Filing at a Glance

Company:	Capital District Physicians Health Plan Inc
Product Name:	CDPHP Small Group HMO Off Exchange
State:	New York
TOI:	H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI:	H15G.003 Small Group Only
Filing Type:	Off Exchange NG Forms & Rates
Date Submitted:	04/30/2013
SERFF Tr Num:	CAPD-128989140
SERFF Status:	Pending Industry Response
State Tr Num:	2013040222
State Status:	CR Awaiting Company Response
Co Tr Num:	SG HMO OFF
Implementation Date Requested:	01/01/2014
Author(s):	[redacted]
Reviewer(s):	[redacted]
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *New York* **Filing Company:** *Capital District Physicians Health Plan Inc*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *CDPHP Small Group HMO Off Exchange*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/30/2013
State Status Changed: 05/30/2013
Created By: [redacted]
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:

Deemer Date:
Submitted By: [redacted]

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

CDPHP Small Group HMO Off Exchange Products - CDPHP is filing HMO products to be sold Off the Exchange for a 1/1/2014 effective date. Included in this submission are the required Standard plans. In addition, CDPHP is filing non-standard plan designs in each metal tier. For all products, a preferred network is included for laboratory and radiology services and also a wellness benefit which reduces the copayment for diabetic drugs, supplies, DME and education when a member engages in a disease management program. The Department of Financial Services model language was used for all contracts, clean and blacklined copies are attached to note what was modified. Also included are riders for domestic partner, family planning and dependents through age 29.

Company and Contact

Filing Contact Information

[redacted] Product Administrator a[redacted]
500 Patroon Creek Blvd [redacted] Phone]
Albany, NY 12206-1057 [redacted] [FAX]

Filing Company Information

Capital District Physicians Health Plan Inc
Patroon Creek Corporate Center
1223 Washington Avenue
Albany, NY 12206-1057
(518) 641-3000 ext. [Phone]

CoCode: 95491
Group Code: -99
Group Name:
FEIN Number: 14-1641028

State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *New York* **Filing Company:** *Capital District Physicians Health Plan Inc*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *CDPHP Small Group HMO Off Exchange*
Project Name/Number: */*

State Specific

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Form and Rate
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: No
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): No

SECTION XIV
CDPHP HMO SCHEDULE OF BENEFITS
Platinum

COST-SHARING	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Deductible				
• Individual	N/A	None	Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care.	
• Family	N/A	None		
Out-of-Pocket Limit				
• Individual	N/A	$6,350		
• Family	N/A	$12,700		
OFFICE VISITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Medications Administered in Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Specialist Office Visits (or Home Visits)	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description

Medications Administered in Office **Referral Required**	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
PREVENTIVE CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
• Well Child Visits and Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Adult Annual Physical Examinations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Adult Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Routine Gynecological Services/Well Woman Exams*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Mammography Screenings*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Sterilization Procedures for Women*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Bone Density Testing*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Screening for Prostate Cancer	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• All other preventive services required by USPSTF and HRSA.	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• *When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
EMERGENCY CARE	**Preferred**	**Participating**	**Non-**	**Limits**

	Member Responsibility for Cost-Sharing	**Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	
Pre-Hospital Emergency Medical Services (Ambulance Services)	N/A	$100 Copayment	$100 Copayment	See Benefit For Description
Non-Emergency Ambulance Services **Referral Required**	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Emergency Department Copayment / Coinsurance waived if Hospital admission.	N/A	$100 Copayment	$100 Copayment	See Benefit For Description
Urgent Care Center	N/A	$35 Copayment	$35 Copayment Non-Participating Provider Services in Our Service Area Are Not Covered and You Pay the Full Cost	See Benefit For Description
PROFESSIONAL SERVICES AND OUTPATIENT CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$0 Copayment $0 Copayment	$35 Copayment $35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered	See Benefit For Description

			and You Pay the Full Cost	
Allergy Testing & Treatment	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Ambulatory Surgical Center Facility Fee	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Anesthesia Services (all settings)	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Autologous Blood Banking	N/A	Covered as part of Associated Procedure	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
• Performed as Outpatient Hospital Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	

• Performed as Inpatient Hospital Services	N/A	Included As Part of Inpatient Hospital Service Cost-Sharing	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chemotherapy • Performed in a PCP Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chiropractic Services	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Testing • Performed in a PCP Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	$0 Copayment	$35 Copayment	Non-Participating Provider	

• Performed as Outpatient Hospital Services	$0 Copayment	$35 Copayment	Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	N/A N/A N/A	$25 Copayment $25 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Dialysis Performed by Non-Participating Providers is Limited to 10] Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies
Home Health Care	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	40 Visits per Plan Year
Infertility Services	N/A	Use Cost	Non-	See Benefit

		Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	Participating Provider Services Are Not Covered and You Pay the Full Cost	For Description
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	N/A N/A N/A N/A	$25 Copayment $35 Copayment $35 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Laboratory Procedures • Performed in a PCP	$0 Copayment	$25 Copayment	Non-	See Benefit For

Office			Participating Provider Services Are Not Covered and You Pay the Full Cost	Description
• Performed in a Freestanding Laboratory Facility or Specialist Office	$0 Copayment	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Maternity & Newborn Care • Prenatal Care	N/A	Covered In Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early
• Inpatient Hospital Services and Birthing Center	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Physician and Nurse Midwife Services for Delivery	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Covered for duration of breast feeding
• Breast Pump	N/A	Covered in Full	Non-Participating	

			Provider Services Are Not Covered and You Pay the Full Cost	
Outpatient Hospital Surgery Facility Charge	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Preadmission Testing	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Radiology Services				
• Performed in a PCP Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Therapeutic Radiology Services				
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$35 Copayment	Non-Participating Provider Services Are Not Covered	See Benefit For Description

• Performed as Outpatient Hospital Services	$0 Copayment	$35 Copayment	and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy)				See Benefit For Description
• Inpatient Hospital Surgery .	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	All Transplants Must be Performed at Designated Facilities
• Outpatient Hospital Surgery	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Surgery Performed at an Ambulatory Surgical Center	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Office Surgery	N/A	Based on the type of physician performing the service; refer to PCP/Specialist cost-share	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
ADDITIONAL SERVICES, EQUIPMENT & DEVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	N/A	$35 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diabetic Equipment, Supplies & Self-Management Education				See Benefit For Description
• Diabetic Equipment, Supplies and Insulin (30-Day Supply)	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	

• Diabetic Education **Referral Required for Insulin Pump**	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Durable Medical Equipment & Braces	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Orthotics **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
External Hearing Aids **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Single Purchase Once Every 3 Years
Cochlear Implants **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	N/A N/A	$1,000 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	210 Days per Plan Year 5 Visits for Family Bereavement Counseling

Medical Supplies **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Prosthetic Devices • External • Internal	N/A N/A	50% Coinsurance 50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	 Unlimited See Benefit For Description
INPATIENT SERVICES & FACILITIES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Observation Stay	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	200 Days Per Plan Year
Inpatient Rehabilitation	N/A	$1,000	Non-	60

Services (Physical, Speech & Occupational therapy)		Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Substance Use Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Unlimited; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Retail Pharmacy				
30 Day Supply Tier 1	N/A	50%	Non-	See Benefit For Description

Tier 2 Tier 3	N/A N/A	Coinsurance 50% Coinsurance 50% Coinsurance	Participating Provider Services Are Not Covered and You Pay the Full Cost	
Mail Order Pharmacy				
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	N/A N/A N/A	50% Coinsurance 50% Coinsurance 50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
WELLNESS BENEFITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Gym Reimbursement	N/A	Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse	N/A	
PEDIATRIC [DENTAL &] VISION CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
[Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics • Orthodontia **Orthodontia & Major Dental Require-Referral**	N/A N/A N/A	$25 Copayment $25 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Dental Exam & Cleaning Per 6-Month Period]

Pediatric Vision Care				
• Exams	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period
• Lenses & Frames	N/A	50% Coinsurance		
• Contact Lenses	N/A	50% Coinsurance		

SECTION XIV
CDPHP HMO SCHEDULE OF BENEFITS
Platinum

COST-SHARING	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Deductible				
• Individual	N/A	None	Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care.	
• Family	N/A	None		
Out-of-Pocket Limit				
• Individual	N/A	$6,350		
• Family	N/A	$12,700		
OFFICE VISITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Medications Administered in Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Specialist Office Visits (or Home Visits)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description

Medications Administered in Office **Referral Required**	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
PREVENTIVE CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
• Well Child Visits and Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Adult Annual Physical Examinations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Adult Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Routine Gynecological Services/Well Woman Exams*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Mammography Screenings*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Sterilization Procedures for Women*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Bone Density Testing*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Screening for Prostate Cancer	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• All other preventive services required by USPSTF and HRSA.	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• *When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
EMERGENCY CARE	**Preferred**	**Participating**	**Non-**	**Limits**

	Member Responsibility for Cost-Sharing	**Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	
Pre-Hospital Emergency Medical Services (Ambulance Services)	N/A	$100 Copayment	$100 Copayment	See Benefit For Description
Non-Emergency Ambulance Services **Referral Required**	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Emergency Department Copayment / Coinsurance waived if Hospital admission.	N/A	$100 Copayment	$100 Copayment	See Benefit For Description
Urgent Care Center	N/A	$35 Copayment	$35 Copayment Non-Participating Provider Services in Our Service Area Are Not Covered and You Pay the Full Cost	See Benefit For Description
PROFESSIONAL SERVICES AND OUTPATIENT CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$0 Copayment $0 Copayment	$25 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered	See Benefit For Description

			and You Pay the Full Cost	
Allergy Testing & Treatment	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Ambulatory Surgical Center Facility Fee	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Anesthesia Services (all settings)	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Autologous Blood Banking	N/A	Covered as part of Associated Procedure	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
• Performed as Outpatient Hospital Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	

• Performed as Inpatient Hospital Services	N/A	Included As Part of Inpatient Hospital Service Cost-Sharing	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chemotherapy • Performed in a PCP Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chiropractic Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Testing • Performed in a PCP Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	$0 Copayment	$25 Copayment	Non-Participating Provider	

• Performed as Outpatient Hospital Services	$0 Copayment	$25 Copayment	Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	N/A N/A N/A	$25 Copayment $25 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Dialysis Performed by Non-Participating Providers is Limited to 10] Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies
Home Health Care	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	40 Visits per Plan Year
Infertility Services	N/A	Use Cost	Non-	See Benefit

		Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	Participating Provider Services Are Not Covered and You Pay the Full Cost	For Description
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	N/A N/A N/A N/A	$25 Copayment $25 Copayment $25 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Laboratory Procedures • Performed in a PCP	$0 Copayment	$25 Copayment	Non-	See Benefit For

Office			Participating Provider Services Are Not Covered and You Pay the Full Cost	Description
• Performed in a Freestanding Laboratory Facility or Specialist Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Maternity & Newborn Care				
• Prenatal Care	N/A	Covered In Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early
• Inpatient Hospital Services and Birthing Center	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Physician and Nurse Midwife Services for Delivery	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Covered for duration of breast feeding
• Breast Pump	N/A	Covered in Full	Non-Participating	

			Provider Services Are Not Covered and You Pay the Full Cost	
Outpatient Hospital Surgery Facility Charge	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Preadmission Testing	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Radiology Services				
• Performed in a PCP Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Therapeutic Radiology Services				
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$25 Copayment	Non-Participating Provider Services Are Not Covered	See Benefit For Description

• Performed as Outpatient Hospital Services	$0 Copayment	$25 Copayment	and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy)				See Benefit For Description
• Inpatient Hospital Surgery .	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	All Transplants Must be Performed at Designated Facilities
• Outpatient Hospital Surgery	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Surgery Performed at an Ambulatory Surgical Center	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Office Surgery	N/A	Based on the type of physician performing the service; refer to PCP/Specialist cost-share	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
ADDITIONAL SERVICES, EQUIPMENT & DEVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply)	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description

• Diabetic Education **Referral Required for Insulin Pump**	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Durable Medical Equipment & Braces	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Orthotics **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
External Hearing Aids **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Single Purchase Once Every 3 Years
Cochlear Implants **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	N/A N/A	$500 Copayment $25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	210 Days per Plan Year 5 Visits for Family Bereavement Counseling

Medical Supplies **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Prosthetic Devices • External • Internal	N/A N/A	50% Coinsurance 50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	 Unlimited See Benefit For Description
INPATIENT SERVICES & FACILITIES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Observation Stay	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	200 Days Per Plan Year
Inpatient Rehabilitation	N/A	$500	Non-	60

Services (Physical, Speech & Occupational therapy)		Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Substance Use Services	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Unlimited; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Retail Pharmacy				
30 Day Supply Tier 1	N/A	$4 Copayment	Non-	See Benefit For Description

Tier 2 Tier 3	N/A N/A	$30 Copayment $60 Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	
Mail Order Pharmacy				
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 N/A N/A N/A	 $10 Copayment $75 Copayment $150 Copayment	 Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
WELLNESS BENEFITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Gym Reimbursement	N/A	Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse	N/A	
PEDIATRIC [DENTAL &] VISION CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
[Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics • Orthodontia **Orthodontia & Major Dental Require Referral**	 N/A N/A N/A	 $25 Copayment $25 Copayment $25 Copayment	 Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	 One Dental Exam & Cleaning Per 6-Month Period]

Pediatric Vision Care				
• Exams	N/A	$25 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period
• Lenses & Frames	N/A	50% Coinsurance		
• Contact Lenses	N/A	50% Coinsurance		

SECTION XIV
CDPHP HMO SCHEDULE OF BENEFITS
Platinum

COST-SHARING	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Deductible				
• Individual	N/A	None	Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care.	
• Family	N/A	None		
Out-of-Pocket Limit				
• Individual	N/A	$6,350		
• Family	N/A	$12,700		
OFFICE VISITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Medications Administered in Office	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Specialist Office Visits (or Home Visits)	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description

Medications Administered in Office **Referral Required**	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
PREVENTIVE CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
• Well Child Visits and Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Adult Annual Physical Examinations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Adult Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Routine Gynecological Services/Well Woman Exams*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Mammography Screenings*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Sterilization Procedures for Women*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Bone Density Testing*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Screening for Prostate Cancer	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• All other preventive services required by USPSTF and HRSA.	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• *When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
EMERGENCY CARE	**Preferred**	**Participating**	**Non-**	**Limits**

	Member Responsibility for Cost-Sharing	**Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	
Pre-Hospital Emergency Medical Services (Ambulance Services)	N/A	$100 Copayment	$100 Copayment	See Benefit For Description
Non-Emergency Ambulance Services **Referral Required**	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Emergency Department Copayment / Coinsurance waived if Hospital admission.	N/A	$100 Copayment	$100 Copayment	See Benefit For Description
Urgent Care Center	N/A	$30 Copayment	$30 Copayment Non-Participating Provider Services in Our Service Area Are Not Covered and You Pay the Full Cost	See Benefit For Description
PROFESSIONAL SERVICES AND OUTPATIENT CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$0 Copayment $0 Copayment	$30 Copayment $30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered	See Benefit For Description

			and You Pay the Full Cost	
Allergy Testing & Treatment	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Ambulatory Surgical Center Facility Fee	N/A	$150 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Anesthesia Services (all settings)	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Autologous Blood Banking	N/A	Covered as part of Associated Procedure	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
• Performed as Outpatient Hospital Services	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	

• Performed as Inpatient Hospital Services	N/A	Included As Part of Inpatient Hospital Service Cost-Sharing	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chemotherapy • Performed in a PCP Office	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chiropractic Services	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Testing • Performed in a PCP Office	$0 Copayment	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	$0 Copayment	$30 Copayment	Non-Participating Provider	

• Performed as Outpatient Hospital Services	$0 Copayment	$30 Copayment	Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	N/A N/A N/A	$20 Copayment $20 Copayment $20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Dialysis Performed by Non-Participating Providers is Limited to 10] Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies
Home Health Care	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	40 Visits per Plan Year
Infertility Services	N/A	Use Cost	Non-	See Benefit

		Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	Participating Provider Services Are Not Covered and You Pay the Full Cost	For Description
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	N/A N/A N/A N/A	$20 Copayment $30 Copayment $30 Copayment $20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Laboratory Procedures • Performed in a PCP	$0 Copayment	$20 Copayment	Non-	See Benefit For

Office			Participating Provider Services Are Not Covered and You Pay the Full Cost	Description
• Performed in a Freestanding Laboratory Facility or Specialist Office	$0 Copayment	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Maternity & Newborn Care				
• Prenatal Care	N/A	Covered In Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early
• Inpatient Hospital Services and Birthing Center	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Physician and Nurse Midwife Services for Delivery	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Covered for duration of breast feeding
• Breast Pump	N/A	Covered in Full	Non-Participating	

			Provider Services Are Not Covered and You Pay the Full Cost	
Outpatient Hospital Surgery Facility Charge	N/A	$150 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Preadmission Testing	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Radiology Services				
• Performed in a PCP Office	$0 Copayment	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Therapeutic Radiology Services				
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$30 Copayment	Non-Participating Provider Services Are Not Covered	See Benefit For Description

• Performed as Outpatient Hospital Services	$0 Copayment	$30 Copayment	and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy)				See Benefit For Description
• Inpatient Hospital Surgery .	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	All Transplants Must be Performed at Designated Facilities
• Outpatient Hospital Surgery	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Surgery Performed at an Ambulatory Surgical Center	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Office Surgery	N/A	Based on the type of physician performing the service; refer to PCP/Specialist cost-share	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
ADDITIONAL SERVICES, EQUIPMENT & DEVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	N/A	$30 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies and Insulin (30-Day Supply)	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description

• Diabetic Education **Referral Required for Insulin Pump**	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Durable Medical Equipment & Braces	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Orthotics **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
External Hearing Aids **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Single Purchase Once Every 3 Years
Cochlear Implants **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	N/A N/A	$500 Copayment $20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	210 Days per Plan Year 5 Visits for Family Bereavement Counseling

