



Premium Rate Schedule & Contract Summary

Quoting Period: 01/01/2012 - 03/31/2012

Version Updated: 11/01/2011

HB-HDHP-2		HealthyBlue HDHP	
Rating Region: Rochester		Small Group	Sole Proprietor
Rate			
For the Benefits described in the Agreement, including the Certificate (identified below), the Plan will charge and Group will pay the following premium rates:			
4-Tier- Ind/Subscriber Spouse/Subscriber Child(ren)/Family			
Single	\$255.32	\$293.63	
Sub w/Spouse	\$622.98	\$716.43	
Sub w/Child	\$530.66	\$610.26	
Sub w/Children	\$530.66	\$610.26	
Sub w/Spouse and one or more Children	\$676.10	\$777.52	
Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Care Act. Rates and benefits quoted herein are also subject to changes due to provisions of the Federal Mental Health Parity Addiction Equity Act (FMHPAEA) for groups that have an average of 51 or more total employees. FMHPAEA brings mental health and substance abuse benefits into parity with medical and surgical benefits. Groups subject to provisions of FMHPAEA may be required to make changes to their benefit plans to be in compliance with the law.			
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.			
*The NYS Department of Insurance has approved our rate filing for quarterly community rates effective January 1, 2011. All Rates will be considered to be on a 12 month period from the effective date of coverage unless otherwise instructed by Excellus Health Plan. The above rates are effective for the Initial Term of the Agreement. Rates for any Renewal Term will be provided to Group in a rate renewal notice.			

[Master Group Agreement Template - Complete and submit with this Premium Rate Schedule](#)

Signature: _____

Title:

Date:

Group Name:

Total Employees:

Total Eligible:

Coverage Effective Date:

Rating Tier Selected:

(if more than one available)

Broker:

The Certificate consists of the following subscriber contracts, certificates, riders, and/or endorsements (form numbers and/or descriptions, including variables):

- EXC-C-11 (Rev. 2) HealthyBlue Preferred Provider Organization Certificate of Coverage
- EXR-C-35 (Rev. 1) Diabetic Drugs, Supplies and Equipment Requiring Prior Authorization
- EXHP-137 Patient Protection and Affordable Care Act Rider
- EXHP-195 Rider for Grievance Procedures and Transitional Care
- XX1 Annual Disclosure Notice
- XX2 The New York Consumer Guide to Health Insurers
- XX4 Privacy Notice: How Medical Information may be used and Disclosed and how to Get Access to this Information.
- EXR-C-32 Rev. 2 The Healthy Rewards Incentive
- EXR-C-3 Rider for Domestic Partner Coverage
- EXR-C-34 (Rev. 1) Prescription Drug Rider
- EXR-C-51 Days' Supply Endorsement for Tier One Prescription
- EXR-107 Endorsement for Specialty Medication Pharmacy Network
- EXR-121 (Rev. 1) List of Specialty Medications
- EXHP-110 Prescription Drugs Requiring Prior Authorization
- EXHP-92 Endorsement for Contraceptive Drugs and Devices