriber w/ Children	\$4.03	\$4.40	\$0.37	9.18%
Family (4 Tier)	\$5.57	\$6.09	\$0.52	9.34%
Family (3 Tier)	\$5.33	\$5.83	\$0.50	9.38%
Family (2 Tier)	\$5.16	\$5.64	\$0.48	9.30%
19. <u>EXHP-141</u>				
Weight Loss Services Language Change				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
20. <u>EXHP-176</u>				
Allowable Expense Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%

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HMO				
21. EXHP-187				
Rider to Continue Coverage for Children Through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
22. EXHP-189				
Rider to Extend Temporary Continuation of Coverage				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
23. EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$25]]				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$24.65	\$26.94	\$2.29	9.29%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$34.00	\$37.16	\$3.16	9.29%
Family (3 Tier)	\$32.60	\$35.63	\$3.03	9.29%
Family (2 Tier)	\$31.48	\$34.41	\$2.93	9.31%
23. EXHP-191 [Impact to EXC-8 Rev. 1, EXHP-160, EXR-215 [\$30]]				
Dependent Coverage through Age 29				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$24.40	\$26.67	\$2.27	9.30%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$33.65	\$36.78	\$3.13	9.30%
Family (3 Tier)	\$32.29	\$35.29	\$3.00	9.29%
Family (2 Tier)	\$31.15	\$34.05	\$2.90	9.31%
24. EXHP-210[Blue Choice 25]				
Autism Mandate				
Group Remittance				
Single	\$1.56	\$1.71	\$0.15	9.62%
Two Person	\$3.02	\$3.30	\$0.28	9.27%
Subscriber and Spouse	\$3.13	\$3.42	\$0.29	9.27%
Subscriber w/Child(ren)	\$3.06	\$3.34	\$0.28	9.15%
Subscriber w/ Children	\$3.06	\$3.34	\$0.28	9.15%
Family (4 Tier)	\$4.21	\$4.60	\$0.39	9.26%
Family (3 Tier)	\$4.03	\$4.40	\$0.37	9.18%
Family (2 Tier)	\$3.91	\$4.27	\$0.36	9.21%
24. EXHP-210[Blue Choice 30]				
Autism Mandate				
Group Remittance				
Single	\$1.46	\$1.60	\$0.14	9.59%
Two Person	\$2.81	\$3.07	\$0.26	9.25%
Subscriber and Spouse	\$2.91	\$3.18	\$0.27	9.28%
Subscriber w/Child(ren)	\$2.84	\$3.10	\$0.26	9.15%
Subscriber w/ Children	\$2.84	\$3.10	\$0.26	9.15%
Family (4 Tier)	\$3.92	\$4.28	\$0.36	9.18%
Family (3 Tier)	\$3.76	\$4.11	\$0.35	9.31%
Family (2 Tier)	\$3.62	\$3.96	\$0.34	9.39%

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HMO				
25. <u>EXR- 1</u>				
Domestic Partner Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
26. <u>EXR- 70 Rev. 1: \$100 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.83	\$0.91	\$0.08	9.64%
Two Person	\$1.60	\$1.75	\$0.15	9.38%
Subscriber w/Child(ren)	\$1.61	\$1.76	\$0.15	9.32%
Subscriber and Spouse	\$1.67	\$1.83	\$0.16	9.58%
Family (4 Tier)	\$2.23	\$2.44	\$0.21	9.42%
Family (3 Tier)	\$2.14	\$2.34	\$0.20	9.35%
Family (2 Tier)	\$2.06	\$2.25	\$0.19	9.22%
26. <u>EXR- 70 Rev. 1: \$250 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.78	\$0.85	\$0.07	8.97%
Two Person	\$1.51	\$1.65	\$0.14	9.27%
Subscriber w/Child(ren)	\$1.52	\$1.66	\$0.14	9.21%
Subscriber and Spouse	\$1.58	\$1.73	\$0.15	9.49%
Family (4 Tier)	\$2.12	\$2.32	\$0.20	9.43%
Family (3 Tier)	\$2.04	\$2.23	\$0.19	9.31%
Family (2 Tier)	\$1.95	\$2.13	\$0.18	9.23%
26. <u>EXR- 70 Rev. 1: \$500 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.77	\$0.84	\$0.07	9.09%
Two Person	\$1.47	\$1.61	\$0.14	9.52%
Subscriber w/Child(ren)	\$1.50	\$1.64	\$0.14	9.33%
Subscriber and Spouse	\$1.55	\$1.69	\$0.14	9.03%
Family (4 Tier)	\$2.08	\$2.27	\$0.19	9.13%
Family (3 Tier)	\$1.98	\$2.16	\$0.18	9.09%
Family (2 Tier)	\$1.91	\$2.09	\$0.18	9.42%
26. <u>EXR- 70 Rev. 1: \$750 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.63	\$0.69	\$0.06	9.52%
Two Person	\$1.19	\$1.30	\$0.11	9.24%
Subscriber w/Child(ren)	\$1.20	\$1.31	\$0.11	9.17%
Subscriber and Spouse	\$1.25	\$1.37	\$0.12	9.60%
Family (4 Tier)	\$1.68	\$1.84	\$0.16	9.52%
Family (3 Tier)	\$1.60	\$1.75	\$0.15	9.38%
Family (2 Tier)	\$1.56	\$1.71	\$0.15	9.62%
26. <u>EXR- 70 Rev. 1: \$1000 Copayment</u>				
Hospice Care				
Group Remittance				
Single	\$0.56	\$0.61	\$0.05	8.93%
Two Person	\$1.13	\$1.24	\$0.11	9.73%
Subscriber w/Child(ren)	\$1.14	\$1.25	\$0.11	9.65%
Subscriber and Spouse	\$1.16	\$1.27	\$0.11	9.48%
Family (4 Tier)	\$1.56	\$1.71	\$0.15	9.62%
Family (3 Tier)	\$1.50	\$1.64	\$0.14	9.33%
Family (2 Tier)	\$1.44	\$1.57	\$0.13	9.03%

Excellus Health Plan, Inc.
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Rate Manual / Exhibit A

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
27. <u>EXR- 71 Rev. 1: Eyewear \$60 Allowance</u>				
Vision Care Benefits				
Group Remittance				
Single	\$7.26	\$7.94	\$0.68	9.37%
Two Person	\$14.01	\$15.31	\$1.30	9.28%
Subscriber w/Child(ren)	\$14.16	\$15.48	\$1.32	9.32%
Subscriber and Spouse	\$14.51	\$15.86	\$1.35	9.30%
Family (4 Tier)	\$19.53	\$21.35	\$1.82	9.32%
Family (3 Tier)	\$18.72	\$20.46	\$1.74	9.29%
Family (2 Tier)	\$18.08	\$19.76	\$1.68	9.29%
27. <u>EXR- 71 Rev. 1: Vision Exam \$40 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$1.56	\$1.71	\$0.15	9.62%
Two Person	\$3.00	\$3.28	\$0.28	9.33%
Subscriber w/Child(ren)	\$3.04	\$3.32	\$0.28	9.21%
Subscriber and Spouse	\$3.11	\$3.40	\$0.29	9.32%
Family (4 Tier)	\$4.17	\$4.56	\$0.39	9.35%
Family (3 Tier)	\$4.02	\$4.39	\$0.37	9.20%
Family (2 Tier)	\$3.86	\$4.22	\$0.36	9.33%
27. <u>EXR- 71 Rev. 1: Vision Exam \$50 Copay</u>				
Vision Care Benefits				
Group Remittance				
Single	\$0.52	\$0.57	\$0.05	9.62%
Two Person	\$1.01	\$1.10	\$0.09	8.91%
Subscriber w/Child(ren)	\$1.01	\$1.10	\$0.09	8.91%
Subscriber and Spouse	\$1.04	\$1.14	\$0.10	9.62%
Family (4 Tier)	\$1.40	\$1.53	\$0.13	9.29%
Family (3 Tier)	\$1.34	\$1.46	\$0.12	8.96%
Family (2 Tier)	\$1.28	\$1.40	\$0.12	9.38%
28. <u>EXR-130</u>				
HMO 25 Hearing Aid (Language Clarification) Rider				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$165.30	\$180.67	\$15.37	9.30%
Two Person	\$319.03	\$348.70	\$29.67	9.30%
Subscriber w/Child(ren)	\$322.34	\$352.32	\$29.98	9.30%
Subscriber and Spouse	\$330.58	\$361.32	\$30.74	9.30%
Family (4 Tier)	\$444.65	\$486.00	\$41.35	9.30%
Family (3 Tier)	\$426.45	\$466.11	\$39.66	9.30%
Family (2 Tier)	\$411.58	\$449.86	\$38.28	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$15/\$30 w/out Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$158.72	\$173.48	\$14.76	9.30%
Two Person	\$306.30	\$334.79	\$28.49	9.30%
Subscriber w/Child(ren)	\$309.49	\$338.27	\$28.78	9.30%
Subscriber and Spouse	\$317.42	\$346.94	\$29.52	9.30%
Family (4 Tier)	\$426.93	\$466.63	\$39.70	9.30%
Family (3 Tier)	\$409.47	\$447.55	\$38.08	9.30%
Family (2 Tier)	\$395.18	\$431.93	\$36.75	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
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Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$152.18	\$166.33	\$14.15	9.30%
Two Person	\$293.72	\$321.04	\$27.32	9.30%
Subscriber w/Child(ren)	\$296.75	\$324.35	\$27.60	9.30%
Subscriber and Spouse	\$304.36	\$332.67	\$28.31	9.30%
Family (4 Tier)	\$409.35	\$447.42	\$38.07	9.30%
Family (3 Tier)	\$392.63	\$429.14	\$36.51	9.30%
Family (2 Tier)	\$378.93	\$414.17	\$35.24	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$5/\$20/\$35 w/out Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$146.08	\$159.67	\$13.59	9.30%
Two Person	\$281.95	\$308.17	\$26.22	9.30%
Subscriber w/Child(ren)	\$284.85	\$311.34	\$26.49	9.30%
Subscriber and Spouse	\$292.16	\$319.33	\$27.17	9.30%
Family (4 Tier)	\$392.95	\$429.49	\$36.54	9.30%
Family (3 Tier)	\$376.88	\$411.93	\$35.05	9.30%
Family (2 Tier)	\$363.75	\$397.58	\$33.83	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$132.31	\$144.61	\$12.30	9.30%
Two Person	\$255.34	\$279.09	\$23.75	9.30%
Subscriber w/Child(ren)	\$258.00	\$281.99	\$23.99	9.30%
Subscriber and Spouse	\$264.60	\$289.21	\$24.61	9.30%
Family (4 Tier)	\$355.89	\$388.99	\$33.10	9.30%
Family (3 Tier)	\$341.35	\$373.10	\$31.75	9.30%
Family (2 Tier)	\$329.45	\$360.09	\$30.64	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXR-108 (\$10/\$25/\$40 w/out Oral)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$127.02	\$138.83	\$11.81	9.30%
Two Person	\$245.14	\$267.94	\$22.80	9.30%
Subscriber w/Child(ren)	\$247.69	\$270.73	\$23.04	9.30%
Subscriber and Spouse	\$254.04	\$277.67	\$23.63	9.30%
Family (4 Tier)	\$341.69	\$373.47	\$31.78	9.30%
Family (3 Tier)	\$327.71	\$358.19	\$30.48	9.30%
Family (2 Tier)	\$316.28	\$345.69	\$29.41	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/Oral with \$0 Copay on Generic up to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$134.28	\$146.77	\$12.49	9.30%
Two Person	\$259.17	\$283.27	\$24.10	9.30%
Subscriber w/Child(ren)	\$261.86	\$286.21	\$24.35	9.30%
Subscriber and Spouse	\$268.57	\$293.55	\$24.98	9.30%
Family (4 Tier)	\$361.23	\$394.82	\$33.59	9.30%
Family (3 Tier)	\$346.46	\$378.68	\$32.22	9.30%
Family (2 Tier)	\$334.36	\$365.46	\$31.10	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXHP-70 (Rev. 1), EXR-108 (\$10/\$25/\$40 w/out Oral with \$0 Copay on Generic up to age 19)</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$128.93	\$140.92	\$11.99	9.30%
Two Person	\$248.84	\$271.98	\$23.14	9.30%
Subscriber w/Child(ren)	\$251.42	\$274.80	\$23.38	9.30%
Subscriber and Spouse	\$257.86	\$281.84	\$23.98	9.30%
Family (4 Tier)	\$346.80	\$379.05	\$32.25	9.30%
Family (3 Tier)	\$332.63	\$363.56	\$30.93	9.30%
Family (2 Tier)	\$321.03	\$350.89	\$29.86	9.30%