Medical Supplies **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Prosthetic Devices • External • Internal	N/A N/A	50% Coinsurance 50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	 Unlimited See Benefit For Description
INPATIENT SERVICES & FACILITIES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Observation Stay	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	200 Days Per Plan Year
Inpatient Rehabilitation	N/A	$500	Non-	60

Services (Physical, Speech & Occupational therapy)		Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	N/A	$500 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Substance Use Services	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Unlimited; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Retail Pharmacy				
30 Day Supply Tier 1	N/A	$10 Copayment	Non-	See Benefit For Description

Tier 2 Tier 3	N/A N/A	$50 Copayment $80 Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	
Mail Order Pharmacy				
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 N/A N/A N/A	 $25 Copayment $125 Copayment $200 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
WELLNESS BENEFITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Gym Reimbursement	N/A	Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse	N/A	
PEDIATRIC [DENTAL &] VISION CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
[Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics • Orthodontia **Orthodontia & Major Dental Require-Referral**	 N/A N/A N/A	 $20 Copayment $20 Copayment $20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Dental Exam & Cleaning Per 6-Month Period]

Pediatric Vision Care				
• Exams	N/A	$20 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period
• Lenses & Frames	N/A	50% Coinsurance		
• Contact Lenses	N/A	50% Coinsurance		

SECTION XIV
CDPHP HMO SCHEDULE OF BENEFITS
Gold

COST-SHARING	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Deductible				
• Individual	N/A	None	Non-Participating Provider services are not Covered except as required for Emergency Care and Urgent Care.	
• Family	N/A	None		
Out-of-Pocket Limit				
• Individual	N/A	$6,350		
• Family	N/A	$12,700		
OFFICE VISITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Primary Care Office Visits (or Home Visits)	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Medications Administered in Office	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Specialist Office Visits (or Home Visits)	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description

Medications Administered in Office **Referral Required**	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
PREVENTIVE CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
• Well Child Visits and Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Adult Annual Physical Examinations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Adult Immunizations*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Routine Gynecological Services/Well Woman Exams*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Mammography Screenings*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Sterilization Procedures for Women*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Bone Density Testing*	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Screening for Prostate Cancer	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• All other preventive services required by USPSTF and HRSA.	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• *When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
EMERGENCY CARE	**Preferred**	**Participating**	**Non-**	**Limits**

	Member Responsibility for Cost-Sharing	**Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	
Pre-Hospital Emergency Medical Services (Ambulance Services)	N/A	$200 Copayment	$200 Copayment	See Benefit For Description
Non-Emergency Ambulance Services **Referral Required**	N/A	$200 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Emergency Department Copayment / Coinsurance waived if Hospital admission.	N/A	$200 Copayment	$200 Copayment	See Benefit For Description
Urgent Care Center	N/A	$80 Copayment	$80 Copayment Non-Participating Provider Services in Our Service Area Are Not Covered and You Pay the Full Cost	See Benefit For Description
PROFESSIONAL SERVICES AND OUTPATIENT CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Advanced Imaging Services • Performed in a Freestanding Radiology Facility or Office Setting • Performed as Outpatient Hospital Services	$0 Copayment $0 Copayment	$70 Copayment $70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered	See Benefit For Description

			and You Pay the Full Cost	
Allergy Testing & Treatment	N/A	Use Cost Sharing for Appropriate Service (Primary Care Office Visit; Specialist Office Visit; Surgery; Laboratory & Diagnostic Procedures)	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Ambulatory Surgical Center Facility Fee	N/A	$250 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Anesthesia Services (all settings)	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Autologous Blood Banking	N/A	Covered as part of Associated Procedure	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
Cardiac & Pulmonary Rehabilitation • Performed in a Specialist Office	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefits For Description
• Performed as Outpatient Hospital Services	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	

• Performed as Inpatient Hospital Services	N/A	Included As Part of Inpatient Hospital Service Cost-Sharing	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chemotherapy • Performed in a PCP Office	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Chiropractic Services	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Testing • Performed in a PCP Office	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Specialist Office	$0 Copayment	$70 Copayment	Non-Participating Provider	

• Performed as Outpatient Hospital Services	$0 Copayment	$70 Copayment	Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Dialysis • Performed in a PCP Office • Performed in a Freestanding Center or Specialist Office Setting • Performed as Outpatient Hospital Services	N/A N/A N/A	$70 Copayment $70 Copayment $70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Dialysis Performed by Non-Participating Providers is Limited to 10] Visits Per Calendar Year
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies
Home Health Care	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	40 Visits per Plan Year
Infertility Services	N/A	Use Cost	Non-	See Benefit

		Sharing for Appropriate Service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)	Participating Provider Services Are Not Covered and You Pay the Full Cost	For Description
Infusion Therapy • Performed in a PCP Office • Performed in Specialist Office • Performed as Outpatient Hospital Services • Home Infusion Therapy	N/A N/A N/A N/A	$70 Copayment $70 Copayment $70 Copayment $70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description Home Infusion counts towards Home Health Care Visit Limits
Inpatient Medical Visits	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Laboratory Procedures • Performed in a PCP	$0 Copayment	$70 Copayment	Non-	See Benefit For

Office			Participating Provider Services Are Not Covered and You Pay the Full Cost	Description
• Performed in a Freestanding Laboratory Facility or Specialist Office	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Maternity & Newborn Care • Prenatal Care	N/A	Covered In Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description 1 Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early
• Inpatient Hospital Services and Birthing Center	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Physician and Nurse Midwife Services for Delivery	N/A	Covered in full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Covered for duration of breast feeding
• Breast Pump	N/A	Covered in Full	Non-Participating	

			Provider Services Are Not Covered and You Pay the Full Cost	
Outpatient Hospital Surgery Facility Charge	N/A	$250 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Preadmission Testing	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diagnostic Radiology Services				
• Performed in a PCP Office	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Performed as Outpatient Hospital Services	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Therapeutic Radiology Services				
• Performed in a Freestanding Radiology Facility or Specialist Office	$0 Copayment	$70 Copayment	Non-Participating Provider Services Are Not Covered	See Benefit For Description

• Performed as Outpatient Hospital Services	$0 Copayment	$70 Copayment	and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy)	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	60 visits per condition, per lifetime combined therapies Speech and Physical Therapy are only Covered following a Hospital stay or surgery.
Second Opinions on the Diagnosis of Cancer, Surgery & Other	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery; Transplants; & Interruption of Pregnancy)				See Benefit For Description
• Inpatient Hospital Surgery .	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	All Transplants Must be Performed at Designated Facilities
• Outpatient Hospital Surgery	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered	

			and You Pay the Full Cost	
• Surgery Performed at an Ambulatory Surgical Center	N/A	Covered in Full	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
• Office Surgery	N/A	Based on the type of physician performing the service; refer to PCP/Specialist cost-share	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
ADDITIONAL SERVICES, EQUIPMENT & DEVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
ABA Treatment for Autism Spectrum Disorder	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	680 Hours Per Plan Year
Assistive Communication Devices for Autism Spectrum Disorder	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Diabetic Equipment, Supplies & Self-Management Education				See Benefit For Description
• Diabetic Equipment, Supplies and Insulin (30-Day Supply)	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	

• Diabetic Education **Referral Required for Insulin Pump**	N/A	$15 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	
Durable Medical Equipment & Braces	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Orthotics **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
External Hearing Aids **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Single Purchase Once Every 3 Years
Cochlear Implants **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Per Ear Per Time Covered
Hospice Care • Inpatient • Outpatient	N/A N/A	$1,000 Copayment $70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	210 Days per Plan Year 5 Visits for Family Bereavement Counseling

Medical Supplies **[Referral Required]**	N/A	50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Prosthetic Devices • External • Internal	N/A N/A	50% Coinsurance 50% Coinsurance	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	 Unlimited See Benefit For Description
INPATIENT SERVICES & FACILITIES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Observation Stay	N/A	$100 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	200 Days Per Plan Year
Inpatient Rehabilitation	N/A	$1,000	Non-	60

Services (Physical, Speech & Occupational therapy)		Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	Consecutive Days Per Condition, Per Lifetime
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Inpatient Mental Health Care (for a continuous confinement when in a Hospital)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Inpatient Substance Use Services (for a continuous confinement when in a Hospital)	N/A	$1,000 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
Outpatient Substance Use Services	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	Unlimited; Up to 20 Visits a Plan Year May Be Used For Family Counseling
PRESCRIPTION DRUGS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
Retail Pharmacy				
30 Day Supply Tier 1	N/A	$10 Copayment	Non-	See Benefit For Description

Tier 2 Tier 3	N/A N/A	$80 Copayment $100 Copayment	Participating Provider Services Are Not Covered and You Pay the Full Cost	
Mail Order Pharmacy				
Up to a 90 Day Supply Tier 1 Tier 2 Tier 3	 N/A N/A N/A	 $25 Copayment $200 Copayment $250 Copayment	 Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	See Benefit For Description
WELLNESS BENEFITS	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	
Gym Reimbursement	N/A	Up to $200 per 6 month period; up to an additional $100 per 6 month period for Spouse	N/A	
PEDIATRIC [DENTAL &] VISION CARE	**Preferred Member Responsibility for Cost-Sharing**	**Participating Member Responsibility for Cost-Sharing**	**Non-Participating Member Responsibility for Cost-Sharing**	**Limits**
[Pediatric Dental Care • Preventive/Routine Dental Care • Major Dental (Endodontics & Prosthodontics • Orthodontia **Orthodontia & Major Dental Require Referral**	 N/A N/A N/A	 $70 Copayment $70 Copayment $70 Copayment	 Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	 One Dental Exam & Cleaning Per 6-Month Period]

Pediatric Vision Care				
• Exams	N/A	$70 Copayment	Non-Participating Provider Services Are Not Covered and You Pay the Full Cost	One Exam Per 12-Month Period; One Prescribed Lenses & Frames in a 12-Month Period
• Lenses & Frames	N/A	50% Coinsurance		
• Contact Lenses	N/A	50% Coinsurance		

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Off Exchange NG Forms and Rates
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Capital District Physicians Health Plan Inc	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

Rate Review Detail

COMPANY:

Company Name: Capital District Physicians Health Plan Inc
HHS Issuer Id: 94788
Product Names: HMO
Trend Factors:

FORMS:

New Policy Forms: 01-0006-2014
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual $: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual $: Min: 406.01 Max: 475.55 Avg: 0.00

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Manual		New		15. Rate Manual - SG HMO Off Exchange TOC.pdf, 15. Rate Manual - SG HMO Off Exchange v2m.pdf,

Capital District Physicians' Health Plan

2014 Premium Rate Filing

SG HMO - Off Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	
		Small Group
	Albany Region	1-5
	Mid-Hudson Region	6-10
	Syracuse Region	11-15
	Utica/Watertown Region	16-20
II.	**Benefit Summary**	21
III.	**Conversion Factor**	22
IV.	**Region Factors**	23
V.	**Tier Factors**	24
VI.	**Rate Calculation**	25
VII.	**Expected Loss Ratio**	26
VIII.	**Commission Schedule**	27

