

Premium Rate Schedule & Contract Summary

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

Version Updated: 11/01/2011

SB-C-19	SimplyBlue Copay		
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	\$357.64	\$411.28	
Sub w/Spouse	\$869.84	\$1,000.32	
Sub w/Child	\$752.41	\$865.27	
Sub w/Children	\$752.41	\$865.27	
Sub w/Spouse and one or more Children	\$947.36	\$1,089.48	
changes due to provisions of the Federal Mental Health Parity A	tation of the provisions of the Federal Patient Protection and Afforda ddiction Equity Act (FMHPAEA) for groups that have an average of enefits. Groups subject to provisions of FMHPAEA may be required		
changes due to provisions of the Federal Mental Health Parity A substance abuse benefits into parity with medical and surgical b law. The Sales Representative providing this quote is a New York St	ddiction Equity Act (FMHPAEA) for groups that have an average of	51 or more total employees. FMHPAEA brings mental he to make changes to their benefit plans to be in compliar The individual represents Excellus Health Plan in this tra	

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

EXR-C-31 Rider for Eye Wear and Hearing Aids EXR-C-3 Rider for Domestic Partner Coverage

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-10 (Rev. 1) SimplyBlue Preferred Provider Organization Certificate of Coverage EXR-C-35 (Rev. 1) Diabetic Drugs, Supplies and Equipment Requiring Prior Authorization EXR-C-48 (Rev. 1) Allowable expense rider EXR-C-49 SimplyBlue Cost Sharing Expenses and Routine Foot Care Exclusion Rider. EXR-C-56 SimplyBlue Colonoscopy Rider EXHP-30 (Rev. 2) Dental Care Exclusion Rider EXHP-114 Rider for External Appeals involving Rare Diseases [and Prior Approval of Home Care Services] EXHP-129 Rider for Coding Accuracy and Multiple Surgical Procedures EXHP-137 Patient Protection and Affordable Care Act Rider EXHP-181 Rider for Parity in Mental Health and Substance Use Disorder Benefits EXHP-195 Rider to Continue Coverage for Young Adults Through age 29 EXHP-188 Rider to Extend Temporary Continuation of Coverage 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-62 Prescription Drug Rider EXR-155 Endorsement to Waive Generic Drug Copayment 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