Excellus Health Plan, Inc.
Upstate HMO-Utica North Operating Region
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Effective 1/1/2014

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
HMO				
29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/Oral) Limited Network</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$125.75	\$137.44	\$11.69	9.30%
Two Person	\$242.70	\$265.27	\$22.57	9.30%
Subscriber w/Child(ren)	\$245.21	\$268.01	\$22.80	9.30%
Subscriber and Spouse	\$251.49	\$274.88	\$23.39	9.30%
Family (4 Tier)	\$338.27	\$369.73	\$31.46	9.30%
Family (3 Tier)	\$324.43	\$354.60	\$30.17	9.30%
Family (2 Tier)	\$313.12	\$342.24	\$29.12	9.30%
29. <u>HRX-COPAY-00 Rev.1, EXHP-50, EXR-108 (\$10/\$25/\$40 w/out Oral) Limited Network</u>				
Prescription Drug Rider				
Group Remittance				
Single	\$120.70	\$131.93	\$11.23	9.30%
Two Person	\$232.95	\$254.61	\$21.66	9.30%
Subscriber w/Child(ren)	\$235.37	\$257.26	\$21.89	9.30%
Subscriber and Spouse	\$241.39	\$263.84	\$22.45	9.30%
Family (4 Tier)	\$324.69	\$354.89	\$30.20	9.30%
Family (3 Tier)	\$311.40	\$340.36	\$28.96	9.30%
Family (2 Tier)	\$300.54	\$328.49	\$27.95	9.30%
30. <u>HSERVRIDER</u>				
Service Area				
Group Remittance				
Single	\$0.00	\$0.00	\$0.00	0.00%
Two Person	\$0.00	\$0.00	\$0.00	0.00%
Subscriber w/Child(ren)	\$0.00	\$0.00	\$0.00	0.00%
Subscriber and Spouse	\$0.00	\$0.00	\$0.00	0.00%
Family (4 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (3 Tier)	\$0.00	\$0.00	\$0.00	0.00%
Family (2 Tier)	\$0.00	\$0.00	\$0.00	0.00%
31. <u>NYSHIP-12</u>				
HMO Blue Rider				
Group Remittance				
Single	\$2.31	\$2.52	\$0.21	9.09%
Family	\$6.00	\$6.56	\$0.56	9.33%

Factors

Factors

Factor Calculation to add Contraceptives to Drug riders

EXHP-91 (Contraceptives)

Four-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Two Person	$((1 / 0.96) - 1) \times$ selected drug rider rate
Single Parent w/ Children	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Three-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Two Person	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Two-Tier

Single	$((1 / 0.96) - 1) \times$ selected drug rider rate
Family	$((1 / 0.96) - 1) \times$ selected drug rider rate

Factors

Factor Calculation for Specialty Drug Pharmacy Network

EXR-108 (Specialty Drug Pharmacy Network)

Four-Tier

Single	(0.992) x selected drug rider rate
Two Person	(0.992) x selected drug rider rate
Single Parent w/ Children	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

Three-Tier

Single	(0.992) x selected drug rider rate
Two Person	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

Two-Tier

Single	(0.992) x selected drug rider rate
Family	(0.992) x selected drug rider rate

This prescription drug [rider; endorsement] incorporates a mandatory specialty drug pharmacy network into all Article 43 prescription drug forms to which it is attached.

Specialty medications are those medications that are designed for conditions that are difficult to treat with traditional therapies, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, growth hormone deficiency, and others.

<u>Prescribed for:</u>	<u>Specialty Medication</u>
Blood Cell Modification	Neumega
Cancer: Antineoplastic	Alferon N, Roferon-A
Cystic Fibrosis	Pulmozyme, TOBI
Infertility	Bravelle, Cetrotide, Chorionic Gonadotrophin, Fertinex, Follistim AQ, Gonal F, Luveris, Menopur, Novarel, Ovidrel, Pregnyl, Profasi, Repronex, Synarel
Growth Hormone Deficiency	Genotropin, Humatrope, Increlex, Norditropin, Nutropin/AQ, Saizen, Serostim
Hepatitis C	Copegus, Infergen, Peg Intron, Pegasys, Rebetol (ribavirin)
Multiple Sclerosis	Avonex, Betaseron, Copaxone, Rebif
Osteoporosis	Forteo
Psoriasis	Enbrel, Raptiva
Rheumatoid Arthritis	Enbrel, Humira, Kineret

[Underlying forms include Generic Advantage Program: if a prescription is filled with a Tier 2 or Tier 3 Drug and there is a therapeutic generic equivalent drug available for that Tier 2 or Tier 3 Drug, payment will be based on the therapeutic generic equivalent drug fee schedule allowance or the actual cost of the generic drug, whichever is less. Patient will be responsible for the Tier 1 Drug copayment plus the difference in cost between the payment and the actual cost of the Tier 2 or Tier 3 Drug.

Limitations and exclusions of underlying forms:

First fill of a prescription limited to a maximum of a 30 day supply. Excludes drugs administered in a physician's office or in an inpatient or outpatient facility. Excludes vitamins, except those which by law require a Prescription Order. Excludes drugs that are prescribed or dispensed for cosmetic purposes. Excludes drugs for which payment is covered under a worker's compensation law, or under mandatory automobile "no-fault" benefits. Excludes drugs purchased at a Non-Participating Pharmacy.

**Individual, Sole Proprietor, Small and Large Group
(Traditional)**

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Medicare Supplemental

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2. EXC-23, 29; Medicare Supplemental - Benefit Plan B
3. EXC-24, 30; Medicare Supplemental - Benefit Plan C
4. EXC-25, 31; Medicare Supplemental - Benefit Plan F
5. EXC-26, 32; Medicare Supplemental - Benefit Plan F+
6. EXC-27, 33; Medicare Supplemental - Benefit Plan H
7. EXC-39, 40; Medicare Supplemental - Benefit Plan H (no drug)
8. EXC-83, 84; Medicare Supplemental - Benefit Plan N
9. EXC-85, EXC-90 [2010 Plan]; Medicare Supplemental - Benefit Plan A [incl. Hospice]
10. EXC-86, EXC-91 [2010 Plan]; Medicare Supplemental - Benefit Plan B [incl. Hospice]
11. EXC-87, EXC-92 [2010 Plan]; Medicare Supplemental - Benefit Plan C [incl. Hospice]
12. EXC-88, EXC-93 [2010 Plan]; Medicare Supplemental - Benefit Plan F [incl. Hospice]
13. EXC-89, EXC-94 [2010 Plan]; Medicare Supplemental - Benefit Plan F+ [incl. Hospice]

**Outline of essential benefits, coverages, limitations,
and exclusions**

[Index](#) [Policy](#)

Medicare Supplemental

1. EXC-22, EXC-28
 Medicare Supplemental - Benefit Plan A

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

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2. EXC-23, EXC-29
 Medicare Supplemental - Benefit Plan B

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

3. EXC-24, EXC-30
 Medicare Supplemental - Benefit Plan C

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.