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$524.62	$ -	0.00%	N/A	$ 531.43	$ -	0.00%	N/A	$ 538.59	$ -	0.00%	N/A	$ 546.11	$ -	0.00%
			Double	N/A	$ 1,049.23	$ -	0.00%	N/A	$ 1,062.86	$ -	0.00%	N/A	$ 1,077.18	$ -	0.00%	N/A	$ 1,092.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 891.85	$ -	0.00%	N/A	$ 903.43	$ -	0.00%	N/A	$ 915.60	$ -	0.00%	N/A	$ 928.39	$ -	0.00%
			Family	N/A	$ 1,495.16	$ -	0.00%	N/A	$ 1,514.57	$ -	0.00%	N/A	$ 1,534.98	$ -	0.00%	N/A	$ 1,556.42	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.45	$ -	0.00%	N/A	$ 934.42	$ -	0.00%	N/A	$ 947.01	$ -	0.00%	N/A	$ 960.24	$ -	0.00%
			Family	N/A	$ 1,546.45	$ -	0.00%	N/A	$ 1,566.53	$ -	0.00%	N/A	$ 1,587.64	$ -	0.00%	N/A	$ 1,609.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 534.34	$ -	0.00%	N/A	$ 541.28	$ -	0.00%	N/A	$ 548.57	$ -	0.00%	N/A	$ 556.23	$ -	0.00%
			Double	N/A	$ 1,068.68	$ -	0.00%	N/A	$ 1,082.55	$ -	0.00%	N/A	$ 1,097.14	$ -	0.00%	N/A	$ 1,112.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 908.38	$ -	0.00%	N/A	$ 920.17	$ -	0.00%	N/A	$ 932.57	$ -	0.00%	N/A	$ 945.60	$ -	0.00%
			Family	N/A	$ 1,522.87	$ -	0.00%	N/A	$ 1,542.64	$ -	0.00%	N/A	$ 1,563.43	$ -	0.00%	N/A	$ 1,585.27	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 812.10	$ -	0.00%	N/A	$ 822.65	$ -	0.00%	N/A	$ 833.73	$ -	0.00%	N/A	$ 845.38	$ -	0.00%
			Family	N/A	$ 1,361.47	$ -	0.00%	N/A	$ 1,379.14	$ -	0.00%	N/A	$ 1,397.73	$ -	0.00%	N/A	$ 1,417.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 537.21	$ -	0.00%	N/A	$ 544.18	$ -	0.00%	N/A	$ 551.52	$ -	0.00%	N/A	$ 559.22	$ -	0.00%
			Double	N/A	$ 1,074.42	$ -	0.00%	N/A	$ 1,088.36	$ -	0.00%	N/A	$ 1,103.03	$ -	0.00%	N/A	$ 1,118.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 913.25	$ -	0.00%	N/A	$ 925.11	$ -	0.00%	N/A	$ 937.58	$ -	0.00%	N/A	$ 950.67	$ -	0.00%
			Family	N/A	$ 1,531.04	$ -	0.00%	N/A	$ 1,550.92	$ -	0.00%	N/A	$ 1,571.82	$ -	0.00%	N/A	$ 1,593.78	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.58	$ -	0.00%	N/A	$ 956.85	$ -	0.00%	N/A	$ 969.74	$ -	0.00%	N/A	$ 983.29	$ -	0.00%
			Family	N/A	$ 1,583.57	$ -	0.00%	N/A	$ 1,604.13	$ -	0.00%	N/A	$ 1,625.74	$ -	0.00%	N/A	$ 1,648.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 547.16	$ -	0.00%	N/A	$ 554.27	$ -	0.00%	N/A	$ 561.74	$ -	0.00%	N/A	$ 569.58	$ -	0.00%
			Double	N/A	$ 1,094.33	$ -	0.00%	N/A	$ 1,108.54	$ -	0.00%	N/A	$ 1,123.47	$ -	0.00%	N/A	$ 1,139.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 930.18	$ -	0.00%	N/A	$ 942.26	$ -	0.00%	N/A	$ 954.95	$ -	0.00%	N/A	$ 968.29	$ -	0.00%
			Family	N/A	$ 1,559.42	$ -	0.00%	N/A	$ 1,579.66	$ -	0.00%	N/A	$ 1,600.95	$ -	0.00%	N/A	$ 1,623.31	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 831.59	$ -	0.00%	N/A	$ 842.39	$ -	0.00%	N/A	$ 853.74	$ -	0.00%	N/A	$ 865.67	$ -	0.00%
			Family	N/A	$ 1,394.14	$ -	0.00%	N/A	$ 1,412.24	$ -	0.00%	N/A	$ 1,431.27	$ -	0.00%	N/A	$ 1,451.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 520.96	$ -	0.00%	N/A	$ 527.72	$ -	0.00%	N/A	$ 534.84	$ -	0.00%	N/A	$ 542.31	$ -	0.00%
			Double	N/A	$ 1,041.92	$ -	0.00%	N/A	$ 1,055.45	$ -	0.00%	N/A	$ 1,069.67	$ -	0.00%	N/A	$ 1,084.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 885.63	$ -	0.00%	N/A	$ 897.13	$ -	0.00%	N/A	$ 909.22	$ -	0.00%	N/A	$ 921.92	$ -	0.00%
			Family	N/A	$ 1,484.74	$ -	0.00%	N/A	$ 1,504.01	$ -	0.00%	N/A	$ 1,524.28	$ -	0.00%	N/A	$ 1,545.57	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 916.02	$ -	0.00%	N/A	$ 927.91	$ -	0.00%	N/A	$ 940.41	$ -	0.00%	N/A	$ 953.55	$ -	0.00%
			Family	N/A	$ 1,535.67	$ -	0.00%	N/A	$ 1,555.61	$ -	0.00%	N/A	$ 1,576.57	$ -	0.00%	N/A	$ 1,598.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 530.62	$ -	0.00%	N/A	$ 537.50	$ -	0.00%	N/A	$ 544.75	$ -	0.00%	N/A	$ 552.36	$ -	0.00%
			Double	N/A	$ 1,061.23	$ -	0.00%	N/A	$ 1,075.01	$ -	0.00%	N/A	$ 1,089.49	$ -	0.00%	N/A	$ 1,104.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 902.05	$ -	0.00%	N/A	$ 913.76	$ -	0.00%	N/A	$ 926.07	$ -	0.00%	N/A	$ 939.01	$ -	0.00%
			Family	N/A	$ 1,512.26	$ -	0.00%	N/A	$ 1,531.89	$ -	0.00%	N/A	$ 1,552.53	$ -	0.00%	N/A	$ 1,574.22	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 806.44	$ -	0.00%	N/A	$ 816.91	$ -	0.00%	N/A	$ 827.92	$ -	0.00%	N/A	$ 839.49	$ -	0.00%
			Family	N/A	$ 1,351.98	$ -	0.00%	N/A	$ 1,369.53	$ -	0.00%	N/A	$ 1,387.99	$ -	0.00%	N/A	$ 1,407.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 524.62	$ -	0.00%	N/A	$ 531.43	$ -	0.00%	N/A	$ 538.59	$ -	0.00%	N/A	$ 546.11	$ -	0.00%
			Double	N/A	$ 1,049.23	$ -	0.00%	N/A	$ 1,062.86	$ -	0.00%	N/A	$ 1,077.18	$ -	0.00%	N/A	$ 1,092.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 891.85	$ -	0.00%	N/A	$ 903.43	$ -	0.00%	N/A	$ 915.60	$ -	0.00%	N/A	$ 928.39	$ -	0.00%
			Family	N/A	$ 1,495.16	$ -	0.00%	N/A	$ 1,514.57	$ -	0.00%	N/A	$ 1,534.98	$ -	0.00%	N/A	$ 1,556.42	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.45	$ -	0.00%	N/A	$ 934.42	$ -	0.00%	N/A	$ 947.01	$ -	0.00%	N/A	$ 960.24	$ -	0.00%
			Family	N/A	$ 1,546.45	$ -	0.00%	N/A	$ 1,566.53	$ -	0.00%	N/A	$ 1,587.64	$ -	0.00%	N/A	$ 1,609.82	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 534.34	$ -	0.00%	N/A	$ 541.28	$ -	0.00%	N/A	$ 548.57	$ -	0.00%	N/A	$ 556.23	$ -	0.00%
			Double	N/A	$ 1,068.68	$ -	0.00%	N/A	$ 1,082.55	$ -	0.00%	N/A	$ 1,097.14	$ -	0.00%	N/A	$ 1,112.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 908.38	$ -	0.00%	N/A	$ 920.17	$ -	0.00%	N/A	$ 932.57	$ -	0.00%	N/A	$ 945.60	$ -	0.00%
			Family	N/A	$ 1,522.87	$ -	0.00%	N/A	$ 1,542.64	$ -	0.00%	N/A	$ 1,563.43	$ -	0.00%	N/A	$ 1,585.27	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 812.10	$ -	0.00%	N/A	$ 822.65	$ -	0.00%	N/A	$ 833.73	$ -	0.00%	N/A	$ 845.38	$ -	0.00%
			Family	N/A	$ 1,361.47	$ -	0.00%	N/A	$ 1,379.14	$ -	0.00%	N/A	$ 1,397.73	$ -	0.00%	N/A	$ 1,417.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 533.46	$ -	0.00%	N/A	$ 540.39	$ -	0.00%	N/A	$ 547.67	$ -	0.00%	N/A	$ 555.32	$ -	0.00%
			Double	N/A	$ 1,066.93	$ -	0.00%	N/A	$ 1,080.78	$ -	0.00%	N/A	$ 1,095.34	$ -	0.00%	N/A	$ 1,110.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 906.89	$ -	0.00%	N/A	$ 918.66	$ -	0.00%	N/A	$ 931.04	$ -	0.00%	N/A	$ 944.05	$ -	0.00%
			Family	N/A	$ 1,520.37	$ -	0.00%	N/A	$ 1,540.11	$ -	0.00%	N/A	$ 1,560.86	$ -	0.00%	N/A	$ 1,582.67	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.00	$ -	0.00%	N/A	$ 950.18	$ -	0.00%	N/A	$ 962.98	$ -	0.00%	N/A	$ 976.43	$ -	0.00%
			Family	N/A	$ 1,572.53	$ -	0.00%	N/A	$ 1,592.94	$ -	0.00%	N/A	$ 1,614.41	$ -	0.00%	N/A	$ 1,636.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 543.35	$ -	0.00%	N/A	$ 550.40	$ -	0.00%	N/A	$ 557.82	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,086.70	$ -	0.00%	N/A	$ 1,100.81	$ -	0.00%	N/A	$ 1,115.64	$ -	0.00%	N/A	$ 1,131.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 923.70	$ -	0.00%	N/A	$ 935.69	$ -	0.00%	N/A	$ 948.30	$ -	0.00%	N/A	$ 961.54	$ -	0.00%
			Family	N/A	$ 1,548.55	$ -	0.00%	N/A	$ 1,568.65	$ -	0.00%	N/A	$ 1,589.79	$ -	0.00%	N/A	$ 1,612.00	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 825.80	$ -	0.00%	N/A	$ 836.52	$ -	0.00%	N/A	$ 847.79	$ -	0.00%	N/A	$ 859.63	$ -	0.00%
			Family	N/A	$ 1,384.43	$ -	0.00%	N/A	$ 1,402.40	$ -	0.00%	N/A	$ 1,421.30	$ -	0.00%	N/A	$ 1,441.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 537.21	$ -	0.00%	N/A	$ 544.18	$ -	0.00%	N/A	$ 551.52	$ -	0.00%	N/A	$ 559.22	$ -	0.00%
			Double	N/A	$ 1,074.42	$ -	0.00%	N/A	$ 1,088.36	$ -	0.00%	N/A	$ 1,103.03	$ -	0.00%	N/A	$ 1,118.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 913.25	$ -	0.00%	N/A	$ 925.11	$ -	0.00%	N/A	$ 937.58	$ -	0.00%	N/A	$ 950.67	$ -	0.00%
			Family	N/A	$ 1,531.04	$ -	0.00%	N/A	$ 1,550.92	$ -	0.00%	N/A	$ 1,571.82	$ -	0.00%	N/A	$ 1,593.78	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.58	$ -	0.00%	N/A	$ 956.85	$ -	0.00%	N/A	$ 969.74	$ -	0.00%	N/A	$ 983.29	$ -	0.00%
			Family	N/A	$ 1,583.57	$ -	0.00%	N/A	$ 1,604.13	$ -	0.00%	N/A	$ 1,625.74	$ -	0.00%	N/A	$ 1,648.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 547.16	$ -	0.00%	N/A	$ 554.27	$ -	0.00%	N/A	$ 561.74	$ -	0.00%	N/A	$ 569.58	$ -	0.00%
			Double	N/A	$ 1,094.33	$ -	0.00%	N/A	$ 1,108.54	$ -	0.00%	N/A	$ 1,123.47	$ -	0.00%	N/A	$ 1,139.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 930.18	$ -	0.00%	N/A	$ 942.26	$ -	0.00%	N/A	$ 954.95	$ -	0.00%	N/A	$ 968.29	$ -	0.00%
			Family	N/A	$ 1,559.42	$ -	0.00%	N/A	$ 1,579.66	$ -	0.00%	N/A	$ 1,600.95	$ -	0.00%	N/A	$ 1,623.31	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 831.59	$ -	0.00%	N/A	$ 842.39	$ -	0.00%	N/A	$ 853.74	$ -	0.00%	N/A	$ 865.67	$ -	0.00%
			Family	N/A	$ 1,394.14	$ -	0.00%	N/A	$ 1,412.24	$ -	0.00%	N/A	$ 1,431.27	$ -	0.00%	N/A	$ 1,451.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 533.46	$ -	0.00%	N/A	$ 540.39	$ -	0.00%	N/A	$ 547.67	$ -	0.00%	N/A	$ 555.32	$ -	0.00%
			Double	N/A	$ 1,066.93	$ -	0.00%	N/A	$ 1,080.78	$ -	0.00%	N/A	$ 1,095.34	$ -	0.00%	N/A	$ 1,110.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 906.89	$ -	0.00%	N/A	$ 918.66	$ -	0.00%	N/A	$ 931.04	$ -	0.00%	N/A	$ 944.05	$ -	0.00%
			Family	N/A	$ 1,520.37	$ -	0.00%	N/A	$ 1,540.11	$ -	0.00%	N/A	$ 1,560.86	$ -	0.00%	N/A	$ 1,582.67	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.00	$ -	0.00%	N/A	$ 950.18	$ -	0.00%	N/A	$ 962.98	$ -	0.00%	N/A	$ 976.43	$ -	0.00%
			Family	N/A	$ 1,572.53	$ -	0.00%	N/A	$ 1,592.94	$ -	0.00%	N/A	$ 1,614.41	$ -	0.00%	N/A	$ 1,636.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 543.35	$ -	0.00%	N/A	$ 550.40	$ -	0.00%	N/A	$ 557.82	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,086.70	$ -	0.00%	N/A	$ 1,100.81	$ -	0.00%	N/A	$ 1,115.64	$ -	0.00%	N/A	$ 1,131.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 923.70	$ -	0.00%	N/A	$ 935.69	$ -	0.00%	N/A	$ 948.30	$ -	0.00%	N/A	$ 961.54	$ -	0.00%
			Family	N/A	$ 1,548.55	$ -	0.00%	N/A	$ 1,568.65	$ -	0.00%	N/A	$ 1,589.79	$ -	0.00%	N/A	$ 1,612.00	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 825.80	$ -	0.00%	N/A	$ 836.52	$ -	0.00%	N/A	$ 847.79	$ -	0.00%	N/A	$ 859.63	$ -	0.00%
			Family	N/A	$ 1,384.43	$ -	0.00%	N/A	$ 1,402.40	$ -	0.00%	N/A	$ 1,421.30	$ -	0.00%	N/A	$ 1,441.15	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 520.96	$ -	0.00%	N/A	$ 527.72	$ -	0.00%	N/A	$ 534.84	$ -	0.00%	N/A	$ 542.31	$ -	0.00%
			Double	N/A	$ 1,041.92	$ -	0.00%	N/A	$ 1,055.45	$ -	0.00%	N/A	$ 1,069.67	$ -	0.00%	N/A	$ 1,084.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 885.63	$ -	0.00%	N/A	$ 897.13	$ -	0.00%	N/A	$ 909.22	$ -	0.00%	N/A	$ 921.92	$ -	0.00%
			Family	N/A	$ 1,484.74	$ -	0.00%	N/A	$ 1,504.01	$ -	0.00%	N/A	$ 1,524.28	$ -	0.00%	N/A	$ 1,545.57	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 916.02	$ -	0.00%	N/A	$ 927.91	$ -	0.00%	N/A	$ 940.41	$ -	0.00%	N/A	$ 953.55	$ -	0.00%
			Family	N/A	$ 1,535.67	$ -	0.00%	N/A	$ 1,555.61	$ -	0.00%	N/A	$ 1,576.57	$ -	0.00%	N/A	$ 1,598.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 530.62	$ -	0.00%	N/A	$ 537.50	$ -	0.00%	N/A	$ 544.75	$ -	0.00%	N/A	$ 552.36	$ -	0.00%
			Double	N/A	$ 1,061.23	$ -	0.00%	N/A	$ 1,075.01	$ -	0.00%	N/A	$ 1,089.49	$ -	0.00%	N/A	$ 1,104.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 902.05	$ -	0.00%	N/A	$ 913.76	$ -	0.00%	N/A	$ 926.07	$ -	0.00%	N/A	$ 939.01	$ -	0.00%
			Family	N/A	$ 1,512.26	$ -	0.00%	N/A	$ 1,531.89	$ -	0.00%	N/A	$ 1,552.53	$ -	0.00%	N/A	$ 1,574.22	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 806.44	$ -	0.00%	N/A	$ 816.91	$ -	0.00%	N/A	$ 827.92	$ -	0.00%	N/A	$ 839.49	$ -	0.00%
			Family	N/A	$ 1,351.98	$ -	0.00%	N/A	$ 1,369.53	$ -	0.00%	N/A	$ 1,387.99	$ -	0.00%	N/A	$ 1,407.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 560.54	$ -	0.00%	N/A	$ 567.35	$ -	0.00%	N/A	$ 574.51	$ -	0.00%	N/A	$ 582.03	$ -	0.00%
			Double	N/A	$ 1,121.07	$ -	0.00%	N/A	$ 1,134.70	$ -	0.00%	N/A	$ 1,149.02	$ -	0.00%	N/A	$ 1,164.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 952.91	$ -	0.00%	N/A	$ 964.49	$ -	0.00%	N/A	$ 976.66	$ -	0.00%	N/A	$ 989.45	$ -	0.00%
			Family	N/A	$ 1,597.53	$ -	0.00%	N/A	$ 1,616.94	$ -	0.00%	N/A	$ 1,637.35	$ -	0.00%	N/A	$ 1,658.79	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 578.54	$ -	0.00%	N/A	$ 585.58	$ -	0.00%	N/A	$ 592.99	$ -	0.00%	N/A	$ 600.77	$ -	0.00%
			Double	N/A	$ 1,157.07	$ -	0.00%	N/A	$ 1,171.16	$ -	0.00%	N/A	$ 1,185.97	$ -	0.00%	N/A	$ 1,201.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.51	$ -	0.00%	N/A	$ 995.48	$ -	0.00%	N/A	$ 1,008.07	$ -	0.00%	N/A	$ 1,021.30	$ -	0.00%
			Family	N/A	$ 1,648.82	$ -	0.00%	N/A	$ 1,668.90	$ -	0.00%	N/A	$ 1,690.01	$ -	0.00%	N/A	$ 1,712.19	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 570.26	$ -	0.00%	N/A	$ 577.20	$ -	0.00%	N/A	$ 584.49	$ -	0.00%	N/A	$ 592.15	$ -	0.00%
			Double	N/A	$ 1,140.52	$ -	0.00%	N/A	$ 1,154.39	$ -	0.00%	N/A	$ 1,168.98	$ -	0.00%	N/A	$ 1,184.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.44	$ -	0.00%	N/A	$ 981.23	$ -	0.00%	N/A	$ 993.63	$ -	0.00%	N/A	$ 1,006.66	$ -	0.00%
			Family	N/A	$ 1,625.24	$ -	0.00%	N/A	$ 1,645.01	$ -	0.00%	N/A	$ 1,665.80	$ -	0.00%	N/A	$ 1,687.64	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 513.63	$ -	0.00%	N/A	$ 519.83	$ -	0.00%	N/A	$ 526.35	$ -	0.00%	N/A	$ 533.20	$ -	0.00%
			Double	N/A	$ 1,027.26	$ -	0.00%	N/A	$ 1,039.66	$ -	0.00%	N/A	$ 1,052.70	$ -	0.00%	N/A	$ 1,066.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 873.16	$ -	0.00%	N/A	$ 883.71	$ -	0.00%	N/A	$ 894.79	$ -	0.00%	N/A	$ 906.44	$ -	0.00%
			Family	N/A	$ 1,463.84	$ -	0.00%	N/A	$ 1,481.51	$ -	0.00%	N/A	$ 1,500.10	$ -	0.00%	N/A	$ 1,519.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 573.13	$ -	0.00%	N/A	$ 580.10	$ -	0.00%	N/A	$ 587.44	$ -	0.00%	N/A	$ 595.14	$ -	0.00%
			Double	N/A	$ 1,146.26	$ -	0.00%	N/A	$ 1,160.20	$ -	0.00%	N/A	$ 1,174.87	$ -	0.00%	N/A	$ 1,190.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 974.31	$ -	0.00%	N/A	$ 986.17	$ -	0.00%	N/A	$ 998.64	$ -	0.00%	N/A	$ 1,011.73	$ -	0.00%
			Family	N/A	$ 1,633.41	$ -	0.00%	N/A	$ 1,653.29	$ -	0.00%	N/A	$ 1,674.19	$ -	0.00%	N/A	$ 1,696.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 591.56	$ -	0.00%	N/A	$ 598.77	$ -	0.00%	N/A	$ 606.36	$ -	0.00%	N/A	$ 614.32	$ -	0.00%
			Double	N/A	$ 1,183.12	$ -	0.00%	N/A	$ 1,197.54	$ -	0.00%	N/A	$ 1,212.71	$ -	0.00%	N/A	$ 1,228.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.64	$ -	0.00%	N/A	$ 1,017.91	$ -	0.00%	N/A	$ 1,030.80	$ -	0.00%	N/A	$ 1,044.35	$ -	0.00%
			Family	N/A	$ 1,685.94	$ -	0.00%	N/A	$ 1,706.50	$ -	0.00%	N/A	$ 1,728.11	$ -	0.00%	N/A	$ 1,750.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 583.08	$ -	0.00%	N/A	$ 590.19	$ -	0.00%	N/A	$ 597.66	$ -	0.00%	N/A	$ 605.50	$ -	0.00%
			Double	N/A	$ 1,166.17	$ -	0.00%	N/A	$ 1,180.38	$ -	0.00%	N/A	$ 1,195.31	$ -	0.00%	N/A	$ 1,211.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.24	$ -	0.00%	N/A	$ 1,003.32	$ -	0.00%	N/A	$ 1,016.01	$ -	0.00%	N/A	$ 1,029.35	$ -	0.00%
			Family	N/A	$ 1,661.79	$ -	0.00%	N/A	$ 1,682.03	$ -	0.00%	N/A	$ 1,703.32	$ -	0.00%	N/A	$ 1,725.68	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 525.09	$ -	0.00%	N/A	$ 531.44	$ -	0.00%	N/A	$ 538.12	$ -	0.00%	N/A	$ 545.14	$ -	0.00%
			Double	N/A	$ 1,050.19	$ -	0.00%	N/A	$ 1,062.89	$ -	0.00%	N/A	$ 1,076.24	$ -	0.00%	N/A	$ 1,090.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 892.65	$ -	0.00%	N/A	$ 903.45	$ -	0.00%	N/A	$ 914.80	$ -	0.00%	N/A	$ 926.73	$ -	0.00%
			Family	N/A	$ 1,496.51	$ -	0.00%	N/A	$ 1,514.61	$ -	0.00%	N/A	$ 1,533.64	$ -	0.00%	N/A	$ 1,553.64	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 556.88	$ -	0.00%	N/A	$ 563.64	$ -	0.00%	N/A	$ 570.76	$ -	0.00%	N/A	$ 578.23	$ -	0.00%
			Double	N/A	$ 1,113.76	$ -	0.00%	N/A	$ 1,127.29	$ -	0.00%	N/A	$ 1,141.51	$ -	0.00%	N/A	$ 1,156.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.69	$ -	0.00%	N/A	$ 958.19	$ -	0.00%	N/A	$ 970.28	$ -	0.00%	N/A	$ 982.98	$ -	0.00%
			Family	N/A	$ 1,587.11	$ -	0.00%	N/A	$ 1,606.38	$ -	0.00%	N/A	$ 1,626.65	$ -	0.00%	N/A	$ 1,647.94	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 574.75	$ -	0.00%	N/A	$ 581.75	$ -	0.00%	N/A	$ 589.10	$ -	0.00%	N/A	$ 596.83	$ -	0.00%
			Double	N/A	$ 1,149.51	$ -	0.00%	N/A	$ 1,163.50	$ -	0.00%	N/A	$ 1,178.21	$ -	0.00%	N/A	$ 1,193.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.08	$ -	0.00%	N/A	$ 988.97	$ -	0.00%	N/A	$ 1,001.47	$ -	0.00%	N/A	$ 1,014.61	$ -	0.00%
			Family	N/A	$ 1,638.04	$ -	0.00%	N/A	$ 1,657.98	$ -	0.00%	N/A	$ 1,678.94	$ -	0.00%	N/A	$ 1,700.97	$ -	0.00%

