

Exhibit 15a
Product Discontinuance Certification

(Company name)

intends to discontinue the following product for 2024 (List all policy form numbers and marketing names for the product):

This planned discontinuance will affect NYSOH Plans.

I certify that this planned product discontinuance has been subject to the analysis set forth at 45 CFR147.106(e) and DFS guidance distinguishing a product discontinuance from a uniform modification and I have determined the change to the product constitutes a discontinuance.

The basis for this determination is:

The product is offered by a different health insurance issuer that is not a member of the same controlled group.

There is a change to the product's network type.

The change results in the product covering less than the majority of the service area for the product.

There is a change to the product's cost sharing structure, or a plan within the product has a different cost-sharing structure. Any variation in cost sharing solely related to changes in cost and utilization of medical care or to maintain metal level does not constitute a discontinuance.

There is a change to the benefits that cumulatively impacts the premium rate for any plan within a product by more than 2 percent (either + or -).

I am an officer of _____
with knowledge of the issuer's comprehensive medical expense products and the laws and regulations applicable to those products. To the best of my knowledge and belief the above information is true, accurate and complete.

Signature: _____

Printed name and title: _____

Date: _____ Phone: _____

Email Address: _____