4. EXC-25, EXC-31
 Medicare Supplemental - Benefit Plan F

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefit exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Balance after Medicare Part B is covered in full for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Balance after Medicare Part B is covered in full for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Balance after Medicare Part B is covered in full for Diagnostic Office Visits. Balance after Medicare Part B is covered in full for periodic routine pap smears. Balance after Medicare Part B is covered in full for periodic routine mammograms. Balance after Medicare Part B is covered in full for Allergy Tests and Injections. Balance after Medicare Part B is Covered in full for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Balance after Medicare Part B is covered in full for Diagnostic Hearing Evaluations. Balance after Medicare Part B is covered in full for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Balance after Medicare Part B is covered in full for Physical Therapy, Speech Therapy and Occupational Therapy. Balance after Medicare Part B is covered in full for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Balance after Medicare Part B is covered in full for Chiropractic Services. Balance after Medicare Part B is covered in full for Ambulance.

5. EXC-26, EXC-32
 Medicare Supplemental - Benefit Plan F+

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
- Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood. The first three pints of blood are covered in full.

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6. EXC-27, EXC-33
 Medicare Supplemental - Benefit Plan H

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance or Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance. Prescription Drugs are covered at 50%, after the first \$250, up to a maximum of \$1,250 per member per calendar year. Coverage of prescription drugs limited to those which require a prescription by law and must be prescribed by a person qualified to prescribe drugs.

7. EXC-39, EXC-40
 Medicare Supplemental - Benefit Plan H (no drug)

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance or Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

8. EXC-83, 84
 Medicare Supplemental - Benefit Plan N

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received
 **Because 2011 Medicare Part A and Part B cost sharing amounts are unknown at the time of this filing, 2010 cost sharing amounts are listed instead. The 2010

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* · Semiprivate room and board, general nursing and miscellaneous services · First 60 days · 61 st thru 90 th day · 91 st day and after: o While using 60 lifetime reserve days o Once lifetime reserve days are used: o Additional 365 days (lifetime) o Beyond the additional 365 days	· All but \$[1100]** · All but \$[275] a day o All but \$[550] a day o \$[0] o \$[0]	· \$[1100] (Part A deductible) · \$[275] a day o \$[550] a day o [100%] of Medicare eligible expenses o \$[0]	· [0] · [0] o [0] o [0] o [All costs]
SKILLED NURSING FACILITY CARE* · You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility. · Within 30 days after leaving the hospital · First 20 days · 21st thru 100th day · 101st day and there after	· [All approved amounts] · All but \$[137.50] a day · [0]	· [0] · Up to \$[137.50] a day · [0]	· [0] · [0] · [All costs]
BLOOD · First 3 pints · Additional amounts	· [0] · [100%]	· [3 pints] · [0]	· [0] · [0]
HOSPICE CARE · You must meet Medicare's requirements including a doctors certification of terminal illness	· All but very limited copayments/coinsurance for outpatient drugs and inpatient respite care	· Medicare copayment/coinsurance	· [0]

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MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$[155] of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met
 **Because 2011 Medicare Part A and Part B cost sharing amounts are unknown at the time of this filing, 2010 cost sharing amounts are listed instead. The 2010

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES (IN OR OUT OF THE HOSPITAL TREATMENT) · Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. · First \$[155]** of Medicare approved amounts* · Remainder of Medicare approved amounts	· [\$0] · Generally [80%]	· [\$0] · Balance, other than up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	· \$[155] Part B deductible · Up to \$[20] per office visit and up to \$[50] per emergency room visit. The copayment of up to \$[50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES (Above Medicare approved amounts)	· [\$0]	· [\$0]	· [All costs]
BLOOD · First 3 pints · Next \$[155] of Medicare approved amounts* · Remainder of Medicare approved amounts	· [\$0] · [\$0] · [80%]	· [All costs] · [\$0] · [20%]	· [\$0] · \$[155] Part B deductible · [\$0]
CLINICAL LABORATORY SERVICES – (TESTS FOR DIAGNOSTIC SERVICES)	· [100%]	· [\$0]	· [\$0]

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTHCARE (MEDICARE APPROVED SERVICES) · Medically necessary skilled care services and medical supplies · Durable medical equipment, first \$[155] of Medicare approved amounts* · Remainder of Medicare approved amounts	· [100%] · [\$0] · [80%]	· [\$0] · [\$0] · [20%]	· [\$0] · \$[155] Part B deductible · [\$0]

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL- NOT COVERED BY MEDICARE · Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA · First \$[250] each calendar year · Remainder of charges	· [\$0] · [\$0]	· [\$0] · [80%] to a lifetime maximum benefit of [\$50,000]	· [\$250] · [20%] and amounts over the \$[50,000] lifetime maximum

9. EXC-85, EXC-90 [2010 Plan]
 Medicare Supplemental - Benefit Plan A [incl. Hospice]

Covers Medicare Part A hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance. Hospice and respite care covered in full.

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10. EXC-86, EXC-91 [2010 Plan]
Medicare Supplemental - Benefit Plan B [incl. Hospice]

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Covers Medicare Part B 20% coinsurance for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Covers Medicare Part B 20% coinsurance for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Covers Medicare Part B 20% coinsurance for Diagnostic Office Visits. Covers Medicare Part B 20% coinsurance for periodic routine pap smears. Covers Medicare Part B 20% coinsurance for periodic routine mammograms. Covers Medicare Part B 20% coinsurance for Allergy Tests and Injections. Covers Medicare Part B 20% coinsurance for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Covers Medicare Part B 20% coinsurance for Diagnostic Hearing Evaluations. Covers Medicare Part B 20% coinsurance for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Covers Medicare Part B 20% coinsurance for Physical Therapy, Speech Therapy and Occupational Therapy. Covers Medicare Part B 20% coinsurance for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Covers Medicare Part B 20% coinsurance for Chiropractic Services. Covers Medicare Part B 20% coinsurance for Ambulance.

11. EXC-87, EXC-92 [2010 Plan]
Medicare Supplemental - Benefit Plan C [incl. Hospice]

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
 - Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
 - Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
 - Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
 - Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
 - Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
 - Blood. The first three pints of blood are covered in full.
- Hospice and respite care covered in full.

12. EXC-88, EXC-93 [2010 Plan]
Medicare Supplemental - Benefit Plan F [incl. Hospice]

Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61-90 and for the 60 lifetime reserve days. After Medicare benefit exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full available. Balance after Medicare Part B is covered in full for Diagnostic X-Ray, Diagnostic Laboratory and Pathology, Chemotherapy, Radiation Therapy, Surgical care, Pre-admission testing, and Life Threatening and Urgent Medical Emergencies. Balance after Medicare Part B is covered in full for Physician Visits while a hospital inpatient; Surgery while a hospital inpatient, and Anesthesia while a hospital inpatient. Balance after Medicare Part B is covered in full for Diagnostic Office Visits. Balance after Medicare Part B is covered in full for periodic routine pap smears. Balance after Medicare Part B is covered in full for periodic routine mammograms. Balance after Medicare Part B is covered in full for Allergy Tests and Injections. Balance after Medicare Part B is Covered in full for Diagnostic Eye Exams and Prosthetic lenses following cataract surgery. Balance after Medicare Part B is covered in full for Diagnostic Hearing Evaluations. Balance after Medicare Part B is covered in full for Acute Outpatient Psychiatric and Outpatient Substance Abuse. Balance after Medicare Part B is covered in full for Physical Therapy, Speech Therapy and Occupational Therapy. Balance after Medicare Part B is covered in full for Durable Medical Equipment, Internal Prosthetics, External Prosthetics, and Orthopedic Braces and Supports. Balance after Medicare Part B is covered in full for Chiropractic Services. Balance after Medicare Part B is covered in full for Ambulance.

Hospice and respite care covered in full.

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13. EXC-89, EXC-94 [2010 Plan]
 Medicare Supplemental - Benefit Plan F+ [incl. Hospice]

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
 - Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
 - Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
 - Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
 - Medicare Part B Coinsurance. Subject to the deductible, Part B covered services are generally covered in full.
 - Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
 - Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
 - Blood. The first three pints of blood are covered in full.
- Hospice and respite care covered in full.

Rate schedule

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
Medicare Supplemental				
1. <u>EXC-22, 28</u> Medicare Supplemental - Benefit Plan A Direct Remittance EXC-22 Single	\$142.25	\$128.68	(\$13.57)	-9.54%
Group Remittance EXC-28 Single	\$142.25	\$116.42	(\$25.83)	-18.16%
2. <u>EXC-23, 29</u> Medicare Supplemental - Benefit Plan B Direct Remittance EXC-23 Single	\$180.73	\$172.90	(\$7.83)	-4.33%
Group Remittance EXC-29 Single	\$180.73	\$156.44	(\$24.29)	-13.44%
3. <u>EXC-24, 30</u> Medicare Supplemental - Benefit Plan C Direct Remittance EXC-24 Single	\$211.70	\$207.41	(\$4.29)	-2.03%
Group Remittance EXC-30 Single	\$211.70	\$187.65	(\$24.05)	-11.36%
4. <u>EXC-25, 31</u> Medicare Supplemental - Benefit Plan F Direct Remittance EXC-25 Single	\$231.00	\$209.35	(\$21.65)	-9.37%
Group Remittance EXC-31 Single	\$231.00	\$189.41	(\$41.59)	-18.00%
5. <u>EXC-26, 32</u> Medicare Supplemental - Benefit Plan F+ Direct Remittance EXC-26 Single	\$94.07	\$83.05	(\$11.02)	-11.71%
Group Remittance EXC-32 Single	\$94.07	\$75.14	(\$18.93)	-20.12%
6. <u>EXC-27, 33</u> Medicare Supplemental - Benefit Plan H Direct Remittance EXC-27 Single	\$283.32	\$278.58	(\$4.74)	-1.67%
Group Remittance EXC-33 Single	\$283.32	\$252.05	(\$31.27)	-11.04%
7. <u>EXC-39, 40</u> Medicare Supplemental - Benefit Plan H (no drug) Direct Remittance EXC-40 Single	\$192.30	\$187.50	(\$4.80)	-2.50%
Group Remittance EXC-39 Single	\$192.30	\$169.64	(\$22.66)	-11.78%
8. <u>EXC-83, 84</u> Medicare Supplemental - Benefit Plan N Direct Remittance EXC-83 Single	\$166.54	\$168.25	\$1.71	1.03%