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Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 566.54	$ -	0.00%	N/A	$ 573.42	$ -	0.00%	N/A	$ 580.67	$ -	0.00%	N/A	$ 588.28	$ -	0.00%
			Double	N/A	$ 1,133.07	$ -	0.00%	N/A	$ 1,146.85	$ -	0.00%	N/A	$ 1,161.33	$ -	0.00%	N/A	$ 1,176.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.11	$ -	0.00%	N/A	$ 974.82	$ -	0.00%	N/A	$ 987.13	$ -	0.00%	N/A	$ 1,000.07	$ -	0.00%
			Family	N/A	$ 1,614.63	$ -	0.00%	N/A	$ 1,634.26	$ -	0.00%	N/A	$ 1,654.90	$ -	0.00%	N/A	$ 1,676.59	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 510.30	$ -	0.00%	N/A	$ 516.46	$ -	0.00%	N/A	$ 522.93	$ -	0.00%	N/A	$ 529.74	$ -	0.00%
			Double	N/A	$ 1,020.60	$ -	0.00%	N/A	$ 1,032.91	$ -	0.00%	N/A	$ 1,045.86	$ -	0.00%	N/A	$ 1,059.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 867.50	$ -	0.00%	N/A	$ 877.97	$ -	0.00%	N/A	$ 888.98	$ -	0.00%	N/A	$ 900.55	$ -	0.00%
			Family	N/A	$ 1,454.35	$ -	0.00%	N/A	$ 1,471.90	$ -	0.00%	N/A	$ 1,490.36	$ -	0.00%	N/A	$ 1,509.75	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 560.54	$ -	0.00%	N/A	$ 567.35	$ -	0.00%	N/A	$ 574.51	$ -	0.00%	N/A	$ 582.03	$ -	0.00%
			Double	N/A	$ 1,121.07	$ -	0.00%	N/A	$ 1,134.70	$ -	0.00%	N/A	$ 1,149.02	$ -	0.00%	N/A	$ 1,164.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 952.91	$ -	0.00%	N/A	$ 964.49	$ -	0.00%	N/A	$ 976.66	$ -	0.00%	N/A	$ 989.45	$ -	0.00%
			Family	N/A	$ 1,597.53	$ -	0.00%	N/A	$ 1,616.94	$ -	0.00%	N/A	$ 1,637.35	$ -	0.00%	N/A	$ 1,658.79	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 578.54	$ -	0.00%	N/A	$ 585.58	$ -	0.00%	N/A	$ 592.99	$ -	0.00%	N/A	$ 600.77	$ -	0.00%
			Double	N/A	$ 1,157.07	$ -	0.00%	N/A	$ 1,171.16	$ -	0.00%	N/A	$ 1,185.97	$ -	0.00%	N/A	$ 1,201.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.51	$ -	0.00%	N/A	$ 995.48	$ -	0.00%	N/A	$ 1,008.07	$ -	0.00%	N/A	$ 1,021.30	$ -	0.00%
			Family	N/A	$ 1,648.82	$ -	0.00%	N/A	$ 1,668.90	$ -	0.00%	N/A	$ 1,690.01	$ -	0.00%	N/A	$ 1,712.19	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 570.26	$ -	0.00%	N/A	$ 577.20	$ -	0.00%	N/A	$ 584.49	$ -	0.00%	N/A	$ 592.15	$ -	0.00%
			Double	N/A	$ 1,140.52	$ -	0.00%	N/A	$ 1,154.39	$ -	0.00%	N/A	$ 1,168.98	$ -	0.00%	N/A	$ 1,184.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.44	$ -	0.00%	N/A	$ 981.23	$ -	0.00%	N/A	$ 993.63	$ -	0.00%	N/A	$ 1,006.66	$ -	0.00%
			Family	N/A	$ 1,625.24	$ -	0.00%	N/A	$ 1,645.01	$ -	0.00%	N/A	$ 1,665.80	$ -	0.00%	N/A	$ 1,687.64	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 513.63	$ -	0.00%	N/A	$ 519.83	$ -	0.00%	N/A	$ 526.35	$ -	0.00%	N/A	$ 533.20	$ -	0.00%
			Double	N/A	$ 1,027.26	$ -	0.00%	N/A	$ 1,039.66	$ -	0.00%	N/A	$ 1,052.70	$ -	0.00%	N/A	$ 1,066.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 873.16	$ -	0.00%	N/A	$ 883.71	$ -	0.00%	N/A	$ 894.79	$ -	0.00%	N/A	$ 906.44	$ -	0.00%
			Family	N/A	$ 1,463.84	$ -	0.00%	N/A	$ 1,481.51	$ -	0.00%	N/A	$ 1,500.10	$ -	0.00%	N/A	$ 1,519.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 569.38	$ -	0.00%	N/A	$ 576.31	$ -	0.00%	N/A	$ 583.59	$ -	0.00%	N/A	$ 591.24	$ -	0.00%
			Double	N/A	$ 1,138.77	$ -	0.00%	N/A	$ 1,152.62	$ -	0.00%	N/A	$ 1,167.18	$ -	0.00%	N/A	$ 1,182.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 967.95	$ -	0.00%	N/A	$ 979.72	$ -	0.00%	N/A	$ 992.10	$ -	0.00%	N/A	$ 1,005.11	$ -	0.00%
			Family	N/A	$ 1,622.74	$ -	0.00%	N/A	$ 1,642.48	$ -	0.00%	N/A	$ 1,663.23	$ -	0.00%	N/A	$ 1,685.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 587.69	$ -	0.00%	N/A	$ 594.85	$ -	0.00%	N/A	$ 602.38	$ -	0.00%	N/A	$ 610.29	$ -	0.00%
			Double	N/A	$ 1,175.37	$ -	0.00%	N/A	$ 1,189.70	$ -	0.00%	N/A	$ 1,204.76	$ -	0.00%	N/A	$ 1,220.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 999.06	$ -	0.00%	N/A	$ 1,011.24	$ -	0.00%	N/A	$ 1,024.04	$ -	0.00%	N/A	$ 1,037.49	$ -	0.00%
			Family	N/A	$ 1,674.90	$ -	0.00%	N/A	$ 1,695.31	$ -	0.00%	N/A	$ 1,716.78	$ -	0.00%	N/A	$ 1,739.33	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 579.27	$ -	0.00%	N/A	$ 586.32	$ -	0.00%	N/A	$ 593.74	$ -	0.00%	N/A	$ 601.53	$ -	0.00%
			Double	N/A	$ 1,158.54	$ -	0.00%	N/A	$ 1,172.65	$ -	0.00%	N/A	$ 1,187.48	$ -	0.00%	N/A	$ 1,203.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 984.76	$ -	0.00%	N/A	$ 996.75	$ -	0.00%	N/A	$ 1,009.36	$ -	0.00%	N/A	$ 1,022.60	$ -	0.00%
			Family	N/A	$ 1,650.92	$ -	0.00%	N/A	$ 1,671.02	$ -	0.00%	N/A	$ 1,692.16	$ -	0.00%	N/A	$ 1,714.37	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 521.68	$ -	0.00%	N/A	$ 527.99	$ -	0.00%	N/A	$ 534.62	$ -	0.00%	N/A	$ 541.59	$ -	0.00%
			Double	N/A	$ 1,043.37	$ -	0.00%	N/A	$ 1,055.98	$ -	0.00%	N/A	$ 1,069.24	$ -	0.00%	N/A	$ 1,083.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 886.86	$ -	0.00%	N/A	$ 897.58	$ -	0.00%	N/A	$ 908.85	$ -	0.00%	N/A	$ 920.69	$ -	0.00%
			Family	N/A	$ 1,486.80	$ -	0.00%	N/A	$ 1,504.77	$ -	0.00%	N/A	$ 1,523.67	$ -	0.00%	N/A	$ 1,543.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 573.13	$ -	0.00%	N/A	$ 580.10	$ -	0.00%	N/A	$ 587.44	$ -	0.00%	N/A	$ 595.14	$ -	0.00%
			Double	N/A	$ 1,146.26	$ -	0.00%	N/A	$ 1,160.20	$ -	0.00%	N/A	$ 1,174.87	$ -	0.00%	N/A	$ 1,190.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 974.31	$ -	0.00%	N/A	$ 986.17	$ -	0.00%	N/A	$ 998.64	$ -	0.00%	N/A	$ 1,011.73	$ -	0.00%
			Family	N/A	$ 1,633.41	$ -	0.00%	N/A	$ 1,653.29	$ -	0.00%	N/A	$ 1,674.19	$ -	0.00%	N/A	$ 1,696.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 591.56	$ -	0.00%	N/A	$ 598.77	$ -	0.00%	N/A	$ 606.36	$ -	0.00%	N/A	$ 614.32	$ -	0.00%
			Double	N/A	$ 1,183.12	$ -	0.00%	N/A	$ 1,197.54	$ -	0.00%	N/A	$ 1,212.71	$ -	0.00%	N/A	$ 1,228.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.64	$ -	0.00%	N/A	$ 1,017.91	$ -	0.00%	N/A	$ 1,030.80	$ -	0.00%	N/A	$ 1,044.35	$ -	0.00%
			Family	N/A	$ 1,685.94	$ -	0.00%	N/A	$ 1,706.50	$ -	0.00%	N/A	$ 1,728.11	$ -	0.00%	N/A	$ 1,750.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 583.08	$ -	0.00%	N/A	$ 590.19	$ -	0.00%	N/A	$ 597.66	$ -	0.00%	N/A	$ 605.50	$ -	0.00%
			Double	N/A	$ 1,166.17	$ -	0.00%	N/A	$ 1,180.38	$ -	0.00%	N/A	$ 1,195.31	$ -	0.00%	N/A	$ 1,211.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.24	$ -	0.00%	N/A	$ 1,003.32	$ -	0.00%	N/A	$ 1,016.01	$ -	0.00%	N/A	$ 1,029.35	$ -	0.00%
			Family	N/A	$ 1,661.79	$ -	0.00%	N/A	$ 1,682.03	$ -	0.00%	N/A	$ 1,703.32	$ -	0.00%	N/A	$ 1,725.68	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 525.09	$ -	0.00%	N/A	$ 531.44	$ -	0.00%	N/A	$ 538.12	$ -	0.00%	N/A	$ 545.14	$ -	0.00%
			Double	N/A	$ 1,050.19	$ -	0.00%	N/A	$ 1,062.89	$ -	0.00%	N/A	$ 1,076.24	$ -	0.00%	N/A	$ 1,090.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 892.65	$ -	0.00%	N/A	$ 903.45	$ -	0.00%	N/A	$ 914.80	$ -	0.00%	N/A	$ 926.73	$ -	0.00%
			Family	N/A	$ 1,496.51	$ -	0.00%	N/A	$ 1,514.61	$ -	0.00%	N/A	$ 1,533.64	$ -	0.00%	N/A	$ 1,553.64	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 569.38	$ -	0.00%	N/A	$ 576.31	$ -	0.00%	N/A	$ 583.59	$ -	0.00%	N/A	$ 591.24	$ -	0.00%
			Double	N/A	$ 1,138.77	$ -	0.00%	N/A	$ 1,152.62	$ -	0.00%	N/A	$ 1,167.18	$ -	0.00%	N/A	$ 1,182.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 967.95	$ -	0.00%	N/A	$ 979.72	$ -	0.00%	N/A	$ 992.10	$ -	0.00%	N/A	$ 1,005.11	$ -	0.00%
			Family	N/A	$ 1,622.74	$ -	0.00%	N/A	$ 1,642.48	$ -	0.00%	N/A	$ 1,663.23	$ -	0.00%	N/A	$ 1,685.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 587.69	$ -	0.00%	N/A	$ 594.85	$ -	0.00%	N/A	$ 602.38	$ -	0.00%	N/A	$ 610.29	$ -	0.00%
			Double	N/A	$ 1,175.37	$ -	0.00%	N/A	$ 1,189.70	$ -	0.00%	N/A	$ 1,204.76	$ -	0.00%	N/A	$ 1,220.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 999.06	$ -	0.00%	N/A	$ 1,011.24	$ -	0.00%	N/A	$ 1,024.04	$ -	0.00%	N/A	$ 1,037.49	$ -	0.00%
			Family	N/A	$ 1,674.90	$ -	0.00%	N/A	$ 1,695.31	$ -	0.00%	N/A	$ 1,716.78	$ -	0.00%	N/A	$ 1,739.33	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 579.27	$ -	0.00%	N/A	$ 586.32	$ -	0.00%	N/A	$ 593.74	$ -	0.00%	N/A	$ 601.53	$ -	0.00%
			Double	N/A	$ 1,158.54	$ -	0.00%	N/A	$ 1,172.65	$ -	0.00%	N/A	$ 1,187.48	$ -	0.00%	N/A	$ 1,203.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 984.76	$ -	0.00%	N/A	$ 996.75	$ -	0.00%	N/A	$ 1,009.36	$ -	0.00%	N/A	$ 1,022.60	$ -	0.00%
			Family	N/A	$ 1,650.92	$ -	0.00%	N/A	$ 1,671.02	$ -	0.00%	N/A	$ 1,692.16	$ -	0.00%	N/A	$ 1,714.37	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 521.68	$ -	0.00%	N/A	$ 527.99	$ -	0.00%	N/A	$ 534.62	$ -	0.00%	N/A	$ 541.59	$ -	0.00%
			Double	N/A	$ 1,043.37	$ -	0.00%	N/A	$ 1,055.98	$ -	0.00%	N/A	$ 1,069.24	$ -	0.00%	N/A	$ 1,083.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 886.86	$ -	0.00%	N/A	$ 897.58	$ -	0.00%	N/A	$ 908.85	$ -	0.00%	N/A	$ 920.69	$ -	0.00%
			Family	N/A	$ 1,486.80	$ -	0.00%	N/A	$ 1,504.77	$ -	0.00%	N/A	$ 1,523.67	$ -	0.00%	N/A	$ 1,543.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 556.88	$ -	0.00%	N/A	$ 563.64	$ -	0.00%	N/A	$ 570.76	$ -	0.00%	N/A	$ 578.23	$ -	0.00%
			Double	N/A	$ 1,113.76	$ -	0.00%	N/A	$ 1,127.29	$ -	0.00%	N/A	$ 1,141.51	$ -	0.00%	N/A	$ 1,156.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.69	$ -	0.00%	N/A	$ 958.19	$ -	0.00%	N/A	$ 970.28	$ -	0.00%	N/A	$ 982.98	$ -	0.00%
			Family	N/A	$ 1,587.11	$ -	0.00%	N/A	$ 1,606.38	$ -	0.00%	N/A	$ 1,626.65	$ -	0.00%	N/A	$ 1,647.94	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 574.75	$ -	0.00%	N/A	$ 581.75	$ -	0.00%	N/A	$ 589.10	$ -	0.00%	N/A	$ 596.83	$ -	0.00%
			Double	N/A	$ 1,149.51	$ -	0.00%	N/A	$ 1,163.50	$ -	0.00%	N/A	$ 1,178.21	$ -	0.00%	N/A	$ 1,193.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.08	$ -	0.00%	N/A	$ 988.97	$ -	0.00%	N/A	$ 1,001.47	$ -	0.00%	N/A	$ 1,014.61	$ -	0.00%
			Family	N/A	$ 1,638.04	$ -	0.00%	N/A	$ 1,657.98	$ -	0.00%	N/A	$ 1,678.94	$ -	0.00%	N/A	$ 1,700.97	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 566.54	$ -	0.00%	N/A	$ 573.42	$ -	0.00%	N/A	$ 580.67	$ -	0.00%	N/A	$ 588.28	$ -	0.00%
			Double	N/A	$ 1,133.07	$ -	0.00%	N/A	$ 1,146.85	$ -	0.00%	N/A	$ 1,161.33	$ -	0.00%	N/A	$ 1,176.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.11	$ -	0.00%	N/A	$ 974.82	$ -	0.00%	N/A	$ 987.13	$ -	0.00%	N/A	$ 1,000.07	$ -	0.00%
			Family	N/A	$ 1,614.63	$ -	0.00%	N/A	$ 1,634.26	$ -	0.00%	N/A	$ 1,654.90	$ -	0.00%	N/A	$ 1,676.59	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 510.30	$ -	0.00%	N/A	$ 516.46	$ -	0.00%	N/A	$ 522.93	$ -	0.00%	N/A	$ 529.74	$ -	0.00%
			Double	N/A	$ 1,020.60	$ -	0.00%	N/A	$ 1,032.91	$ -	0.00%	N/A	$ 1,045.86	$ -	0.00%	N/A	$ 1,059.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 867.50	$ -	0.00%	N/A	$ 877.97	$ -	0.00%	N/A	$ 888.98	$ -	0.00%	N/A	$ 900.55	$ -	0.00%
			Family	N/A	$ 1,454.35	$ -	0.00%	N/A	$ 1,471.90	$ -	0.00%	N/A	$ 1,490.36	$ -	0.00%	N/A	$ 1,509.75	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$593.08	$ -	0.00%	N/A	$600.78	$ -	0.00%	N/A	$ 608.88	$ -	0.00%	N/A	$ 617.38	$ -	0.00%
			Double	N/A	$ 1,186.16	$ -	0.00%	N/A	$ 1,201.56	$ -	0.00%	N/A	$ 1,217.75	$ -	0.00%	N/A	$ 1,234.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,008.24	$ -	0.00%	N/A	$ 1,021.32	$ -	0.00%	N/A	$ 1,035.09	$ -	0.00%	N/A	$ 1,049.55	$ -	0.00%
			Family	N/A	$ 1,690.28	$ -	0.00%	N/A	$ 1,712.22	$ -	0.00%	N/A	$ 1,735.29	$ -	0.00%	N/A	$ 1,759.54	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,042.83	$ -	0.00%	N/A	$ 1,056.36	$ -	0.00%	N/A	$ 1,070.60	$ -	0.00%	N/A	$ 1,085.55	$ -	0.00%
			Family	N/A	$ 1,748.27	$ -	0.00%	N/A	$ 1,770.96	$ -	0.00%	N/A	$ 1,794.83	$ -	0.00%	N/A	$ 1,819.90	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 604.07	$ -	0.00%	N/A	$ 611.91	$ -	0.00%	N/A	$ 620.16	$ -	0.00%	N/A	$ 628.82	$ -	0.00%
			Double	N/A	$ 1,208.14	$ -	0.00%	N/A	$ 1,223.83	$ -	0.00%	N/A	$ 1,240.32	$ -	0.00%	N/A	$ 1,257.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,026.92	$ -	0.00%	N/A	$ 1,040.25	$ -	0.00%	N/A	$ 1,054.27	$ -	0.00%	N/A	$ 1,069.00	$ -	0.00%
			Family	N/A	$ 1,721.60	$ -	0.00%	N/A	$ 1,743.95	$ -	0.00%	N/A	$ 1,767.46	$ -	0.00%	N/A	$ 1,792.15	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.08	$ -	0.00%	N/A	$ 930.00	$ -	0.00%	N/A	$ 942.53	$ -	0.00%	N/A	$ 955.70	$ -	0.00%
