

Exhibit III.B.1

HMO BENEFITS FOR 2016 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2015 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2016	
		Contract/ COC	Rider Number					Individual	Family
Office Visit	Covered as required by Federal and NYS law and/or regulation								
Specialty Office Visit	Covered as required by Federal and NYS law and/or regulation								
Chiropractic Care	Covered as required by Federal and NYS law and/or regulation								
Inpatient Hospital Care	Covered as required by Federal and NYS law and/or regulation, not subject to deductibles, copays or coinsurance								
Surgery (include all settings - Physician-Inpatient , Physician-Outpatient (at a hospital, facility or surgery center), Physician's Office, Outpatient Surgery Facility									
Skilled Nursing Facilities									
Hospice Benefits	210 Days								
Emergency Room	Covered as required by ACA								
Urgent Care Facility									
Ambulance indicate both Non-airborne & Airborne									
Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings									
Radiology	Covered as required by Federal and NYS law and/or regulation								
Lab Tests	Covered as required by Federal and NYS law and/or regulation								

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Pathology	Covered as required by Federal and NYS law and/or regulation								
EKG/EEG	Covered as required by Federal and NYS law and/or regulation								
Radiation/ Chemotherapy	Covered as required by Federal and NYS law and/or regulation								
Preventive Services									
All Members - including but not limited to: annual wellness visit/ physical, standard immunizations (recommended by ACIP), colonoscopy, screening for STDs, HIV. Alcohol/ substance abuse,tobacco use, cholesterol, diabetes and high blood pressure	Covered as required by Federal and NYS law and/or regulation								
Women's Health - including but not limited to: mammograms, bone density, pap tests, anemia, iron deficiency, etc. for pregnant women	Covered as required by Federal and NYS law and/or regulation								
Men's Health - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS law and/or regulation								

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Children's Health - including but not limited to: certain newborn screenings, metabolic screenings, vision, autism, lead and TB screenings, obesity counseling	Covered as required by Federal and NYS law and/or regulation								
Women's Health Care/OB GYN									
Pre- and Post Natal Visits	Covered as required by Federal and NYS law and/or regulation								
Family Planning	Routine examinations; laboratory tests; birth control counseling; pregnancy testing; genetic counseling								
Infertility Services	Covered as required by Federal and NYS law and/or regulation and the infertility mandates of 2002								
Contraceptive Drugs and Devices	Covered as required by ACA and NYS law and/or regulation whichever provides the higher level of benefit								
Rehabilitative Care, Physical, Speech & Occupational Therapy									
Inpatient Rehabilitative Care									
Outpatient Rehabilitative Care									

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Mental Health/Substance Abuse									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation								
Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation								
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)								
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation								
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation								
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.								
Prescription Drugs: Medically necessary federal legend and state restricted drugs, compounded medications and injectable insulin. Coverage must include contraceptive drugs and devices, fertility drugs and enteral formulas. (The copayment for injectable drugs, including fertility drugs, must be the same as the copayment for other covered drugs except drugs limited to 30 days supply at dispensing.) No annual or lifetime maximum permitted.									
Prescription Drugs									
Other									
Diabetic Supplies	Covered as required by Federal and NYS law and/or regulation								
Oral Agents and Insulin	Covered as required by Federal and NYS law and/or regulation								

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Diabetic Shoes									
Durable Medical Equipment (DME)	Medically necessary DME which can with- stand repeated use & primarily used to serve a medical purpose must be covered. Examples include but not limited to: wheelchairs, walkers, respiratory equip, oxygen supplies, replacements, repairs & maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary.								
Prosthetic Devices	Medically necessary prosthetic devices that aid body functioning or replace a limb or body part in order to correct a defect of body form or function must be covered. Examples of prosthetic devices include but are not limited to: artificial limbs, pacemakers, heart valve replace- ments, artificial joints, external breast prostheses & Ostomy Supplies. Replacements, repairs and maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary								

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Orthotic Devices	Medically Necessary custom-made orthotic devices used to support, align, prevent or correct deformities or to improve the function of the foot must be covered. Orthopedic shoes and other supportive devices for treatment of weak, strained, flat, unstable or unbalanced feet should not be included for coverage. Replacements, repairs and maintenance, not provided for under a manufacturer's warranty or purchase agreement, must be covered when functionally necessary.								
Additional Benefits									