Policy Form	Present Monthly Rates	Filed Monthly Rates	Rate Change	Percent Change
<u>Medicare Supplemental</u>				
Group Remittance EXC-84 Single	\$166.54	\$152.23	(\$14.31)	-8.59%
9. <u>EXC-85, EXC-90 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan A [incl. Hospice] Direct Remittance EXC-85 Single	\$142.25	\$128.68	(\$13.57)	-9.54%
Group Remittance EXC-90 Single	\$142.25	\$116.42	(\$25.83)	-18.16%
10. <u>EXC-86, EXC-91 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan B [incl. Hospice] Direct Remittance EXC-86 Single	\$180.73	\$172.90	(\$7.83)	-4.33%
Group Remittance EXC-91 Single	\$180.73	\$156.44	(\$24.29)	-13.44%
11. <u>EXC-87, EXC-92 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan C [incl. Hospice] Direct Remittance EXC-87 Single	\$211.70	\$207.41	(\$4.29)	-2.03%
Group Remittance EXC-92 Single	\$211.70	\$187.65	(\$24.05)	-11.36%
12. <u>EXC-88, EXC-93 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan F [incl. Hospice] Direct Remittance EXC-88 Single	\$231.00	\$209.35	(\$21.65)	-9.37%
Group Remittance EXC-93 Single	\$231.00	\$189.41	(\$41.59)	-18.00%
13. <u>EXC-89, EXC-94 [2010 Plan]</u>				
Medicare Supplemental - Benefit Plan F+ [incl. Hospice] Direct Remittance EXC-89 Single	\$94.07	\$83.05	(\$11.02)	-11.71%
Group Remittance EXC-94 Single	\$94.07	\$75.14	(\$18.93)	-20.12%

Commission Schedule

Excellus Health Plan, Inc.
Agent/Broker Commission Program

Schedule A of the Agent/Broker Agreement

Effective January 1, 2012

Applies to Excellus BlueCross BlueShield Products

SECTION A – OUTLINE OF COMMISSIONABLE AND NON-COMMISSIONABLE PRODUCTS

1. **General**

Agent/Broker commissions are limited to fully insured Excellus Health Plan group business purchasing the products listed below. Agent/Broker compensation, however, is based on combined sales under this and any other Schedule A to the Agent/Broker Agreement. This program excludes all: Medicare, Medicaid, Family Health Plus and Child Health Plus products; and SSA business, except as provided in Subparagraph B. 5. B. below.

If the group falls below the minimum participation requirement, no further commissions will be paid until the minimum participation is restored for that group.

As required by 11 NYCRR 52.42 (e), total commissions payable for HMO products under Section B below are subject to an aggregate maximum of 4% of the approved premium for the contract sold.

2. **New and Existing Business Commissionable Medical Products**

- A. High Deductible Health Plans (HDHP)
 - (1) HealthyBlue High Deductible Health Plan
 - (2) BluePPO HSA Options 1-4
 - (3) SimplyBlue High Deductible Health Plan
- B. HealthyBlue Copay and Copay/Deductible Plans
 - (1) HealthyBlue Copay Plan, SimplyBlue Copay Plan
 - (2) HealthyBlue Copay/Deductible Plan, SimplyBlue Copay/Deductible Plan
- C. Preferred or Exclusive Provider Organization (PPO or EPO) and Point of Service (POS) Plans
 - (1) Healthy New York
 - (2) Excellus BluePPO
 - (3) Blue Healthy Choices
 - (4) Blue Preferred PPO
 - (5) Excellus BlueEPO
 - (6) Blue Point 2
- D. Traditional and HMO Plans
 - (1) Healthy New York
 - (2) BCBS Traditional Hospital & Medical/Surgical, e.g., Classic Blue
 - (3) Blue Choice/HMO Blue \$25 and \$30

3. **New and Growth on Existing Business Commissionable Dental Products**

- A. Dental Blue Options
- B. Dental Blue Classic
- C. Smile Saver
- D. Dental Blue PPO (Growth only)
- E. Dental Options I or II (Growth only)
- F. Dental Schedule A, B or C (Growth only)
- G. Prime Blue Dental (Growth only)

SECTION B – MEDICAL BUSINESS

1. **New Medical Business** is commission eligible for employer groups that have not offered Excellus Health Plan products for six months prior to the effective date of coverage.
2. **Existing Medical Business** commissions will be subject to a \$150,000 annual maximum of Base and PCPM commissions per group, with the exception of exclusive business with effective dates on or after January 1, 2012.

Existing employer group business that qualified for the 2010 Excellus Health Plan, Inc. Commission Schedule under the PPO/EPO/HDHP Bonus Program will remain commission eligible and payable at the commission levels in Paragraph 4 below.

3. **Commission Schedules**

- A. Community Rated Business: 4% of Paid Premium
- B. Experience Rated Business: % of Paid Premium as follows:

Cumulative YTD Paid Premium	Percent of Paid Premium
First \$500,000	4.0%
\$500,001 - \$1,000,000	3.5%
\$1,000,001 - \$1,500,000	3.0%
\$1,500,001 - \$2,000,000	2.0%
\$2,000,000 +	1.0%

4. **Per Contract Per Month (PCPM) Commission Schedules**

An Agent/Broker will be paid a PCPM commission on all new eligible sales with effective dates beginning on or after January 1, 2012. An Agent/Broker will be paid a PCPM commission for all existing business that transfers to an eligible product with effective dates beginning on or after January 1, 2012. The PCPM commission is in addition to any commission payable under Paragraph 3 above.

- A. Community Rated Business: Eligible products and corresponding PCPM commission.

PCPM Eligible Community Rated Products	PCPM
HealthyBlue High Deductible Health Plan	\$15
SimplyBlue High Deductible Health Plan	\$15
HealthyBlue Copay Plan	\$10
SimplyBlue Copay Plan	\$10
HealthyBlue Copay/Deductible Plan	\$10
SimplyBlue Copay/Deductible Plan	\$10

B. Experience Rated Business: Eligible products and corresponding PCPM commission.

PCPM Eligible Experience Rated Products	PCPM
HealthyBlue High Deductible Health Plan	\$10
SimplyBlue High Deductible Health Plan	\$10
HealthyBlue Copay Plan	\$10
SimplyBlue Copay Plan	\$10
HealthyBlue Copay/Deductible Plan	\$10
SimplyBlue Copay/Deductible Plan	\$10
Excellus BlueEPO	\$10
Blue Healthy Choices	\$10
Excellus BluePPO	\$10
Excellus BluePPO HSA Options 1-4	\$10

5. **Medical Business Override Program**

A. New Medical Business Override

The New Medical Business Override will be calculated on a quarterly basis beginning 01/01/2012 and paid based on Agent/Broker's year-to-date achievement of new medical contract and new medical group minimum targets according to the schedule below.

Qualifying new medical contracts must originate from prospect medical clients only. Growth on existing clients is not eligible for New Medical Business Override commissions.

New Medical Contracts	New Medical Group Minimum	Payment
100-249	Two	\$15,000
250-499	Two	\$30,000
500-999	Three	\$50,000
1,000-1,499	Four	\$100,000
1,500 or more	Five	\$150,000

B. Medical Business Retention Override

The Medical Business Retention Override will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net medical book of business retention targets according to the schedule below.

Book of business retention measurement will reflect the Agent/Broker's ending medical contract count compared to the starting medical contract count for the period. New medical business acquired during the period will be included in the retention calculation.

% of Medical Contracts Retained *	Payment	Maximum Payment
95.0%	0.50% of in force premium	\$50,000 per agency
98.0%	0.75% of in force premium	\$75,000 per agency
* Includes SSA and RMSCO contracts		

SECTION C – DENTAL BUSINESS

1. **New Dental Business** is commission eligible for employer groups that have not offered Excellus Health Plan dental products for six months prior to the effective date of coverage.

The New Dental Business commission scale will be applied to group business in Dental Blue Options or Dental Blue Classic plans for all Broker of Record Letters in effect on or after 01/01/2012.

Annual Premium Paid by Group	Commission Percentage
Up to \$20,000	12%
\$20,001-\$30,000	10%
\$30,001-\$40,000	8%
\$40,001-\$50,000	6%
\$50,001-\$100,000	5%
Greater than \$100,000	2%

2. **Growth on Existing Dental Business** will qualify for commission eligibility when the Agent/Broker increases dental enrollment within an existing employer by a minimum of one contract.

Annual Premium Paid by Group	Commission Percentage
Up to \$20,000	12%
\$20,001-\$30,000	10%
\$30,001-\$40,000	8%
\$40,001-\$50,000	6%
\$50,001-\$100,000	5%
Greater than \$100,000	2%

3. **New Dental Business Override** will be calculated quarterly beginning 01/01/2012 and paid based on Agent/Broker's year-to-date achievement of new dental contract and group minimum targets.

Qualifying new dental contracts must originate from prospect dental clients only. Growth on existing clients is not eligible for New Business Override commission payment.