			Family	N/A	$ 1,539.14	$ -	0.00%	N/A	$ 1,559.12	$ -	0.00%	N/A	$ 1,580.13	$ -	0.00%	N/A	$ 1,602.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 607.31	$ -	0.00%	N/A	$ 615.20	$ -	0.00%	N/A	$ 623.49	$ -	0.00%	N/A	$ 632.20	$ -	0.00%
			Double	N/A	$ 1,214.63	$ -	0.00%	N/A	$ 1,230.40	$ -	0.00%	N/A	$ 1,246.98	$ -	0.00%	N/A	$ 1,264.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,032.43	$ -	0.00%	N/A	$ 1,045.84	$ -	0.00%	N/A	$ 1,059.93	$ -	0.00%	N/A	$ 1,074.74	$ -	0.00%
			Family	N/A	$ 1,730.84	$ -	0.00%	N/A	$ 1,753.31	$ -	0.00%	N/A	$ 1,776.94	$ -	0.00%	N/A	$ 1,801.76	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.85	$ -	0.00%	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,096.29	$ -	0.00%	N/A	$ 1,111.61	$ -	0.00%
			Family	N/A	$ 1,790.22	$ -	0.00%	N/A	$ 1,813.46	$ -	0.00%	N/A	$ 1,837.90	$ -	0.00%	N/A	$ 1,863.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 618.57	$ -	0.00%	N/A	$ 626.60	$ -	0.00%	N/A	$ 635.04	$ -	0.00%	N/A	$ 643.91	$ -	0.00%
			Double	N/A	$ 1,237.14	$ -	0.00%	N/A	$ 1,253.20	$ -	0.00%	N/A	$ 1,270.09	$ -	0.00%	N/A	$ 1,287.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.57	$ -	0.00%	N/A	$ 1,065.22	$ -	0.00%	N/A	$ 1,079.57	$ -	0.00%	N/A	$ 1,094.66	$ -	0.00%
			Family	N/A	$ 1,762.92	$ -	0.00%	N/A	$ 1,785.81	$ -	0.00%	N/A	$ 1,809.87	$ -	0.00%	N/A	$ 1,835.16	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.12	$ -	0.00%	N/A	$ 952.32	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 978.64	$ -	0.00%
			Family	N/A	$ 1,576.08	$ -	0.00%	N/A	$ 1,596.54	$ -	0.00%	N/A	$ 1,618.05	$ -	0.00%	N/A	$ 1,640.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 588.95	$ -	0.00%	N/A	$ 596.59	$ -	0.00%	N/A	$ 604.63	$ -	0.00%	N/A	$ 613.08	$ -	0.00%
			Double	N/A	$ 1,177.89	$ -	0.00%	N/A	$ 1,193.18	$ -	0.00%	N/A	$ 1,209.26	$ -	0.00%	N/A	$ 1,226.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,001.21	$ -	0.00%	N/A	$ 1,014.21	$ -	0.00%	N/A	$ 1,027.87	$ -	0.00%	N/A	$ 1,042.23	$ -	0.00%
			Family	N/A	$ 1,678.50	$ -	0.00%	N/A	$ 1,700.29	$ -	0.00%	N/A	$ 1,723.20	$ -	0.00%	N/A	$ 1,747.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.56	$ -	0.00%	N/A	$ 1,049.00	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%	N/A	$ 1,077.99	$ -	0.00%
			Family	N/A	$ 1,736.08	$ -	0.00%	N/A	$ 1,758.62	$ -	0.00%	N/A	$ 1,782.32	$ -	0.00%	N/A	$ 1,807.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 599.86	$ -	0.00%	N/A	$ 607.65	$ -	0.00%	N/A	$ 615.84	$ -	0.00%	N/A	$ 624.44	$ -	0.00%
			Double	N/A	$ 1,199.72	$ -	0.00%	N/A	$ 1,215.30	$ -	0.00%	N/A	$ 1,231.67	$ -	0.00%	N/A	$ 1,248.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,019.76	$ -	0.00%	N/A	$ 1,033.00	$ -	0.00%	N/A	$ 1,046.92	$ -	0.00%	N/A	$ 1,061.55	$ -	0.00%
			Family	N/A	$ 1,709.60	$ -	0.00%	N/A	$ 1,731.80	$ -	0.00%	N/A	$ 1,755.14	$ -	0.00%	N/A	$ 1,779.65	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.68	$ -	0.00%	N/A	$ 923.52	$ -	0.00%	N/A	$ 935.96	$ -	0.00%	N/A	$ 949.04	$ -	0.00%
			Family	N/A	$ 1,528.41	$ -	0.00%	N/A	$ 1,548.25	$ -	0.00%	N/A	$ 1,569.12	$ -	0.00%	N/A	$ 1,591.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 593.08	$ -	0.00%	N/A	$ 600.78	$ -	0.00%	N/A	$ 608.88	$ -	0.00%	N/A	$ 617.38	$ -	0.00%
			Double	N/A	$ 1,186.16	$ -	0.00%	N/A	$ 1,201.56	$ -	0.00%	N/A	$ 1,217.75	$ -	0.00%	N/A	$ 1,234.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,008.24	$ -	0.00%	N/A	$ 1,021.32	$ -	0.00%	N/A	$ 1,035.09	$ -	0.00%	N/A	$ 1,049.55	$ -	0.00%
			Family	N/A	$ 1,690.28	$ -	0.00%	N/A	$ 1,712.22	$ -	0.00%	N/A	$ 1,735.29	$ -	0.00%	N/A	$ 1,759.54	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,042.83	$ -	0.00%	N/A	$ 1,056.36	$ -	0.00%	N/A	$ 1,070.60	$ -	0.00%	N/A	$ 1,085.55	$ -	0.00%
			Family	N/A	$ 1,748.27	$ -	0.00%	N/A	$ 1,770.96	$ -	0.00%	N/A	$ 1,794.83	$ -	0.00%	N/A	$ 1,819.90	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 604.07	$ -	0.00%	N/A	$ 611.91	$ -	0.00%	N/A	$ 620.16	$ -	0.00%	N/A	$ 628.82	$ -	0.00%
			Double	N/A	$ 1,208.14	$ -	0.00%	N/A	$ 1,223.83	$ -	0.00%	N/A	$ 1,240.32	$ -	0.00%	N/A	$ 1,257.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,026.92	$ -	0.00%	N/A	$ 1,040.25	$ -	0.00%	N/A	$ 1,054.27	$ -	0.00%	N/A	$ 1,069.00	$ -	0.00%
			Family	N/A	$ 1,721.60	$ -	0.00%	N/A	$ 1,743.95	$ -	0.00%	N/A	$ 1,767.46	$ -	0.00%	N/A	$ 1,792.15	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.08	$ -	0.00%	N/A	$ 930.00	$ -	0.00%	N/A	$ 942.53	$ -	0.00%	N/A	$ 955.70	$ -	0.00%
			Family	N/A	$ 1,539.14	$ -	0.00%	N/A	$ 1,559.12	$ -	0.00%	N/A	$ 1,580.13	$ -	0.00%	N/A	$ 1,602.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 603.08	$ -	0.00%	N/A	$ 610.91	$ -	0.00%	N/A	$ 619.14	$ -	0.00%	N/A	$ 627.79	$ -	0.00%
			Double	N/A	$ 1,206.16	$ -	0.00%	N/A	$ 1,221.82	$ -	0.00%	N/A	$ 1,238.28	$ -	0.00%	N/A	$ 1,255.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,025.24	$ -	0.00%	N/A	$ 1,038.55	$ -	0.00%	N/A	$ 1,052.54	$ -	0.00%	N/A	$ 1,067.25	$ -	0.00%
			Family	N/A	$ 1,718.78	$ -	0.00%	N/A	$ 1,741.09	$ -	0.00%	N/A	$ 1,764.56	$ -	0.00%	N/A	$ 1,789.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,060.41	$ -	0.00%	N/A	$ 1,074.18	$ -	0.00%	N/A	$ 1,088.65	$ -	0.00%	N/A	$ 1,103.86	$ -	0.00%
			Family	N/A	$ 1,777.75	$ -	0.00%	N/A	$ 1,800.82	$ -	0.00%	N/A	$ 1,825.09	$ -	0.00%	N/A	$ 1,850.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 614.26	$ -	0.00%	N/A	$ 622.23	$ -	0.00%	N/A	$ 630.62	$ -	0.00%	N/A	$ 639.43	$ -	0.00%
			Double	N/A	$ 1,228.52	$ -	0.00%	N/A	$ 1,244.46	$ -	0.00%	N/A	$ 1,261.23	$ -	0.00%	N/A	$ 1,278.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,044.24	$ -	0.00%	N/A	$ 1,057.79	$ -	0.00%	N/A	$ 1,072.05	$ -	0.00%	N/A	$ 1,087.03	$ -	0.00%
			Family	N/A	$ 1,750.64	$ -	0.00%	N/A	$ 1,773.36	$ -	0.00%	N/A	$ 1,797.26	$ -	0.00%	N/A	$ 1,822.37	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.57	$ -	0.00%	N/A	$ 945.68	$ -	0.00%	N/A	$ 958.43	$ -	0.00%	N/A	$ 971.82	$ -	0.00%
			Family	N/A	$ 1,565.09	$ -	0.00%	N/A	$ 1,585.41	$ -	0.00%	N/A	$ 1,606.78	$ -	0.00%	N/A	$ 1,629.22	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 607.31	$ -	0.00%	N/A	$ 615.20	$ -	0.00%	N/A	$ 623.49	$ -	0.00%	N/A	$ 632.20	$ -	0.00%
			Double	N/A	$ 1,214.63	$ -	0.00%	N/A	$ 1,230.40	$ -	0.00%	N/A	$ 1,246.98	$ -	0.00%	N/A	$ 1,264.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,032.43	$ -	0.00%	N/A	$ 1,045.84	$ -	0.00%	N/A	$ 1,059.93	$ -	0.00%	N/A	$ 1,074.74	$ -	0.00%
			Family	N/A	$ 1,730.84	$ -	0.00%	N/A	$ 1,753.31	$ -	0.00%	N/A	$ 1,776.94	$ -	0.00%	N/A	$ 1,801.76	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.85	$ -	0.00%	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,096.29	$ -	0.00%	N/A	$ 1,111.61	$ -	0.00%
			Family	N/A	$ 1,790.22	$ -	0.00%	N/A	$ 1,813.46	$ -	0.00%	N/A	$ 1,837.90	$ -	0.00%	N/A	$ 1,863.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 618.57	$ -	0.00%	N/A	$ 626.60	$ -	0.00%	N/A	$ 635.04	$ -	0.00%	N/A	$ 643.91	$ -	0.00%
			Double	N/A	$ 1,237.14	$ -	0.00%	N/A	$ 1,253.20	$ -	0.00%	N/A	$ 1,270.09	$ -	0.00%	N/A	$ 1,287.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.57	$ -	0.00%	N/A	$ 1,065.22	$ -	0.00%	N/A	$ 1,079.57	$ -	0.00%	N/A	$ 1,094.66	$ -	0.00%
			Family	N/A	$ 1,762.92	$ -	0.00%	N/A	$ 1,785.81	$ -	0.00%	N/A	$ 1,809.87	$ -	0.00%	N/A	$ 1,835.16	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.12	$ -	0.00%	N/A	$ 952.32	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 978.64	$ -	0.00%
			Family	N/A	$ 1,576.08	$ -	0.00%	N/A	$ 1,596.54	$ -	0.00%	N/A	$ 1,618.05	$ -	0.00%	N/A	$ 1,640.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 603.08	$ -	0.00%	N/A	$ 610.91	$ -	0.00%	N/A	$ 619.14	$ -	0.00%	N/A	$ 627.79	$ -	0.00%
			Double	N/A	$ 1,206.16	$ -	0.00%	N/A	$ 1,221.82	$ -	0.00%	N/A	$ 1,238.28	$ -	0.00%	N/A	$ 1,255.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,025.24	$ -	0.00%	N/A	$ 1,038.55	$ -	0.00%	N/A	$ 1,052.54	$ -	0.00%	N/A	$ 1,067.25	$ -	0.00%
			Family	N/A	$ 1,718.78	$ -	0.00%	N/A	$ 1,741.09	$ -	0.00%	N/A	$ 1,764.56	$ -	0.00%	N/A	$ 1,789.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,060.41	$ -	0.00%	N/A	$ 1,074.18	$ -	0.00%	N/A	$ 1,088.65	$ -	0.00%	N/A	$ 1,103.86	$ -	0.00%
			Family	N/A	$ 1,777.75	$ -	0.00%	N/A	$ 1,800.82	$ -	0.00%	N/A	$ 1,825.09	$ -	0.00%	N/A	$ 1,850.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 614.26	$ -	0.00%	N/A	$ 622.23	$ -	0.00%	N/A	$ 630.62	$ -	0.00%	N/A	$ 639.43	$ -	0.00%
			Double	N/A	$ 1,228.52	$ -	0.00%	N/A	$ 1,244.46	$ -	0.00%	N/A	$ 1,261.23	$ -	0.00%	N/A	$ 1,278.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,044.24	$ -	0.00%	N/A	$ 1,057.79	$ -	0.00%	N/A	$ 1,072.05	$ -	0.00%	N/A	$ 1,087.03	$ -	0.00%
			Family	N/A	$ 1,750.64	$ -	0.00%	N/A	$ 1,773.36	$ -	0.00%	N/A	$ 1,797.26	$ -	0.00%	N/A	$ 1,822.37	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.57	$ -	0.00%	N/A	$ 945.68	$ -	0.00%	N/A	$ 958.43	$ -	0.00%	N/A	$ 971.82	$ -	0.00%
			Family	N/A	$ 1,565.09	$ -	0.00%	N/A	$ 1,585.41	$ -	0.00%	N/A	$ 1,606.78	$ -	0.00%	N/A	$ 1,629.22	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 588.95	$ -	0.00%	N/A	$ 596.59	$ -	0.00%	N/A	$ 604.63	$ -	0.00%	N/A	$ 613.08	$ -	0.00%
			Double	N/A	$ 1,177.89	$ -	0.00%	N/A	$ 1,193.18	$ -	0.00%	N/A	$ 1,209.26	$ -	0.00%	N/A	$ 1,226.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,001.21	$ -	0.00%	N/A	$ 1,014.21	$ -	0.00%	N/A	$ 1,027.87	$ -	0.00%	N/A	$ 1,042.23	$ -	0.00%
			Family	N/A	$ 1,678.50	$ -	0.00%	N/A	$ 1,700.29	$ -	0.00%	N/A	$ 1,723.20	$ -	0.00%	N/A	$ 1,747.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.56	$ -	0.00%	N/A	$ 1,049.00	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%	N/A	$ 1,077.99	$ -	0.00%
			Family	N/A	$ 1,736.08	$ -	0.00%	N/A	$ 1,758.62	$ -	0.00%	N/A	$ 1,782.32	$ -	0.00%	N/A	$ 1,807.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 599.86	$ -	0.00%	N/A	$ 607.65	$ -	0.00%	N/A	$ 615.84	$ -	0.00%	N/A	$ 624.44	$ -	0.00%
			Double	N/A	$ 1,199.72	$ -	0.00%	N/A	$ 1,215.30	$ -	0.00%	N/A	$ 1,231.67	$ -	0.00%	N/A	$ 1,248.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,019.76	$ -	0.00%	N/A	$ 1,033.00	$ -	0.00%	N/A	$ 1,046.92	$ -	0.00%	N/A	$ 1,061.55	$ -	0.00%
			Family	N/A	$ 1,709.60	$ -	0.00%	N/A	$ 1,731.80	$ -	0.00%	N/A	$ 1,755.14	$ -	0.00%	N/A	$ 1,779.65	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.68	$ -	0.00%	N/A	$ 923.52	$ -	0.00%	N/A	$ 935.96	$ -	0.00%	N/A	$ 949.04	$ -	0.00%
			Family	N/A	$ 1,528.41	$ -	0.00%	N/A	$ 1,548.25	$ -	0.00%	N/A	$ 1,569.12	$ -	0.00%	N/A	$ 1,591.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 631.56	$ -	0.00%	N/A	$ 639.26	$ -	0.00%	N/A	$ 647.36	$ -	0.00%	N/A	$ 655.86	$ -	0.00%
			Double	N/A	$ 1,263.12	$ -	0.00%	N/A	$ 1,278.52	$ -	0.00%	N/A	$ 1,294.71	$ -	0.00%	N/A	$ 1,311.72	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,073.66	$ -	0.00%	N/A	$ 1,086.74	$ -	0.00%	N/A	$ 1,100.51	$ -	0.00%	N/A	$ 1,114.97	$ -	0.00%
			Family	N/A	$ 1,799.95	$ -	0.00%	N/A	$ 1,821.89	$ -	0.00%	N/A	$ 1,844.96	$ -	0.00%	N/A	$ 1,869.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 651.91	$ -	0.00%	N/A	$ 659.87	$ -	0.00%	N/A	$ 668.24	$ -	0.00%	N/A	$ 677.04	$ -	0.00%
			Double	N/A	$ 1,303.81	$ -	0.00%	N/A	$ 1,319.74	$ -	0.00%	N/A	$ 1,336.49	$ -	0.00%	N/A	$ 1,354.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,108.25	$ -	0.00%	N/A	$ 1,121.78	$ -	0.00%	N/A	$ 1,136.02	$ -	0.00%	N/A	$ 1,150.97	$ -	0.00%
			Family	N/A	$ 1,857.94	$ -	0.00%	N/A	$ 1,880.63	$ -	0.00%	N/A	$ 1,904.50	$ -	0.00%	N/A	$ 1,929.57	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 642.55	$ -	0.00%	N/A	$ 650.39	$ -	0.00%	N/A	$ 658.64	$ -	0.00%	N/A	$ 667.30	$ -	0.00%
			Double	N/A	$ 1,285.10	$ -	0.00%	N/A	$ 1,300.79	$ -	0.00%	N/A	$ 1,317.28	$ -	0.00%	N/A	$ 1,334.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,092.34	$ -	0.00%	N/A	$ 1,105.67	$ -	0.00%	N/A	$ 1,119.69	$ -	0.00%	N/A	$ 1,134.42	$ -	0.00%
			Family	N/A	$ 1,831.27	$ -	0.00%	N/A	$ 1,853.62	$ -	0.00%	N/A	$ 1,877.13	$ -	0.00%	N/A	$ 1,901.82	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 578.53	$ -	0.00%	N/A	$ 585.54	$ -	0.00%	N/A	$ 592.91	$ -	0.00%	N/A	$ 600.66	$ -	0.00%
