



Premium Rate Schedule & Contract Summary

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

Version Updated: 11/01/2011

SB-HDHP-11		SimplyBlue 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	\$246.95		\$284.00
Sub w/Spouse	\$602.55		\$692.94
Sub w/Child	\$513.99		\$591.09
Sub w/Children	\$513.99		\$591.09
Sub w/Spouse and one or more Children	\$654.86		\$753.09
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) SimplyBlue 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-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