New Dental Contracts	New Dental Group Minimum	Payment
100-199	Two	\$2,000
200-299	Three	\$5,000
300-399	Four	\$10,000
400-499	Five	\$15,000
500 or more	Six	\$30,000

4. **Dental Business Retention Override** will be calculated on a calendar year basis and paid based on Agent/Broker's achievement of net dental book of business retention targets.

Book of Business retention measurement will reflect the Agent/Broker's ending dental contract count compared to the starting dental contract count. New dental business acquired during the period will be included in the retention calculation.

% of Dental Contracts Retained *	Payment	Maximum Payment
95.0%	3% of in force premium	\$20,000 per agency
98.0%	5% of in force premium	\$40,000 per agency

Underwriting Guidelines

Excellus

Commercial Underwriting Guidelines

Applied on a Group Level

Policies Effective: November 1, 2011

Last Revised: October 25, 2011

Introduction

Commercial health insurance coverage is available to employer, trust and association groups, subscribers and dependents that meet the qualifications specified in 4235 (c) (1) of the New York State Insurance Law and the Underwriting Guidelines of Excellus Health Plan, Inc, doing business as Excellus BlueCross Blue Shield and Univera Healthcare (“Health Plan”). Outlined below are the basic criteria that the Health Plan will follow to qualify employer, trust and association groups, employees and dependents for commercial coverage.

Disclaimer

Excellus reserves the right to make exceptions to these guidelines, for circumstances where the group/subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective 11/01/2011 and replace all previous group commercial guidelines in use.

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I. Group Eligibility

A. Eligible Groups:

A group, or if the group is a trust or association, a member firm participating in the group is eligible for commercial group coverage if it meets the following criteria:

Employer group/trust:

The group/trust:

1. is headquartered in the Health Plan's service area. In the event the Health Plan is insuring only the local employees of a multi-location group, must have an office in the Health Plan's service area;
2. is engaged in a legal business or is a government entity with the legal authority to contract;
3. regularly employs persons on an active basis for salaries or wages throughout the year;
4. maintains a non-seasonal business in that the group employs at least one employee for 50% of the working days in the previous year;
5. maintains an employer-employee relationship with its subscribers;
6. files state and federal income taxes as an ongoing commercial enterprise, non-profit entity, is validly exempted from filing taxes or is a government entity; and
7. meets and maintains applicable participation and contribution requirements as required by the Health Plan's Underwriting Guidelines.

Association groups:

The association:

1. must meet criteria #1 above for employer groups/trusts, as well as other criteria specified in 4235(c)1 related specifically to associations.
2. member firms must comply with the same underwriting guidelines as groups/trusts enrolled by the Health Plans on a direct basis.

B. Ineligible Groups:

The following groups are ineligible for commercial group coverage:

1. groups previously terminated for fraud.
2. groups in bankruptcy proceedings.
3. groups terminated for non-payment of premium by any insurance carrier are ineligible as follows:
 - a. small groups (see section "C" below) for 12 months following the termination for non-pay.
 - b. large groups (see section "C" below) for 24 months following the termination for non-pay.

C. Group Size:

The definition of sole proprietors is per 4317(f) (3) of the insurance laws of New York State. The definition of small groups, including association groups, is in accordance with Regulation 145.

To determine a group's classification as "small" or "large", the Health Plan calculates eligible employees based on the following general guidelines:

1. groups with common ownership/control count as being part of one group.
2. groups with membership both inside and outside the Health Plan service area will be counted together, even if membership within the service area is minimal.

D. Group Effective Date:

New groups or groups making changes to existing coverage must provide all required enrollment information to the Health Plan by the 15th of the current month in order to be effective the 1st of the following month. New small groups must include payment of the first month's premium along with all other enrollment materials.

E. Group Renewal Date:

Groups renew annually as follows:

1. community rated groups renew on January 1, unless the product has rolling rates or level premium.
2. a group with rolling rates renews on the 1st of the month of the anniversary of its effective date
3. level premium or experience rated groups renew throughout the year, based upon on a date the group specifies at the time the rate is quoted.

F. Guaranteed Renewal:

A covered small group or, if the group is a trust or association, a member firm will be renewed unless terminated due to any of the following occurrences:

1. non-payment of premium;
2. fraud or misrepresentation of material facts;
3. violation of the Health Plan's contribution or participation requirements;
4. violation of the Health Plan's service area requirements;
5. lapsed membership or membership is downgraded from "full" to "associate" in the trust or association (including a chamber of commerce) through which the coverage is offered;
6. inability to meet the definition of a permissible group under 4235(c) (1); or
7. the Health Plan discontinues participation in the market or discontinues the class of coverage.

G. Open Enrollment Period:

The Health Plan's standard policy is one (1) open enrollment (re-opening) period per year, at the time of the group's renewal. The open enrollment period is the time when eligible group members who have previously declined coverage through the group may enroll. Subscribers may select from among the various offerings available through the group during the open enrollment period.

H. Special Open Enrollment Periods:

A group may request a special open enrollment period when significant change in business conditions occur such as a purchase of a new division or the group expands coverage to a new class of employees.

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

An eligible subscriber must be a citizen of the United States or must be in the United States validly working on at least a semi-permanent basis (e.g., “H” visa). If the product covering the subscriber has a limited network or requires election of a primary care physician (PCP), the subscriber must live, work or reside in the appropriate Health Plan service area.

Additionally, under various group situations, an eligible subscriber must meet the following criteria.

For coverage through an employer group (including member firms within a trust or association), an eligible subscriber must be:

1. a permanent full or part-time employee working at least 20 hours per week;
 2. an officer or director if engaged in the operation of the business at least 20 hours per week and receiving compensation. An owner of a business is eligible regardless of whether he or she actively works at the business, unless the owner is determined to be a silent partner (i.e., exerting no influence on the management or operation of the business).
 3. an elected or appointed official, if the employer group is a public entity (e.g. city, school district);
 4. if a retiree, covered by the Health Plan immediately prior to retirement and with continuous coverage through the Health Plan;
 5. an employee disabled or on FMLA;
 6. a former employee on COBRA/NYS extension of benefits, until the maximum period ends;
 7. a reservist; or
 8. a “1099 employee” who is considered an employee per DOL regulations (e.g., realtors, contractors).
- Note: Large groups may insure employees that work 17.5 hours or more

For coverage through a professional society (e.g. medical, bar, realtors), an eligible subscriber must:

1. qualify for full membership in the professional society under the organization’s by-laws; and
2. be a licensed professional.

B. Employer Probationary Periods:

Employers may select probationary periods from zero (0) to one (1) year in monthly increments.

C. Eligible Dependent:

The eligible dependents are dictated by the subscriber contract/certificate. In general, the eligible dependents are as follows:

1. Spouses
 - a. Spouse, unless the marriage is dissolved through divorce or annulment. A same-sex marriage will be recognized when the marriage is performed in a state where full legal status is conferred
2. Dependent Children
 - a. children of a subscriber are covered until age 26 regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage (unless, until January 1, 2014, the subscriber is covered under a grandfathered group health plan in which case the dependent must not be eligible for coverage through his/her own employer);

b. in addition to the coverage listed in subparagraph a. above, coverage for the children of a subscriber is available, if elected by the subscriber or eligible young adult, for unmarried young adults under 30 years of age who are not insured or eligible for insurance through their own employer, who live, work or reside in New York State or Excellus Health Plan, Inc.'s service area and who are not covered under Medicare;

c. in addition to the coverage listed in subparagraph a. above, coverage may be available through a "make available" rider, if elected by a group, for the children of a subscriber who are unmarried, under 30 years of age, who are not insured or eligible for insurance through their own employer, who live, work or reside in New York State or Excellus Health Plan, Inc.'s service area, and who are not covered by Medicare

d. for purposes of subparagraphs b. and c. above, the term "children" includes natural children, stepchildren, legally adopted children and children for whom a court of law has made the subscriber or spouse legally responsible to support.

D. Subscriber/Dependent Initial Enrollment and Retroactivity

Excellus will enroll a subscriber and/or dependent for the requested date, provided that:

1. the application is received within the retroactive period specified in the subscriber contract/certificate from the date of the qualifying event or,
2. if unspecified, 30 days.

If not enrolled when initially eligible, the subscriber/dependent must wait until the next open enrollment period, unless the subscriber/dependent qualifies for a special enrollment period (see following Section E).

E. Special Enrollment Periods:

The Health Plan recognizes the special enrollment rights available to covered persons under federal and state law and/or regulation. These special enrollment rights allow an employee, spouse or dependent who did not enroll in the group plan when originally eligible due to coverage under the spouse's employer group plan to enroll for coverage at a time other than the group's open enrollment period, if the other coverage is lost for one or more of the following reasons:

1. termination of the spouse's employment;
2. termination of the spouse's other plan or benefit contract;
3. death of the spouse;
4. legal separation, divorce or annulment;
5. reduction in the number of hours worked by the spouse; or
6. employer ceased its contribution toward the premium for the spouse's plan or benefit contract.

If the employee, spouse or dependent applies within 30 days of the loss of coverage or within such longer period specified in the subscriber contract or certificate, he or she may enroll effective the date of the loss of coverage.

F. Pre-existing Conditions:

The definition of waiting periods for pre-existing conditions (pre-ex) is in the subscriber contract/certificate. Pre-ex applies for the period specified in the subscriber contract/certificate, for services in connection with any disease, illness, ailment or other condition where medical advice, diagnosis, care or treatment was actually recommended by or received from a licensed health care provider within 6 months before the coverage began. Pregnancy or conditions in newborns or adopted children enrolled within 31 days of birth are not subject to pre-ex.

The Health Plan will count all sources of creditable coverage, as defined by law, towards the subscriber or dependent's waiting period(s). Employer probationary periods, if any, are included as credit towards the waiting period.