			Double	N/A	$ 1,157.06	$ -	0.00%	N/A	$ 1,171.08	$ -	0.00%	N/A	$ 1,185.82	$ -	0.00%	N/A	$ 1,201.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.50	$ -	0.00%	N/A	$ 995.42	$ -	0.00%	N/A	$ 1,007.95	$ -	0.00%	N/A	$ 1,021.12	$ -	0.00%
			Family	N/A	$ 1,648.81	$ -	0.00%	N/A	$ 1,668.79	$ -	0.00%	N/A	$ 1,689.80	$ -	0.00%	N/A	$ 1,711.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 645.79	$ -	0.00%	N/A	$ 653.68	$ -	0.00%	N/A	$ 661.97	$ -	0.00%	N/A	$ 670.68	$ -	0.00%
			Double	N/A	$ 1,291.59	$ -	0.00%	N/A	$ 1,307.36	$ -	0.00%	N/A	$ 1,323.94	$ -	0.00%	N/A	$ 1,341.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,097.85	$ -	0.00%	N/A	$ 1,111.26	$ -	0.00%	N/A	$ 1,125.35	$ -	0.00%	N/A	$ 1,140.16	$ -	0.00%
			Family	N/A	$ 1,840.51	$ -	0.00%	N/A	$ 1,862.98	$ -	0.00%	N/A	$ 1,886.61	$ -	0.00%	N/A	$ 1,911.43	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 666.63	$ -	0.00%	N/A	$ 674.78	$ -	0.00%	N/A	$ 683.36	$ -	0.00%	N/A	$ 692.37	$ -	0.00%
			Double	N/A	$ 1,333.26	$ -	0.00%	N/A	$ 1,349.57	$ -	0.00%	N/A	$ 1,366.72	$ -	0.00%	N/A	$ 1,384.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,133.27	$ -	0.00%	N/A	$ 1,147.14	$ -	0.00%	N/A	$ 1,161.71	$ -	0.00%	N/A	$ 1,177.03	$ -	0.00%
			Family	N/A	$ 1,899.89	$ -	0.00%	N/A	$ 1,923.13	$ -	0.00%	N/A	$ 1,947.57	$ -	0.00%	N/A	$ 1,973.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 657.05	$ -	0.00%	N/A	$ 665.08	$ -	0.00%	N/A	$ 673.52	$ -	0.00%	N/A	$ 682.39	$ -	0.00%
			Double	N/A	$ 1,314.10	$ -	0.00%	N/A	$ 1,330.16	$ -	0.00%	N/A	$ 1,347.05	$ -	0.00%	N/A	$ 1,364.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,116.99	$ -	0.00%	N/A	$ 1,130.64	$ -	0.00%	N/A	$ 1,144.99	$ -	0.00%	N/A	$ 1,160.08	$ -	0.00%
			Family	N/A	$ 1,872.59	$ -	0.00%	N/A	$ 1,895.48	$ -	0.00%	N/A	$ 1,919.54	$ -	0.00%	N/A	$ 1,944.83	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 591.49	$ -	0.00%	N/A	$ 598.67	$ -	0.00%	N/A	$ 606.22	$ -	0.00%	N/A	$ 614.15	$ -	0.00%
			Double	N/A	$ 1,182.98	$ -	0.00%	N/A	$ 1,197.34	$ -	0.00%	N/A	$ 1,212.44	$ -	0.00%	N/A	$ 1,228.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.54	$ -	0.00%	N/A	$ 1,017.74	$ -	0.00%	N/A	$ 1,030.58	$ -	0.00%	N/A	$ 1,044.06	$ -	0.00%
			Family	N/A	$ 1,685.75	$ -	0.00%	N/A	$ 1,706.21	$ -	0.00%	N/A	$ 1,727.72	$ -	0.00%	N/A	$ 1,750.33	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 627.43	$ -	0.00%	N/A	$ 635.07	$ -	0.00%	N/A	$ 643.11	$ -	0.00%	N/A	$ 651.56	$ -	0.00%
			Double	N/A	$ 1,254.85	$ -	0.00%	N/A	$ 1,270.14	$ -	0.00%	N/A	$ 1,286.22	$ -	0.00%	N/A	$ 1,303.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,066.63	$ -	0.00%	N/A	$ 1,079.63	$ -	0.00%	N/A	$ 1,093.29	$ -	0.00%	N/A	$ 1,107.65	$ -	0.00%
			Family	N/A	$ 1,788.17	$ -	0.00%	N/A	$ 1,809.96	$ -	0.00%	N/A	$ 1,832.87	$ -	0.00%	N/A	$ 1,856.94	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 647.63	$ -	0.00%	N/A	$ 655.54	$ -	0.00%	N/A	$ 663.85	$ -	0.00%	N/A	$ 672.59	$ -	0.00%
			Double	N/A	$ 1,295.26	$ -	0.00%	N/A	$ 1,311.08	$ -	0.00%	N/A	$ 1,327.71	$ -	0.00%	N/A	$ 1,345.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,100.98	$ -	0.00%	N/A	$ 1,114.42	$ -	0.00%	N/A	$ 1,128.56	$ -	0.00%	N/A	$ 1,143.41	$ -	0.00%
			Family	N/A	$ 1,845.75	$ -	0.00%	N/A	$ 1,868.29	$ -	0.00%	N/A	$ 1,891.99	$ -	0.00%	N/A	$ 1,916.88	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 638.34	$ -	0.00%	N/A	$ 646.13	$ -	0.00%	N/A	$ 654.32	$ -	0.00%	N/A	$ 662.92	$ -	0.00%
			Double	N/A	$ 1,276.68	$ -	0.00%	N/A	$ 1,292.26	$ -	0.00%	N/A	$ 1,308.63	$ -	0.00%	N/A	$ 1,325.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,085.18	$ -	0.00%	N/A	$ 1,098.42	$ -	0.00%	N/A	$ 1,112.34	$ -	0.00%	N/A	$ 1,126.97	$ -	0.00%
			Family	N/A	$ 1,819.27	$ -	0.00%	N/A	$ 1,841.47	$ -	0.00%	N/A	$ 1,864.81	$ -	0.00%	N/A	$ 1,889.32	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 574.77	$ -	0.00%	N/A	$ 581.73	$ -	0.00%	N/A	$ 589.05	$ -	0.00%	N/A	$ 596.74	$ -	0.00%
			Double	N/A	$ 1,149.53	$ -	0.00%	N/A	$ 1,163.45	$ -	0.00%	N/A	$ 1,178.10	$ -	0.00%	N/A	$ 1,193.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.10	$ -	0.00%	N/A	$ 988.94	$ -	0.00%	N/A	$ 1,001.38	$ -	0.00%	N/A	$ 1,014.46	$ -	0.00%
			Family	N/A	$ 1,638.08	$ -	0.00%	N/A	$ 1,657.92	$ -	0.00%	N/A	$ 1,678.79	$ -	0.00%	N/A	$ 1,700.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 631.56	$ -	0.00%	N/A	$ 639.26	$ -	0.00%	N/A	$ 647.36	$ -	0.00%	N/A	$ 655.86	$ -	0.00%
			Double	N/A	$ 1,263.12	$ -	0.00%	N/A	$ 1,278.52	$ -	0.00%	N/A	$ 1,294.71	$ -	0.00%	N/A	$ 1,311.72	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,073.66	$ -	0.00%	N/A	$ 1,086.74	$ -	0.00%	N/A	$ 1,100.51	$ -	0.00%	N/A	$ 1,114.97	$ -	0.00%
			Family	N/A	$ 1,799.95	$ -	0.00%	N/A	$ 1,821.89	$ -	0.00%	N/A	$ 1,844.96	$ -	0.00%	N/A	$ 1,869.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 651.91	$ -	0.00%	N/A	$ 659.87	$ -	0.00%	N/A	$ 668.24	$ -	0.00%	N/A	$ 677.04	$ -	0.00%
			Double	N/A	$ 1,303.81	$ -	0.00%	N/A	$ 1,319.74	$ -	0.00%	N/A	$ 1,336.49	$ -	0.00%	N/A	$ 1,354.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,108.25	$ -	0.00%	N/A	$ 1,121.78	$ -	0.00%	N/A	$ 1,136.02	$ -	0.00%	N/A	$ 1,150.97	$ -	0.00%
			Family	N/A	$ 1,857.94	$ -	0.00%	N/A	$ 1,880.63	$ -	0.00%	N/A	$ 1,904.50	$ -	0.00%	N/A	$ 1,929.57	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 642.55	$ -	0.00%	N/A	$ 650.39	$ -	0.00%	N/A	$ 658.64	$ -	0.00%	N/A	$ 667.30	$ -	0.00%
			Double	N/A	$ 1,285.10	$ -	0.00%	N/A	$ 1,300.79	$ -	0.00%	N/A	$ 1,317.28	$ -	0.00%	N/A	$ 1,334.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,092.34	$ -	0.00%	N/A	$ 1,105.67	$ -	0.00%	N/A	$ 1,119.69	$ -	0.00%	N/A	$ 1,134.42	$ -	0.00%
			Family	N/A	$ 1,831.27	$ -	0.00%	N/A	$ 1,853.62	$ -	0.00%	N/A	$ 1,877.13	$ -	0.00%	N/A	$ 1,901.82	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 578.53	$ -	0.00%	N/A	$ 585.54	$ -	0.00%	N/A	$ 592.91	$ -	0.00%	N/A	$ 600.66	$ -	0.00%
			Double	N/A	$ 1,157.06	$ -	0.00%	N/A	$ 1,171.08	$ -	0.00%	N/A	$ 1,185.82	$ -	0.00%	N/A	$ 1,201.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.50	$ -	0.00%	N/A	$ 995.42	$ -	0.00%	N/A	$ 1,007.95	$ -	0.00%	N/A	$ 1,021.12	$ -	0.00%
			Family	N/A	$ 1,648.81	$ -	0.00%	N/A	$ 1,668.79	$ -	0.00%	N/A	$ 1,689.80	$ -	0.00%	N/A	$ 1,711.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 641.56	$ -	0.00%	N/A	$ 649.39	$ -	0.00%	N/A	$ 657.62	$ -	0.00%	N/A	$ 666.27	$ -	0.00%
			Double	N/A	$ 1,283.12	$ -	0.00%	N/A	$ 1,298.78	$ -	0.00%	N/A	$ 1,315.24	$ -	0.00%	N/A	$ 1,332.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,090.66	$ -	0.00%	N/A	$ 1,103.97	$ -	0.00%	N/A	$ 1,117.96	$ -	0.00%	N/A	$ 1,132.67	$ -	0.00%
			Family	N/A	$ 1,828.45	$ -	0.00%	N/A	$ 1,850.76	$ -	0.00%	N/A	$ 1,874.23	$ -	0.00%	N/A	$ 1,898.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 662.25	$ -	0.00%	N/A	$ 670.35	$ -	0.00%	N/A	$ 678.86	$ -	0.00%	N/A	$ 687.81	$ -	0.00%
			Double	N/A	$ 1,324.50	$ -	0.00%	N/A	$ 1,340.70	$ -	0.00%	N/A	$ 1,357.73	$ -	0.00%	N/A	$ 1,375.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,125.83	$ -	0.00%	N/A	$ 1,139.60	$ -	0.00%	N/A	$ 1,154.07	$ -	0.00%	N/A	$ 1,169.28	$ -	0.00%
			Family	N/A	$ 1,887.42	$ -	0.00%	N/A	$ 1,910.49	$ -	0.00%	N/A	$ 1,934.76	$ -	0.00%	N/A	$ 1,960.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 652.74	$ -	0.00%	N/A	$ 660.71	$ -	0.00%	N/A	$ 669.10	$ -	0.00%	N/A	$ 677.91	$ -	0.00%
			Double	N/A	$ 1,305.48	$ -	0.00%	N/A	$ 1,321.42	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%	N/A	$ 1,355.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,109.66	$ -	0.00%	N/A	$ 1,123.21	$ -	0.00%	N/A	$ 1,137.47	$ -	0.00%	N/A	$ 1,152.45	$ -	0.00%
			Family	N/A	$ 1,860.31	$ -	0.00%	N/A	$ 1,883.03	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%	N/A	$ 1,932.04	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 587.64	$ -	0.00%	N/A	$ 594.76	$ -	0.00%	N/A	$ 602.26	$ -	0.00%	N/A	$ 610.14	$ -	0.00%
			Double	N/A	$ 1,175.27	$ -	0.00%	N/A	$ 1,189.53	$ -	0.00%	N/A	$ 1,204.52	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 998.99	$ -	0.00%	N/A	$ 1,011.10	$ -	0.00%	N/A	$ 1,023.85	$ -	0.00%	N/A	$ 1,037.24	$ -	0.00%
			Family	N/A	$ 1,674.76	$ -	0.00%	N/A	$ 1,695.08	$ -	0.00%	N/A	$ 1,716.45	$ -	0.00%	N/A	$ 1,738.89	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 645.79	$ -	0.00%	N/A	$ 653.68	$ -	0.00%	N/A	$ 661.97	$ -	0.00%	N/A	$ 670.68	$ -	0.00%
			Double	N/A	$ 1,291.59	$ -	0.00%	N/A	$ 1,307.36	$ -	0.00%	N/A	$ 1,323.94	$ -	0.00%	N/A	$ 1,341.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,097.85	$ -	0.00%	N/A	$ 1,111.26	$ -	0.00%	N/A	$ 1,125.35	$ -	0.00%	N/A	$ 1,140.16	$ -	0.00%
			Family	N/A	$ 1,840.51	$ -	0.00%	N/A	$ 1,862.98	$ -	0.00%	N/A	$ 1,886.61	$ -	0.00%	N/A	$ 1,911.43	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 666.63	$ -	0.00%	N/A	$ 674.78	$ -	0.00%	N/A	$ 683.36	$ -	0.00%	N/A	$ 692.37	$ -	0.00%
			Double	N/A	$ 1,333.26	$ -	0.00%	N/A	$ 1,349.57	$ -	0.00%	N/A	$ 1,366.72	$ -	0.00%	N/A	$ 1,384.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,133.27	$ -	0.00%	N/A	$ 1,147.14	$ -	0.00%	N/A	$ 1,161.71	$ -	0.00%	N/A	$ 1,177.03	$ -	0.00%
			Family	N/A	$ 1,899.89	$ -	0.00%	N/A	$ 1,923.13	$ -	0.00%	N/A	$ 1,947.57	$ -	0.00%	N/A	$ 1,973.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 657.05	$ -	0.00%	N/A	$ 665.08	$ -	0.00%	N/A	$ 673.52	$ -	0.00%	N/A	$ 682.39	$ -	0.00%
			Double	N/A	$ 1,314.10	$ -	0.00%	N/A	$ 1,330.16	$ -	0.00%	N/A	$ 1,347.05	$ -	0.00%	N/A	$ 1,364.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,116.99	$ -	0.00%	N/A	$ 1,130.64	$ -	0.00%	N/A	$ 1,144.99	$ -	0.00%	N/A	$ 1,160.08	$ -	0.00%
			Family	N/A	$ 1,872.59	$ -	0.00%	N/A	$ 1,895.48	$ -	0.00%	N/A	$ 1,919.54	$ -	0.00%	N/A	$ 1,944.83	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 591.49	$ -	0.00%	N/A	$ 598.67	$ -	0.00%	N/A	$ 606.22	$ -	0.00%	N/A	$ 614.15	$ -	0.00%
			Double	N/A	$ 1,182.98	$ -	0.00%	N/A	$ 1,197.34	$ -	0.00%	N/A	$ 1,212.44	$ -	0.00%	N/A	$ 1,228.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.54	$ -	0.00%	N/A	$ 1,017.74	$ -	0.00%	N/A	$ 1,030.58	$ -	0.00%	N/A	$ 1,044.06	$ -	0.00%
			Family	N/A	$ 1,685.75	$ -	0.00%	N/A	$ 1,706.21	$ -	0.00%	N/A	$ 1,727.72	$ -	0.00%	N/A	$ 1,750.33	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 641.56	$ -	0.00%	N/A	$ 649.39	$ -	0.00%	N/A	$ 657.62	$ -	0.00%	N/A	$ 666.27	$ -	0.00%
			Double	N/A	$ 1,283.12	$ -	0.00%	N/A	$ 1,298.78	$ -	0.00%	N/A	$ 1,315.24	$ -	0.00%	N/A	$ 1,332.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,090.66	$ -	0.00%	N/A	$ 1,103.97	$ -	0.00%	N/A	$ 1,117.96	$ -	0.00%	N/A	$ 1,132.67	$ -	0.00%
			Family	N/A	$ 1,828.45	$ -	0.00%	N/A	$ 1,850.76	$ -	0.00%	N/A	$ 1,874.23	$ -	0.00%	N/A	$ 1,898.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 662.25	$ -	0.00%	N/A	$ 670.35	$ -	0.00%	N/A	$ 678.86	$ -	0.00%	N/A	$ 687.81	$ -	0.00%
			Double	N/A	$ 1,324.50	$ -	0.00%	N/A	$ 1,340.70	$ -	0.00%	N/A	$ 1,357.73	$ -	0.00%	N/A	$ 1,375.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,125.83	$ -	0.00%	N/A	$ 1,139.60	$ -	0.00%	N/A	$ 1,154.07	$ -	0.00%	N/A	$ 1,169.28	$ -	0.00%
			Family	N/A	$ 1,887.42	$ -	0.00%	N/A	$ 1,910.49	$ -	0.00%	N/A	$ 1,934.76	$ -	0.00%	N/A	$ 1,960.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 652.74	$ -	0.00%	N/A	$ 660.71	$ -	0.00%	N/A	$ 669.10	$ -	0.00%	N/A	$ 677.91	$ -	0.00%
			Double	N/A	$ 1,305.48	$ -	0.00%	N/A	$ 1,321.42	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%	N/A	$ 1,355.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,109.66	$ -	0.00%	N/A	$ 1,123.21	$ -	0.00%	N/A	$ 1,137.47	$ -	0.00%	N/A	$ 1,152.45	$ -	0.00%
			Family	N/A	$ 1,860.31	$ -	0.00%	N/A	$ 1,883.03	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%	N/A	$ 1,932.04	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 587.64	$ -	0.00%	N/A	$ 594.76	$ -	0.00%	N/A	$ 602.26	$ -	0.00%	N/A	$ 610.14	$ -	0.00%
			Double	N/A	$ 1,175.27	$ -	0.00%	N/A	$ 1,189.53	$ -	0.00%	N/A	$ 1,204.52	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 998.99	$ -	0.00%	N/A	$ 1,011.10	$ -	0.00%	N/A	$ 1,023.85	$ -	0.00%	N/A	$ 1,037.24	$ -	0.00%
			Family	N/A	$ 1,674.76	$ -	0.00%	N/A	$ 1,695.08	$ -	0.00%	N/A	$ 1,716.45	$ -	0.00%	N/A	$ 1,738.89	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 627.43	$ -	0.00%	N/A	$ 635.07	$ -	0.00%	N/A	$ 643.11	$ -	0.00%	N/A	$ 651.56	$ -	0.00%