Pre-existing waiting periods, for dependents and subscribers 19 years of age and older, apply to the Health Plan's commercial group coverage as follows:

1. groups with 50 or fewer eligible employees must have pre-existing waiting period provisions
2. groups with 51 to 299 eligible employees may select not to have pre-existing waiting period provisions
3. groups with 300 or more eligible employees must not have pre-existing waiting period provisions

Members under 19 may not be subject to pre-existing condition limitations.

III. Product Offering Requirements

A. Participation Percents:

HMO products are not subject to participation percents, but enrollment in the Health Plan's HMO products may contribute to the total participation percentages.

The group size and participation percents are based upon net-eligible employees (after valid waivers). To obtain or maintain group coverage, 75% of the net-eligible employees must be enrolled in our health plan.

B. Maximum Number of Products or Options:

Groups meeting standard participation requirements may select the following number of products/options:

<u>Enrolled Employees</u>	<u>Number of Products/Options</u>
1 – 5	1
6 – 20	2
21 – 50	3
51 - 499	4
500+	Negotiated among Sales, Rating and Underwriting

Groups with multiple product/option selections may choose the same or different type of products, but may not cause adverse selection by violating the Health Plan's multiple product offering guidelines. See Section C below.

C. Multiple Offerings:

To reduce the potential for adverse selection, the following rules govern which products are available in multiple product offering situations:

1. when offered next to a competitor, the benefit level of the Health Plan's products must be less than the competitor's benefit offering.
2. when multi-option offerings are offered next to a competitor's plan our lowest option has to be the lowest option offered and we must have enrollment in this option.
3. all offerings must either include or exclude drug. High/low offerings may have different drug benefits, but the high base/high drug benefit and the low base/low drug benefits must be paired together.
4. the eligibility criteria for subscriber and dependents must be the same for all products (e.g. domestic partner, student age).
5. the underlying benefits must be essentially the same, except for benefits like vision, which have a low risk of adverse selection.
6. rating tiers must be identical.
7. renewal/open enrollment periods must be the same.
8. the rate differential among Health Plan product offerings must be at least 5% and no more than 30%. If an HSA product is offered, special consideration may be given.
9. if an HSA is offered in conjunction with another product in groups of 1 to 5, two products/offerings, rather than one product/offering may be allowed.

D. Employer Contribution:

The employer must contribute a minimum of 50% of the single premium for each product offering.

If an employer contributes 100% of the premium, all eligible subscribers must be enrolled in the group plan.

E. Group-Initiated Changes in Coverage:

If a group wishes to change its coverage, the following rules are generally in effect:

1. riders may be added or eliminated only at the renewal.
2. groups that eliminate riders may not add the rider to coverage for a period of 2 years. This includes prescription drug and eligibility riders.
3. for experience rated groups benefit changes should occur at the renewal date. One (1) off-cycle change may occur per calendar year.

For community rated groups,

1. upgrades may occur once per year at the time of renewal.
2. downgrades may occur at any time, but not more than once during the year.

F. Rating:

Sole proprietors and groups with 2-50 eligible employees are community rated. Sole proprietors receive a surcharged rate. Rates are based upon the group's location and product selection, in accordance with rates filed with the New York State Insurance Department (NYSID).

Groups with 51 or more eligible employees will be experience rated for Article 43 products.

G. Rate Changes:

For community rated plans, The Health Plan must provide notice to the group policyholder or contract holder, as well as certificate holders, on or before the date the Health Plan files its initial rate change filing with the New York State Insurance Department. The Health Plan may provide the group policyholder or contract holder with a sufficient supply of rate change notices for distribution to certificate holders. The rate contained in the notice to group policyholders or contract holders and certificate holders must be no more than 5% from the actual rate. Upon receipt of approval of its rate change application, the Health Plan must provide the group policyholder or contract holder, as well as certificate holders, with 60 days prior written notice of the approved rate change before it may be implemented.

Rates for experience rated groups are prepared in accordance with a formula filed with the NYSID. The experience rated groups receive notice of the rate change at least 60 days in advance of the effective date of the rate change.

IV. Other Requirements

Eligibility Verification:

New group and subscriber/dependent eligibility and guideline compliance will be verified using information from tax forms, other filings with government agencies and appropriate company records as determined by the Underwriting Department. Recertification of a group will occur annually through a direct request for information from the Health Plan. The annual cycle will repeat as long as the group purchases health coverage from the Health Plan.

Expected Medical Loss Ratio

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
LG HMO	84.2%
Med Supp	80.0%

Composition of Rating Regions

Excellus Health Plan Inc.
Excellus BCBS Utica Region

Rating Region Definitions

New York State County

Utica

Northern Region

Clinton

Essex

Franklin

Jefferson

St. Lawrence

Southern Region

Chenango

Delaware

Fulton

Hamilton

Herkimer

Lewis

Madison (East*)

Montgomery

Oneida

Oswego

Otsego

*ZIP codes 13310, 13032, 13043, 13061, 13072, 13134, 13151, 13163, 13314, 13332, 13334, 13346, 13355, 13364, 13402, 13408, 13409, 13418, 13421, 13432, 13465, 13484, and 13485



Products Previously Issued as Univera Healthcare - WNY

Documentation in Support of a
Section 4308 (c)
Subscriber Rate Application
For the Period
2014

Rate Manual

UNIVERA HEALTHCARE

Products Previously Issued as Univera Healthcare - WNY

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UNIVERA HEALTHCARE
Products Previously Issues as Univera Healthcare - WNY

MEDICARE SUPPLEMENTAL & MEDICARE COST

INDEX OF COMMUNITY RATED CONTRACTS AND RIDERS

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Medicare Supplement Plan B with Hospice Benefit (<i>Group Certificate</i>)	EXC-91
Medicare Supplement Plan C with Hospice Benefit (<i>Individual Contract</i>)	EXC-87
Medicare Supplement Plan C with Hospice Benefit (<i>Group Certificate</i>)	EXC-92
Medicare Supplement Plan F with Hospice Benefit (<i>Individual Contract</i>)	EXC-88
Medicare Supplement Plan F with Hospice Benefit (<i>Group Certificate</i>)	EXC-93
Medicare Supplement Plan F+ with Hospice Benefit (<i>Individual Contract</i>)	EXC-89
Medicare Supplement Plan F+ with Hospice Benefit (<i>Group Certificate</i>)	EXC-94
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UNIVERA HEALTHCARE
Products Previously Issued as Univera Healthcare
Medicare Supplemental

Rates Effective: 1/1/2014

Policy Form #	Description	Effective 1/1/2013	Effective 1/1/2014	\$ Change	% Change
EXC-22	<u>Medicare Supplement Plan A (Individual Contract)</u>	\$159.25	\$155.64	(\$3.61)	-2.27%
EXC-28	<u>Medicare Supplement Plan A (Group Certificate)</u>	\$159.25	\$140.81	(\$18.44)	-11.58%
EXC-23	<u>Medicare Supplement Plan B (Individual Contract)</u>	\$212.93	\$209.13	(\$3.80)	-1.78%
EXC-29	<u>Medicare Supplement Plan B (Group Certificate)</u>	\$212.93	\$189.21	(\$23.72)	-11.14%
EXC-24	<u>Medicare Supplement Plan C (Individual Contract)</u>	\$254.67	\$250.86	(\$3.81)	-1.50%
EXC-30	<u>Medicare Supplement Plan C (Group Certificate)</u>	\$254.67	\$226.97	(\$27.70)	-10.88%
EXC-25	<u>Medicare Supplement Plan F (Individual Contract)</u>	\$255.64	\$253.22	(\$2.42)	-0.95%
EXC-31	<u>Medicare Supplement Plan F (Group Certificate)</u>	\$255.64	\$229.10	(\$26.54)	-10.38%
EXC-26	<u>Medicare Supplement Plan F+ (Individual Contract)</u>	\$102.98	\$100.45	(\$2.53)	-2.46%
EXC-32	<u>Medicare Supplement Plan F+ (Group Certificate)</u>	\$102.98	\$90.88	(\$12.10)	-11.75%
EXC-27	<u>Medicare Supplement Plan H (Individual Contract)</u>	\$345.02	\$336.95	(\$8.07)	-2.34%
EXC-33	<u>Medicare Supplement Plan H (Group Certificate)</u>	\$345.02	\$304.86	(\$40.16)	-11.64%
EXC-39	<u>Medicare Supplement Plan H w/out Rx Benefit (Individual Contract)</u>	\$235.10	\$226.79	(\$8.31)	-3.53%
EXC-40	<u>Medicare Supplement Plan H w/out Rx Benefit (Group Certificate)</u>	\$235.10	\$205.19	(\$29.91)	-12.72%
EXC-85	<u>Medicare Supplement Plan A (Individual Contract) with Hospice Benefit</u>	\$159.25	\$155.64	(\$3.61)	-2.27%

UNIVERA HEALTHCARE
Products Previously Issued as Univera Healthcare
Medicare Supplemental

Rates Effective: 1/1/2014

Policy Form #	Description	Effective 1/1/2013	Effective 1/1/2014	\$ Change	% Change
EXC-86	<u>Medicare Supplement Plan B (Individual Contract) with Hospice Benefit</u>	\$212.93	\$209.13	(\$3.80)	-1.78%
EXC-87	<u>Medicare Supplement Plan C (Individual Contract) with Hospice Benefit</u>	\$254.67	\$250.86	(\$3.81)	-1.50%
EXC-88	<u>Medicare Supplement Plan F (Individual Contract) with Hospice Benefit</u>	\$255.64	\$253.22	(\$2.42)	-0.95%
EXC-89	<u>Medicare Supplement Plan F+ (Individual Contract) with Hospice Benefit</u>	\$102.98	\$100.45	(\$2.53)	-2.46%
EXC-83	<u>Medicare Supplement Plan N (Individual Contract) with Hospice Benefit</u>	\$200.58	\$203.50	\$2.92	1.46%
EXC-90	<u>Medicare Supplement Plan A (Group Certificate) with Hospice Benefit</u>	\$159.25	\$140.81	(\$18.44)	-11.58%
EXC-91	<u>Medicare Supplement Plan B (Group Certificate) with Hospice Benefit</u>	\$212.93	\$189.21	(\$23.72)	-11.14%
EXC-92	<u>Medicare Supplement Plan C (Group Certificate) with Hospice Benefit</u>	\$254.67	\$226.97	(\$27.70)	-10.88%
EXC-93	<u>Medicare Supplement Plan F (Group Certificate) with Hospice Benefit</u>	\$255.64	\$229.10	(\$26.54)	-10.38%
EXC-94	<u>Medicare Supplement Plan F+ (Group Certificate) with Hospice Benefit</u>	\$102.98	\$90.88	(\$12.10)	-11.75%
EXC-84	<u>Medicare Supplement Plan N (Group Certificate) with Hospice Benefit</u>	\$200.58	\$184.12	(\$16.46)	-8.21%

**Medicare Supplemental
Outline of Benefits**

- EXC-22 Medicare Supplement Plan A (*Individual Contract*)
- EXC-28 Medicare Supplement Plan A (*Group Certificate*)
- EXC-85 Medicare Supplement Plan A with Hospice Benefit (*Individual Contract*)
- EXC-90 Medicare Supplement Plan A with Hospice Benefit (*Group Certificate*)

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
Blood The first three pints of blood are covered in full.
[Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.]

- EXC-23 Medicare Supplement Plan B (*Individual Contract*)
- EXC-29 Medicare Supplement Plan B (*Group Certificate*)
- EXC-86 Medicare Supplement Plan B with Hospice Benefit (*Individual Contract*)
- EXC-91 Medicare Supplement Plan B with Hospice Benefit (*Group Certificate*)

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
Blood The first three pints of blood are covered in full.
[Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.]

- EXC-24 Medicare Supplement Plan C (*Individual Contract*)
- EXC-30 Medicare Supplement Plan C (*Group Certificate*)
- EXC-87 Medicare Supplement Plan C with Hospice Benefit (*Individual Contract*)
- EXC-92 Medicare Supplement Plan C with Hospice Benefit (*Group Certificate*)

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
Blood The first three pints of blood are covered in full.
[Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.]

- EXC-25 Medicare Supplement Plan F (*Individual Contract*)
- EXC-31 Medicare Supplement Plan F (*Group Certificate*)
- EXC-88 Medicare Supplement Plan F with Hospice Benefit (*Individual Contract*)
- EXC-93 Medicare Supplement Plan F with Hospice Benefit (*Group Certificate*)

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
Blood The first three pints of blood are covered in full.
[Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.]

- EXC-26 Medicare Supplement Plan F+ (*Individual Contract*)
- EXC-32 Medicare Supplement Plan F+ (*Group Certificate*)
- EXC-89 Medicare Supplement Plan F+ with Hospice Benefit (*Individual Contract*)
- EXC-94 Medicare Supplement Plan F+ with Hospice Benefit (*Group Certificate*)

This contract or certificate provides additional coverage to the Original Medicare Plan as follows, subject to the annual Plan F+ high deductible which is adjusted annually:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Medicare Part B Deductible. The Medicare Part B yearly deductible is covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
- Medicare Part B Excess Charge. Medicare Part B excess charges are covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood The first three pints of blood are covered in full.
- [Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.]

- EXC-27 Medicare Supplement Plan H (*Individual Contract*)
- EXC-33 Medicare Supplement Plan H (*Group Certificate*)
- EXC-39 Medicare Supplement Plan H w/out Rx (*Individual Contract*)
- EXC-40 Medicare Supplement Plan H w/out Rx (*Group Certificate*)

This contract or certificate provides additional coverage to the Original Medicare Plan as follows:

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered in full.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood The first three pints of blood are covered in full.
- [Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.]
- [Basic Outpatient Prescription Drug Benefits. Covered subject to \$250 Deductible, 50% Coinsurance, \$1250 Benefit Maximum.

- EXC-83 Medicare Supplement Plan N with Hospice Benefit (*Individual Contract*)
- EXC-84 Medicare Supplement Plan N with Hospice Benefit (*Group Certificate*)

- Medicare Part A Deductible. Days 1-60 of a hospital stay are covered at 50%.
- Medicare Part A Hospital Benefits. Days 61-150 of a hospital stay are covered in full.
- Skilled Nursing Coinsurance. Days 21-100 of SNF care are covered in full.
- Medicare Part B Coinsurance. Subject to the deadline, Part B covered services are generally covered in full.
- Foreign Travel Emergency. During the first 60 days of each trip, emergency health care is covered subject to 20% coinsurance and a \$250 deductible.
- Blood The first three pints of blood are covered in full.
- Hospice Care Cost Sharing. Cost sharing for all Part A Medicare eligible hospice and respite care expenses are covered in full.

New York State County

Western

Erie
Genesee
Niagara
Orleans
Wyoming

Western Southern Tier

Allegany
Cattaraugus
Chautauqua

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
Med Supp	80.0%



Medical Commercial Underwriting Guidelines

Applied on a Group Level

Policies Effective: January 1, 2013

Last Revised: November 13, 2012

Introduction

Commercial health insurance coverage is available to employer, trust and association groups, subscribers and dependents that meet the qualifications specified in 4235 (c) (1) of the New York State Insurance Law and the Underwriting Guidelines of Excellus Health Plan, Inc. d/b/a Univera Healthcare ("Health Plan"). Outlined below are the basic criteria that the Health Plan will follow to qualify employer, trust and association groups, employees and dependents for commercial coverage.

Disclaimer

The Health Plan reserves the right to make exceptions to these guidelines for circumstances where the group/subscriber/dependent does meet all of the criteria in these guidelines and when the exception will not violate any laws/regulations or harm the community pool.

These guidelines are effective January 1, 2013, and replace all previous group commercial guidelines in use.

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I. Group Eligibility

A. **Eligible Groups:**

A group, or if the group is a trust or association, a member firm participating in the group is eligible for commercial group coverage if it meets the following criteria:

Employer group/trust:

The group/trust:

1. Is headquartered in the Health Plan's service area. In the event that the Health Plan is insuring only the local employees of multi-location group, the group must have an office in the Health Plan's service area.
2. Is engaged in a legal business or is a government entity with the legal authority to contract.
3. Regularly employs persons on an active basis for salaries or wages throughout the year.
4. Maintains a non-seasonal business in that the group employs at least one employee for 50 percent of the working days in the previous year.
5. Maintains an employer-employee relationship with its subscribers.
6. Files state and federal income taxes as an ongoing commercial enterprise, nonprofit entity, is validly exempted from filing taxes or is a government entity.
7. Meets and maintains applicable participation and contribution requirements as required by the Health Plan's Underwriting Guidelines.

Association groups:

The association:

1. Must meet criteria No. 1 above for employer groups/trusts, as well as other criteria specified in 4235(c)1 related specifically to associations.
2. Member firms must comply with the same underwriting guidelines as groups/trusts enrolled by the Health Plans on a direct basis.

B. **Ineligible Groups:**

The following groups are ineligible for commercial group coverage:

1. Groups previously terminated for fraud.
2. Groups in bankruptcy proceedings.
3. Groups terminated for nonpayment of premium by any insurance carrier are ineligible as follows:
 - a. Small groups (see section "C" below) for 12 months following the termination for nonpayment.
 - b. Large groups (see section "C" below) for 24 months following the termination for nonpayment.

C. **Group Size:**

The definition of sole proprietors is per 4317(f) (3) of the insurance laws of New York state. The definition of small groups, including association groups, is in accordance with Regulation 145.

To determine a group's classification as "small" or "large," the Health Plan calculates eligible employees based on the following general guidelines:

1. Groups with common ownership/control count as being part of one group.

2. Groups with membership inside and outside the Health Plan service area will be counted together, even if membership within the service area is minimal.

D. Group Effective Date:

New groups must provide all required enrollment information to the Health Plan 30 days in advance of the effective date. Groups making changes to existing coverage must provide all required enrollment information 15 days in advance of the effective date in order to be effective the 1st of the following month. New small groups must include payment of the first month's premium, along with all other enrollment materials.

E. Group Renewal Date:

Groups renew annually as follows:

1. Community-rated groups renew on January 1, unless the product has rolling rates or a level premium.
2. A group with rolling rates renews on the 1st of the month of the anniversary of its effective date.
3. Level premium or experience-rated groups renew throughout the year, based upon a date the group specifies at the time the rate is quoted.

F. Guaranteed Renewal:

A covered small group or, if the group is a trust or association, a member firm will be renewed unless terminated due to any of the following occurrences:

1. Nonpayment of premium.
2. Fraud or misrepresentation of material facts.
3. Violation of the Health Plan's contribution or participation requirements.
4. Violation of the Health Plan's service area requirements.
5. Lapsed membership or membership is downgraded from "full" to "associate" in the trust or association (including a Chamber of Commerce) through which the coverage is offered.
6. Inability to meet the definition of a permissible group under 4235(c) (1).
7. The Health Plan discontinues participation in the market or discontinues the class of coverage.

G. Open Enrollment Period:

The Health Plan's standard policy is one open enrollment (reopening) period per year, at the time of the group's renewal. The open enrollment period is the time when eligible group members who have previously declined coverage through the group may enroll. Subscribers may select from among the various offerings available through the group during the open enrollment period.

H. Special Open Enrollment Periods:

A group may request a special open enrollment period when a significant change in business conditions occurs, such as a purchase of a new division or the group expands coverage to a new class of employees.