			Double	N/A	$ 1,254.85	$ -	0.00%	N/A	$ 1,270.14	$ -	0.00%	N/A	$ 1,286.22	$ -	0.00%	N/A	$ 1,303.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,066.63	$ -	0.00%	N/A	$ 1,079.63	$ -	0.00%	N/A	$ 1,093.29	$ -	0.00%	N/A	$ 1,107.65	$ -	0.00%
			Family	N/A	$ 1,788.17	$ -	0.00%	N/A	$ 1,809.96	$ -	0.00%	N/A	$ 1,832.87	$ -	0.00%	N/A	$ 1,856.94	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 647.63	$ -	0.00%	N/A	$ 655.54	$ -	0.00%	N/A	$ 663.85	$ -	0.00%	N/A	$ 672.59	$ -	0.00%
			Double	N/A	$ 1,295.26	$ -	0.00%	N/A	$ 1,311.08	$ -	0.00%	N/A	$ 1,327.71	$ -	0.00%	N/A	$ 1,345.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,100.98	$ -	0.00%	N/A	$ 1,114.42	$ -	0.00%	N/A	$ 1,128.56	$ -	0.00%	N/A	$ 1,143.41	$ -	0.00%
			Family	N/A	$ 1,845.75	$ -	0.00%	N/A	$ 1,868.29	$ -	0.00%	N/A	$ 1,891.99	$ -	0.00%	N/A	$ 1,916.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 638.34	$ -	0.00%	N/A	$ 646.13	$ -	0.00%	N/A	$ 654.32	$ -	0.00%	N/A	$ 662.92	$ -	0.00%
			Double	N/A	$ 1,276.68	$ -	0.00%	N/A	$ 1,292.26	$ -	0.00%	N/A	$ 1,308.63	$ -	0.00%	N/A	$ 1,325.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,085.18	$ -	0.00%	N/A	$ 1,098.42	$ -	0.00%	N/A	$ 1,112.34	$ -	0.00%	N/A	$ 1,126.97	$ -	0.00%
			Family	N/A	$ 1,819.27	$ -	0.00%	N/A	$ 1,841.47	$ -	0.00%	N/A	$ 1,864.81	$ -	0.00%	N/A	$ 1,889.32	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 574.77	$ -	0.00%	N/A	$ 581.73	$ -	0.00%	N/A	$ 589.05	$ -	0.00%	N/A	$ 596.74	$ -	0.00%
			Double	N/A	$ 1,149.53	$ -	0.00%	N/A	$ 1,163.45	$ -	0.00%	N/A	$ 1,178.10	$ -	0.00%	N/A	$ 1,193.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.10	$ -	0.00%	N/A	$ 988.94	$ -	0.00%	N/A	$ 1,001.38	$ -	0.00%	N/A	$ 1,014.46	$ -	0.00%
			Family	N/A	$ 1,638.08	$ -	0.00%	N/A	$ 1,657.92	$ -	0.00%	N/A	$ 1,678.79	$ -	0.00%	N/A	$ 1,700.71	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$588.36	$ -	0.00%	N/A	$596.00	$ -	0.00%	N/A	$ 604.03	$ -	0.00%	N/A	$ 612.47	$ -	0.00%
			Double	N/A	$ 1,176.72	$ -	0.00%	N/A	$ 1,191.99	$ -	0.00%	N/A	$ 1,208.06	$ -	0.00%	N/A	$ 1,224.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,000.21	$ -	0.00%	N/A	$ 1,013.19	$ -	0.00%	N/A	$ 1,026.85	$ -	0.00%	N/A	$ 1,041.19	$ -	0.00%
			Family	N/A	$ 1,676.82	$ -	0.00%	N/A	$ 1,698.59	$ -	0.00%	N/A	$ 1,721.48	$ -	0.00%	N/A	$ 1,745.53	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.52	$ -	0.00%	N/A	$ 1,047.95	$ -	0.00%	N/A	$ 1,062.07	$ -	0.00%	N/A	$ 1,076.91	$ -	0.00%
			Family	N/A	$ 1,734.35	$ -	0.00%	N/A	$ 1,756.86	$ -	0.00%	N/A	$ 1,780.54	$ -	0.00%	N/A	$ 1,805.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 599.26	$ -	0.00%	N/A	$ 607.04	$ -	0.00%	N/A	$ 615.22	$ -	0.00%	N/A	$ 623.82	$ -	0.00%
			Double	N/A	$ 1,198.53	$ -	0.00%	N/A	$ 1,214.08	$ -	0.00%	N/A	$ 1,230.45	$ -	0.00%	N/A	$ 1,247.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,018.75	$ -	0.00%	N/A	$ 1,031.97	$ -	0.00%	N/A	$ 1,045.88	$ -	0.00%	N/A	$ 1,060.49	$ -	0.00%
			Family	N/A	$ 1,707.90	$ -	0.00%	N/A	$ 1,730.07	$ -	0.00%	N/A	$ 1,753.38	$ -	0.00%	N/A	$ 1,777.88	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.78	$ -	0.00%	N/A	$ 922.60	$ -	0.00%	N/A	$ 935.03	$ -	0.00%	N/A	$ 948.09	$ -	0.00%
			Family	N/A	$ 1,526.89	$ -	0.00%	N/A	$ 1,546.71	$ -	0.00%	N/A	$ 1,567.55	$ -	0.00%	N/A	$ 1,589.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 602.48	$ -	0.00%	N/A	$ 610.30	$ -	0.00%	N/A	$ 618.52	$ -	0.00%	N/A	$ 627.16	$ -	0.00%
			Double	N/A	$ 1,204.96	$ -	0.00%	N/A	$ 1,220.60	$ -	0.00%	N/A	$ 1,237.05	$ -	0.00%	N/A	$ 1,254.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,024.21	$ -	0.00%	N/A	$ 1,037.51	$ -	0.00%	N/A	$ 1,051.49	$ -	0.00%	N/A	$ 1,066.18	$ -	0.00%
			Family	N/A	$ 1,717.07	$ -	0.00%	N/A	$ 1,739.36	$ -	0.00%	N/A	$ 1,762.79	$ -	0.00%	N/A	$ 1,787.42	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.35	$ -	0.00%	N/A	$ 1,073.10	$ -	0.00%	N/A	$ 1,087.56	$ -	0.00%	N/A	$ 1,102.76	$ -	0.00%
			Family	N/A	$ 1,775.97	$ -	0.00%	N/A	$ 1,799.03	$ -	0.00%	N/A	$ 1,823.27	$ -	0.00%	N/A	$ 1,848.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 613.65	$ -	0.00%	N/A	$ 621.61	$ -	0.00%	N/A	$ 629.99	$ -	0.00%	N/A	$ 638.79	$ -	0.00%
			Double	N/A	$ 1,227.29	$ -	0.00%	N/A	$ 1,243.22	$ -	0.00%	N/A	$ 1,259.98	$ -	0.00%	N/A	$ 1,277.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.20	$ -	0.00%	N/A	$ 1,056.74	$ -	0.00%	N/A	$ 1,070.98	$ -	0.00%	N/A	$ 1,085.94	$ -	0.00%
			Family	N/A	$ 1,748.89	$ -	0.00%	N/A	$ 1,771.59	$ -	0.00%	N/A	$ 1,795.47	$ -	0.00%	N/A	$ 1,820.55	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.63	$ -	0.00%	N/A	$ 944.74	$ -	0.00%	N/A	$ 957.47	$ -	0.00%	N/A	$ 970.85	$ -	0.00%
			Family	N/A	$ 1,563.53	$ -	0.00%	N/A	$ 1,583.83	$ -	0.00%	N/A	$ 1,605.17	$ -	0.00%	N/A	$ 1,627.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 584.26	$ -	0.00%	N/A	$ 591.84	$ -	0.00%	N/A	$ 599.82	$ -	0.00%	N/A	$ 608.20	$ -	0.00%
			Double	N/A	$ 1,168.51	$ -	0.00%	N/A	$ 1,183.68	$ -	0.00%	N/A	$ 1,199.63	$ -	0.00%	N/A	$ 1,216.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.24	$ -	0.00%	N/A	$ 1,006.13	$ -	0.00%	N/A	$ 1,019.69	$ -	0.00%	N/A	$ 1,033.93	$ -	0.00%
			Family	N/A	$ 1,665.13	$ -	0.00%	N/A	$ 1,686.75	$ -	0.00%	N/A	$ 1,709.48	$ -	0.00%	N/A	$ 1,733.36	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.31	$ -	0.00%	N/A	$ 1,040.65	$ -	0.00%	N/A	$ 1,054.67	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%
			Family	N/A	$ 1,722.26	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,768.13	$ -	0.00%	N/A	$ 1,792.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 595.09	$ -	0.00%	N/A	$ 602.81	$ -	0.00%	N/A	$ 610.93	$ -	0.00%	N/A	$ 619.47	$ -	0.00%
			Double	N/A	$ 1,190.17	$ -	0.00%	N/A	$ 1,205.62	$ -	0.00%	N/A	$ 1,221.87	$ -	0.00%	N/A	$ 1,238.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.65	$ -	0.00%	N/A	$ 1,024.78	$ -	0.00%	N/A	$ 1,038.59	$ -	0.00%	N/A	$ 1,053.10	$ -	0.00%
			Family	N/A	$ 1,695.99	$ -	0.00%	N/A	$ 1,718.01	$ -	0.00%	N/A	$ 1,741.16	$ -	0.00%	N/A	$ 1,765.49	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.43	$ -	0.00%	N/A	$ 916.17	$ -	0.00%	N/A	$ 928.51	$ -	0.00%	N/A	$ 941.48	$ -	0.00%
			Family	N/A	$ 1,516.24	$ -	0.00%	N/A	$ 1,535.93	$ -	0.00%	N/A	$ 1,556.63	$ -	0.00%	N/A	$ 1,578.37	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 588.36	$ -	0.00%	N/A	$ 596.00	$ -	0.00%	N/A	$ 604.03	$ -	0.00%	N/A	$ 612.47	$ -	0.00%
			Double	N/A	$ 1,176.72	$ -	0.00%	N/A	$ 1,191.99	$ -	0.00%	N/A	$ 1,208.06	$ -	0.00%	N/A	$ 1,224.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,000.21	$ -	0.00%	N/A	$ 1,013.19	$ -	0.00%	N/A	$ 1,026.85	$ -	0.00%	N/A	$ 1,041.19	$ -	0.00%
			Family	N/A	$ 1,676.82	$ -	0.00%	N/A	$ 1,698.59	$ -	0.00%	N/A	$ 1,721.48	$ -	0.00%	N/A	$ 1,745.53	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.52	$ -	0.00%	N/A	$ 1,047.95	$ -	0.00%	N/A	$ 1,062.07	$ -	0.00%	N/A	$ 1,076.91	$ -	0.00%
			Family	N/A	$ 1,734.35	$ -	0.00%	N/A	$ 1,756.86	$ -	0.00%	N/A	$ 1,780.54	$ -	0.00%	N/A	$ 1,805.41	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 599.26	$ -	0.00%	N/A	$ 607.04	$ -	0.00%	N/A	$ 615.22	$ -	0.00%	N/A	$ 623.82	$ -	0.00%
			Double	N/A	$ 1,198.53	$ -	0.00%	N/A	$ 1,214.08	$ -	0.00%	N/A	$ 1,230.45	$ -	0.00%	N/A	$ 1,247.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,018.75	$ -	0.00%	N/A	$ 1,031.97	$ -	0.00%	N/A	$ 1,045.88	$ -	0.00%	N/A	$ 1,060.49	$ -	0.00%
			Family	N/A	$ 1,707.90	$ -	0.00%	N/A	$ 1,730.07	$ -	0.00%	N/A	$ 1,753.38	$ -	0.00%	N/A	$ 1,777.88	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.78	$ -	0.00%	N/A	$ 922.60	$ -	0.00%	N/A	$ 935.03	$ -	0.00%	N/A	$ 948.09	$ -	0.00%
			Family	N/A	$ 1,526.89	$ -	0.00%	N/A	$ 1,546.71	$ -	0.00%	N/A	$ 1,567.55	$ -	0.00%	N/A	$ 1,589.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 598.28	$ -	0.00%	N/A	$ 606.05	$ -	0.00%	N/A	$ 614.21	$ -	0.00%	N/A	$ 622.79	$ -	0.00%
			Double	N/A	$ 1,196.56	$ -	0.00%	N/A	$ 1,212.09	$ -	0.00%	N/A	$ 1,228.43	$ -	0.00%	N/A	$ 1,245.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.08	$ -	0.00%	N/A	$ 1,030.28	$ -	0.00%	N/A	$ 1,044.16	$ -	0.00%	N/A	$ 1,058.75	$ -	0.00%
			Family	N/A	$ 1,705.10	$ -	0.00%	N/A	$ 1,727.23	$ -	0.00%	N/A	$ 1,750.51	$ -	0.00%	N/A	$ 1,774.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.97	$ -	0.00%	N/A	$ 1,065.62	$ -	0.00%	N/A	$ 1,079.98	$ -	0.00%	N/A	$ 1,095.07	$ -	0.00%
			Family	N/A	$ 1,763.59	$ -	0.00%	N/A	$ 1,786.49	$ -	0.00%	N/A	$ 1,810.56	$ -	0.00%	N/A	$ 1,835.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 609.37	$ -	0.00%	N/A	$ 617.28	$ -	0.00%	N/A	$ 625.60	$ -	0.00%	N/A	$ 634.34	$ -	0.00%
			Double	N/A	$ 1,218.74	$ -	0.00%	N/A	$ 1,234.56	$ -	0.00%	N/A	$ 1,251.19	$ -	0.00%	N/A	$ 1,268.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.93	$ -	0.00%	N/A	$ 1,049.37	$ -	0.00%	N/A	$ 1,063.51	$ -	0.00%	N/A	$ 1,078.37	$ -	0.00%
			Family	N/A	$ 1,736.70	$ -	0.00%	N/A	$ 1,759.24	$ -	0.00%	N/A	$ 1,782.95	$ -	0.00%	N/A	$ 1,807.86	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 926.13	$ -	0.00%	N/A	$ 938.16	$ -	0.00%	N/A	$ 950.80	$ -	0.00%	N/A	$ 964.08	$ -	0.00%
			Family	N/A	$ 1,552.63	$ -	0.00%	N/A	$ 1,572.79	$ -	0.00%	N/A	$ 1,593.98	$ -	0.00%	N/A	$ 1,616.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 602.48	$ -	0.00%	N/A	$ 610.30	$ -	0.00%	N/A	$ 618.52	$ -	0.00%	N/A	$ 627.16	$ -	0.00%
			Double	N/A	$ 1,204.96	$ -	0.00%	N/A	$ 1,220.60	$ -	0.00%	N/A	$ 1,237.05	$ -	0.00%	N/A	$ 1,254.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,024.21	$ -	0.00%	N/A	$ 1,037.51	$ -	0.00%	N/A	$ 1,051.49	$ -	0.00%	N/A	$ 1,066.18	$ -	0.00%
			Family	N/A	$ 1,717.07	$ -	0.00%	N/A	$ 1,739.36	$ -	0.00%	N/A	$ 1,762.79	$ -	0.00%	N/A	$ 1,787.42	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.35	$ -	0.00%	N/A	$ 1,073.10	$ -	0.00%	N/A	$ 1,087.56	$ -	0.00%	N/A	$ 1,102.76	$ -	0.00%
			Family	N/A	$ 1,775.97	$ -	0.00%	N/A	$ 1,799.03	$ -	0.00%	N/A	$ 1,823.27	$ -	0.00%	N/A	$ 1,848.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 613.65	$ -	0.00%	N/A	$ 621.61	$ -	0.00%	N/A	$ 629.99	$ -	0.00%	N/A	$ 638.79	$ -	0.00%
			Double	N/A	$ 1,227.29	$ -	0.00%	N/A	$ 1,243.22	$ -	0.00%	N/A	$ 1,259.98	$ -	0.00%	N/A	$ 1,277.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.20	$ -	0.00%	N/A	$ 1,056.74	$ -	0.00%	N/A	$ 1,070.98	$ -	0.00%	N/A	$ 1,085.94	$ -	0.00%
			Family	N/A	$ 1,748.89	$ -	0.00%	N/A	$ 1,771.59	$ -	0.00%	N/A	$ 1,795.47	$ -	0.00%	N/A	$ 1,820.55	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.63	$ -	0.00%	N/A	$ 944.74	$ -	0.00%	N/A	$ 957.47	$ -	0.00%	N/A	$ 970.85	$ -	0.00%
			Family	N/A	$ 1,563.53	$ -	0.00%	N/A	$ 1,583.83	$ -	0.00%	N/A	$ 1,605.17	$ -	0.00%	N/A	$ 1,627.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 598.28	$ -	0.00%	N/A	$ 606.05	$ -	0.00%	N/A	$ 614.21	$ -	0.00%	N/A	$ 622.79	$ -	0.00%
			Double	N/A	$ 1,196.56	$ -	0.00%	N/A	$ 1,212.09	$ -	0.00%	N/A	$ 1,228.43	$ -	0.00%	N/A	$ 1,245.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.08	$ -	0.00%	N/A	$ 1,030.28	$ -	0.00%	N/A	$ 1,044.16	$ -	0.00%	N/A	$ 1,058.75	$ -	0.00%
			Family	N/A	$ 1,705.10	$ -	0.00%	N/A	$ 1,727.23	$ -	0.00%	N/A	$ 1,750.51	$ -	0.00%	N/A	$ 1,774.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.97	$ -	0.00%	N/A	$ 1,065.62	$ -	0.00%	N/A	$ 1,079.98	$ -	0.00%	N/A	$ 1,095.07	$ -	0.00%
			Family	N/A	$ 1,763.59	$ -	0.00%	N/A	$ 1,786.49	$ -	0.00%	N/A	$ 1,810.56	$ -	0.00%	N/A	$ 1,835.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 609.37	$ -	0.00%	N/A	$ 617.28	$ -	0.00%	N/A	$ 625.60	$ -	0.00%	N/A	$ 634.34	$ -	0.00%
			Double	N/A	$ 1,218.74	$ -	0.00%	N/A	$ 1,234.56	$ -	0.00%	N/A	$ 1,251.19	$ -	0.00%	N/A	$ 1,268.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.93	$ -	0.00%	N/A	$ 1,049.37	$ -	0.00%	N/A	$ 1,063.51	$ -	0.00%	N/A	$ 1,078.37	$ -	0.00%
			Family	N/A	$ 1,736.70	$ -	0.00%	N/A	$ 1,759.24	$ -	0.00%	N/A	$ 1,782.95	$ -	0.00%	N/A	$ 1,807.86	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 926.13	$ -	0.00%	N/A	$ 938.16	$ -	0.00%	N/A	$ 950.80	$ -	0.00%	N/A	$ 964.08	$ -	0.00%
			Family	N/A	$ 1,552.63	$ -	0.00%	N/A	$ 1,572.79	$ -	0.00%	N/A	$ 1,593.98	$ -	0.00%	N/A	$ 1,616.25	$ -	0.00%