II. Subscriber/Dependent Eligibility

A. Eligible Subscriber:

An eligible subscriber must be a citizen of the United States or must be in the United States validly working on at least a semi-permanent basis (e.g., "H" visa). If the product covering the subscriber has a limited network or requires election of a primary care physician, the subscriber must live, work or reside in the appropriate Health Plan service area.

Additionally, under various group situations, an eligible subscriber must meet the following criteria.

For coverage through an employer group (including member firms within a trust or association), an eligible subscriber must be:

1. A permanent, full or part-time employee working at least 20 hours per week.
2. An officer or director if engaged in the operation of the business at least 20 hours per week and receiving compensation. An owner of a business is eligible regardless of whether he or she actively works at the business, unless the owner is determined to be a silent partner (i.e., exerting no influence on the management or operation of the business).
3. An elected or appointed official if the employer group is a public entity (e.g., city, school district).
4. If a retiree, covered by the Health Plan immediately prior to retirement and with continuous coverage through the Health Plan.
5. An employee disabled or on FMLA [spell out].
6. A former employee on COBRA/New York state extension of benefits, until the maximum period ends.
7. A reservist.
8. A "1099 employee" who is considered an employee per Department of Labor regulations (e.g., realtors, contractors).

Note: Large groups may insure employees who work 17.5 hours or more.

For coverage through a professional society (e.g., medical, bar, realtors), an eligible subscriber must:

1. Qualify for full membership in the professional society under the organization's bylaws.
2. Be a licensed professional.

B. Employer Probationary Periods:

Employers may select probationary periods from zero (0) to one (1) year in monthly increments.

C. Eligible Dependent:

The eligible dependents are dictated by the subscriber contract/certificate. In general, the eligible dependents are as follows:

1. Spouses
 - a. Spouse, unless the marriage is dissolved through divorce or annulment. A same-sex marriage will be recognized when the marriage is performed in a state where full legal status is conferred.
2. Dependent Children

a. Children of a subscriber are covered until age 26 regardless of financial dependence, residency, student status, employment, marital status, or eligibility for other coverage (unless, until January 1, 2014, the subscriber is covered under a grandfathered group health plan, in which case the dependent must not be eligible for coverage through his/her own employer).

b. In addition to the coverage listed in subparagraph a. above, coverage for the children of a subscriber is available, if elected by the subscriber or eligible young adult, for unmarried young adults younger than 30 years of age who are not insured or eligible for insurance through their own employer, who live, work or reside in New York state or the Health Plan's service area and who are not covered under Medicare.

c. In addition to the coverage listed in subparagraph a. above, coverage may be available through a "make available" rider, if elected by a group, for the children of a subscriber who are unmarried, younger than 30 years of age, who are not insured or eligible for insurance through their own employer, who live, work or reside in New York state or the Health Plan's service area, and who are not covered by Medicare.

d. For purposes of subparagraphs b. and c. above, the term "children" includes natural children, stepchildren, legally adopted children and children for whom a court of law has made the subscriber or spouse legally responsible to support.

D. Subscriber/Dependent Initial Enrollment and Retroactivity

The Health Plan will enroll a subscriber and/or dependent for the requested date, provided that:

1. The application is received within the retroactive period specified in the subscriber contract/certificate from the date of the qualifying event.
2. If the retroactive period is unspecified, within 30 days.

If not enrolled when initially eligible, the subscriber/dependent must wait until the next open enrollment period, unless the subscriber/dependent qualifies for a special enrollment period (see following Section E).

E. Special Enrollment Periods:

The Health Plan recognizes the special enrollment rights available to covered persons under federal and state law and/or regulation. These special enrollment rights allow an employee, spouse or dependent who did not enroll in the group plan when originally eligible due to coverage under the spouse's employer group plan to enroll for coverage at a time other than the group's open enrollment period, if the other coverage is lost for one or more of the following reasons:

1. Termination of the spouse's employment.
2. Termination of the spouse's other plan or benefit contract.
3. Death of the spouse.
4. Legal separation, divorce or annulment.
5. Reduction in the number of hours worked by the spouse.
6. Employer ceased its contribution toward the premium for the spouse's plan or benefit contract.

If the employee, spouse or dependent applies within 30 days of the loss of coverage or within such longer period specified in the subscriber contract or certificate, he or she may enroll effective the date of the loss of coverage.

F. Pre-existing Conditions:

The definition of waiting periods for pre-existing conditions is in the subscriber contract/certificate. Pre-existing conditions applies for the period specified in the subscriber contract/certificate, for services in connection with any disease, illness, ailment or other condition where medical advice, diagnosis, care or treatment was actually recommended by or received from a licensed health care provider within six months before the coverage began. Pregnancy or conditions in newborns or adopted children enrolled within 31 days of birth are not subject to pre-existing conditions.

The Health Plan will count all sources of creditable coverage, as defined by law, toward the subscriber's or dependent's waiting period(s). Employer probationary periods, if any, are included as credit toward the waiting period.

Pre-existing waiting periods, for dependents and subscribers 19 years of age and older, apply to the Health Plan's commercial group coverage as follows:

1. Groups with 50 or fewer eligible employees must have pre-existing waiting period provisions.
2. Groups with 51 to 299 eligible employees may select not to have pre-existing waiting period provisions.
3. Groups with 300 or more eligible employees must not have pre-existing waiting period provisions.

Members younger than 19 may not be subject to pre-existing condition limitations.

III. Product Offering Requirements

A. Participation Percents:

HMO products are not subject to participation requirements, but enrollment in the Health Plan's HMO products may contribute to the total participation percentages.

The group size and participation requirements are based on net-eligible employees (after valid waivers). To obtain or maintain group coverage, 75 percent of the net-eligible employees must be enrolled in our Health Plan and meet applicable state law participation requirements.

B. Maximum Number of Products or Options:

Groups meeting standard participation requirements may select the following number of products/options:

<u>Enrolled Employees</u>	<u>Number of Products/Options</u>
1 – 5	1
6 – 20	2
21 – 50	3
51 - 499	4
500+	Negotiated among Sales, Rating and Underwriting

Groups with multiple product/option selections may choose the same or different types of products, but may not cause adverse selection by violating the Health Plan's multiple product offering guidelines. See Section C below.

C. Multiple Offerings:

To reduce the potential for adverse selection, the following rules govern which products are available in multiple product offering situations:

1. When offered next to a competitor, the benefit level of the Health Plan's products must be less than the competitor's benefit offering.
2. When multi-option offerings are offered next to a competitor's plan, our lowest option has to be the lowest option offered, and we must have enrollment in this option.
3. All offerings must either include or exclude drugs. High/low offerings may have different drug benefits, but the high base/high drug benefit and the low base/low drug benefit must be paired together.
4. The eligibility criteria for subscribers and dependents must be the same for all products (e.g., domestic partner, student age).
5. The underlying benefits must be essentially the same, except for benefits such as vision, which have a low risk of adverse selection.
6. Rating tiers must be identical.
7. Renewal/open enrollment periods must be the same.
8. The rate differential among Health Plan product offerings must be at least 5 percent and no more than 30 percent. If a health savings account product is offered, special consideration may be given.
9. If an HSA is offered in conjunction with another product in groups of one to five, two products/offerings, rather than one product/offering may be allowed.

D. Employer Contribution:

The employer must contribute a minimum of 50 percent of the single premium for each product offering.

E. Group-Initiated Changes in Coverage:

If a group wishes to change its coverage, the following rules are generally in effect:

1. Riders may be added or eliminated only at the renewal.
2. Groups that eliminate riders may not add the rider to coverage for a period of two years. This includes prescription drug and eligibility riders.
3. For experience-rated groups, benefit changes should occur at the renewal date. One off-cycle change may occur per calendar year, subject to prior approval.

For community-rated groups,

1. Upgrades may occur once per year at the time of renewal.
2. Downgrades off-renewal will need prior approval and must have a rate differential of at least 5 percent. No downgrades will be allowed three months prior to or after the group's renewal date. Other conditions apply.

F. Rating:

Sole proprietors and groups with 2 to 50 eligible employees are community-rated. Sole proprietors receive a surcharged rate. Rates are based upon the group's location and product selection, in accordance with rates filed with the New York State Department of Financial Services.

Groups with 51 or more eligible employees will be experience-rated for Article 43 products.

G. Rate Changes:

For community-rated plans, the Health Plan must provide notice to the group policyholder or contract holder, as well as certificate holders, on or before the date the Health Plan files its initial rate change filing with the New York State Insurance Department. The Health Plan may provide the group policyholder or contract holder with a sufficient supply of rate change notices for distribution to certificate holders. The rate contained in the notice to group policyholders or contract holders and certificate holders must be no more than 5 percent from the actual rate. Upon receipt of approval of its rate change application, the Health Plan must provide the group policyholder or contract holder, as well as certificate holders, with 60 days prior written notice of the approved rate change before it may be implemented.

Rates for experience-rated groups are prepared in accordance with a formula filed with the New York State Department of Financial Services. The experience-rated groups receive notice of the rate change at least 60 days in advance of the effective date of the rate change.

IV. Other Requirements

Eligibility Verification:

New group and subscriber/dependent eligibility and guideline compliance will be verified using information from tax forms, other filings with government agencies and appropriate company records as determined by the Underwriting Department. Recertification of a group will occur annually through a direct request for information from the Health Plan. The annual cycle will repeat as long as the group purchases health insurance coverage from the Health Plan.

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
LG HMO	84.2%
Med Supp	80.0%

Excellus Health Plan, Inc.
Excellus BCBS, Central New York Region
Upstate HMO-Syracuse Operating Region

Exhibit B

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
LG HMO	84.2%
Med Supp	80.0%

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
LG HMO	84.2%
Med Supp	80.0%

Expected loss ratios for each permitted aggregation of policy forms

Rating Pool / Policy Form Aggregation	Projected Loss Ratio
Med Supp	80.0%