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Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 584.26	$ -	0.00%	N/A	$ 591.84	$ -	0.00%	N/A	$ 599.82	$ -	0.00%	N/A	$ 608.20	$ -	0.00%
			Double	N/A	$ 1,168.51	$ -	0.00%	N/A	$ 1,183.68	$ -	0.00%	N/A	$ 1,199.63	$ -	0.00%	N/A	$ 1,216.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.24	$ -	0.00%	N/A	$ 1,006.13	$ -	0.00%	N/A	$ 1,019.69	$ -	0.00%	N/A	$ 1,033.93	$ -	0.00%
			Family	N/A	$ 1,665.13	$ -	0.00%	N/A	$ 1,686.75	$ -	0.00%	N/A	$ 1,709.48	$ -	0.00%	N/A	$ 1,733.36	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.31	$ -	0.00%	N/A	$ 1,040.65	$ -	0.00%	N/A	$ 1,054.67	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%
			Family	N/A	$ 1,722.26	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,768.13	$ -	0.00%	N/A	$ 1,792.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 595.09	$ -	0.00%	N/A	$ 602.81	$ -	0.00%	N/A	$ 610.93	$ -	0.00%	N/A	$ 619.47	$ -	0.00%
			Double	N/A	$ 1,190.17	$ -	0.00%	N/A	$ 1,205.62	$ -	0.00%	N/A	$ 1,221.87	$ -	0.00%	N/A	$ 1,238.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.65	$ -	0.00%	N/A	$ 1,024.78	$ -	0.00%	N/A	$ 1,038.59	$ -	0.00%	N/A	$ 1,053.10	$ -	0.00%
			Family	N/A	$ 1,695.99	$ -	0.00%	N/A	$ 1,718.01	$ -	0.00%	N/A	$ 1,741.16	$ -	0.00%	N/A	$ 1,765.49	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.43	$ -	0.00%	N/A	$ 916.17	$ -	0.00%	N/A	$ 928.51	$ -	0.00%	N/A	$ 941.48	$ -	0.00%
			Family	N/A	$ 1,516.24	$ -	0.00%	N/A	$ 1,535.93	$ -	0.00%	N/A	$ 1,556.63	$ -	0.00%	N/A	$ 1,578.37	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 623.12	$ -	0.00%	N/A	$ 630.76	$ -	0.00%	N/A	$ 638.79	$ -	0.00%	N/A	$ 647.23	$ -	0.00%
			Double	N/A	$ 1,246.24	$ -	0.00%	N/A	$ 1,261.51	$ -	0.00%	N/A	$ 1,277.58	$ -	0.00%	N/A	$ 1,294.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.30	$ -	0.00%	N/A	$ 1,072.28	$ -	0.00%	N/A	$ 1,085.94	$ -	0.00%	N/A	$ 1,100.28	$ -	0.00%
			Family	N/A	$ 1,775.89	$ -	0.00%	N/A	$ 1,797.66	$ -	0.00%	N/A	$ 1,820.55	$ -	0.00%	N/A	$ 1,844.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 643.30	$ -	0.00%	N/A	$ 651.20	$ -	0.00%	N/A	$ 659.51	$ -	0.00%	N/A	$ 668.24	$ -	0.00%
			Double	N/A	$ 1,286.61	$ -	0.00%	N/A	$ 1,302.41	$ -	0.00%	N/A	$ 1,319.02	$ -	0.00%	N/A	$ 1,336.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,093.61	$ -	0.00%	N/A	$ 1,107.04	$ -	0.00%	N/A	$ 1,121.16	$ -	0.00%	N/A	$ 1,136.00	$ -	0.00%
			Family	N/A	$ 1,833.42	$ -	0.00%	N/A	$ 1,855.93	$ -	0.00%	N/A	$ 1,879.61	$ -	0.00%	N/A	$ 1,904.48	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 634.02	$ -	0.00%	N/A	$ 641.80	$ -	0.00%	N/A	$ 649.98	$ -	0.00%	N/A	$ 658.58	$ -	0.00%
			Double	N/A	$ 1,268.05	$ -	0.00%	N/A	$ 1,283.60	$ -	0.00%	N/A	$ 1,299.97	$ -	0.00%	N/A	$ 1,317.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,091.06	$ -	0.00%	N/A	$ 1,104.97	$ -	0.00%	N/A	$ 1,119.58	$ -	0.00%
			Family	N/A	$ 1,806.97	$ -	0.00%	N/A	$ 1,829.14	$ -	0.00%	N/A	$ 1,852.45	$ -	0.00%	N/A	$ 1,876.95	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 570.51	$ -	0.00%	N/A	$ 577.47	$ -	0.00%	N/A	$ 584.78	$ -	0.00%	N/A	$ 592.46	$ -	0.00%
			Double	N/A	$ 1,141.02	$ -	0.00%	N/A	$ 1,154.93	$ -	0.00%	N/A	$ 1,169.56	$ -	0.00%	N/A	$ 1,184.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.87	$ -	0.00%	N/A	$ 981.69	$ -	0.00%	N/A	$ 994.12	$ -	0.00%	N/A	$ 1,007.18	$ -	0.00%
			Family	N/A	$ 1,625.96	$ -	0.00%	N/A	$ 1,645.78	$ -	0.00%	N/A	$ 1,666.62	$ -	0.00%	N/A	$ 1,688.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 637.24	$ -	0.00%	N/A	$ 645.06	$ -	0.00%	N/A	$ 653.28	$ -	0.00%	N/A	$ 661.92	$ -	0.00%
			Double	N/A	$ 1,274.48	$ -	0.00%	N/A	$ 1,290.12	$ -	0.00%	N/A	$ 1,306.57	$ -	0.00%	N/A	$ 1,323.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,083.30	$ -	0.00%	N/A	$ 1,096.60	$ -	0.00%	N/A	$ 1,110.58	$ -	0.00%	N/A	$ 1,125.27	$ -	0.00%
			Family	N/A	$ 1,816.14	$ -	0.00%	N/A	$ 1,838.43	$ -	0.00%	N/A	$ 1,861.86	$ -	0.00%	N/A	$ 1,886.49	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 657.91	$ -	0.00%	N/A	$ 666.00	$ -	0.00%	N/A	$ 674.50	$ -	0.00%	N/A	$ 683.44	$ -	0.00%
			Double	N/A	$ 1,315.82	$ -	0.00%	N/A	$ 1,332.00	$ -	0.00%	N/A	$ 1,349.01	$ -	0.00%	N/A	$ 1,366.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,118.44	$ -	0.00%	N/A	$ 1,132.19	$ -	0.00%	N/A	$ 1,146.65	$ -	0.00%	N/A	$ 1,161.85	$ -	0.00%
			Family	N/A	$ 1,875.04	$ -	0.00%	N/A	$ 1,898.10	$ -	0.00%	N/A	$ 1,922.34	$ -	0.00%	N/A	$ 1,947.81	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 648.41	$ -	0.00%	N/A	$ 656.37	$ -	0.00%	N/A	$ 664.75	$ -	0.00%	N/A	$ 673.55	$ -	0.00%
			Double	N/A	$ 1,296.81	$ -	0.00%	N/A	$ 1,312.74	$ -	0.00%	N/A	$ 1,329.50	$ -	0.00%	N/A	$ 1,347.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,102.29	$ -	0.00%	N/A	$ 1,115.83	$ -	0.00%	N/A	$ 1,130.07	$ -	0.00%	N/A	$ 1,145.03	$ -	0.00%
			Family	N/A	$ 1,847.96	$ -	0.00%	N/A	$ 1,870.66	$ -	0.00%	N/A	$ 1,894.54	$ -	0.00%	N/A	$ 1,919.62	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 583.37	$ -	0.00%	N/A	$ 590.49	$ -	0.00%	N/A	$ 597.98	$ -	0.00%	N/A	$ 605.85	$ -	0.00%
			Double	N/A	$ 1,166.74	$ -	0.00%	N/A	$ 1,180.98	$ -	0.00%	N/A	$ 1,195.96	$ -	0.00%	N/A	$ 1,211.69	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.72	$ -	0.00%	N/A	$ 1,003.83	$ -	0.00%	N/A	$ 1,016.56	$ -	0.00%	N/A	$ 1,029.94	$ -	0.00%
			Family	N/A	$ 1,662.60	$ -	0.00%	N/A	$ 1,682.90	$ -	0.00%	N/A	$ 1,704.24	$ -	0.00%	N/A	$ 1,726.67	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 619.02	$ -	0.00%	N/A	$ 626.60	$ -	0.00%	N/A	$ 634.58	$ -	0.00%	N/A	$ 642.96	$ -	0.00%
			Double	N/A	$ 1,238.03	$ -	0.00%	N/A	$ 1,253.20	$ -	0.00%	N/A	$ 1,269.15	$ -	0.00%	N/A	$ 1,285.91	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.33	$ -	0.00%	N/A	$ 1,065.22	$ -	0.00%	N/A	$ 1,078.78	$ -	0.00%	N/A	$ 1,093.02	$ -	0.00%
			Family	N/A	$ 1,764.20	$ -	0.00%	N/A	$ 1,785.82	$ -	0.00%	N/A	$ 1,808.55	$ -	0.00%	N/A	$ 1,832.43	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 639.06	$ -	0.00%	N/A	$ 646.91	$ -	0.00%	N/A	$ 655.16	$ -	0.00%	N/A	$ 663.82	$ -	0.00%
			Double	N/A	$ 1,278.12	$ -	0.00%	N/A	$ 1,293.81	$ -	0.00%	N/A	$ 1,310.31	$ -	0.00%	N/A	$ 1,327.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,086.40	$ -	0.00%	N/A	$ 1,099.74	$ -	0.00%	N/A	$ 1,113.76	$ -	0.00%	N/A	$ 1,128.50	$ -	0.00%
			Family	N/A	$ 1,821.33	$ -	0.00%	N/A	$ 1,843.69	$ -	0.00%	N/A	$ 1,867.20	$ -	0.00%	N/A	$ 1,891.90	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 629.85	$ -	0.00%	N/A	$ 637.57	$ -	0.00%	N/A	$ 645.69	$ -	0.00%	N/A	$ 654.23	$ -	0.00%
			Double	N/A	$ 1,259.69	$ -	0.00%	N/A	$ 1,275.14	$ -	0.00%	N/A	$ 1,291.39	$ -	0.00%	N/A	$ 1,308.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,070.74	$ -	0.00%	N/A	$ 1,083.87	$ -	0.00%	N/A	$ 1,097.68	$ -	0.00%	N/A	$ 1,112.19	$ -	0.00%
			Family	N/A	$ 1,795.06	$ -	0.00%	N/A	$ 1,817.08	$ -	0.00%	N/A	$ 1,840.23	$ -	0.00%	N/A	$ 1,864.56	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 566.78	$ -	0.00%	N/A	$ 573.68	$ -	0.00%	N/A	$ 580.94	$ -	0.00%	N/A	$ 588.57	$ -	0.00%
			Double	N/A	$ 1,133.55	$ -	0.00%	N/A	$ 1,147.36	$ -	0.00%	N/A	$ 1,161.89	$ -	0.00%	N/A	$ 1,177.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.52	$ -	0.00%	N/A	$ 975.26	$ -	0.00%	N/A	$ 987.60	$ -	0.00%	N/A	$ 1,000.57	$ -	0.00%
			Family	N/A	$ 1,615.31	$ -	0.00%	N/A	$ 1,635.00	$ -	0.00%	N/A	$ 1,655.70	$ -	0.00%	N/A	$ 1,677.44	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 623.12	$ -	0.00%	N/A	$ 630.76	$ -	0.00%	N/A	$ 638.79	$ -	0.00%	N/A	$ 647.23	$ -	0.00%
			Double	N/A	$ 1,246.24	$ -	0.00%	N/A	$ 1,261.51	$ -	0.00%	N/A	$ 1,277.58	$ -	0.00%	N/A	$ 1,294.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.30	$ -	0.00%	N/A	$ 1,072.28	$ -	0.00%	N/A	$ 1,085.94	$ -	0.00%	N/A	$ 1,100.28	$ -	0.00%
			Family	N/A	$ 1,775.89	$ -	0.00%	N/A	$ 1,797.66	$ -	0.00%	N/A	$ 1,820.55	$ -	0.00%	N/A	$ 1,844.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 643.30	$ -	0.00%	N/A	$ 651.20	$ -	0.00%	N/A	$ 659.51	$ -	0.00%	N/A	$ 668.24	$ -	0.00%
			Double	N/A	$ 1,286.61	$ -	0.00%	N/A	$ 1,302.41	$ -	0.00%	N/A	$ 1,319.02	$ -	0.00%	N/A	$ 1,336.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,093.61	$ -	0.00%	N/A	$ 1,107.04	$ -	0.00%	N/A	$ 1,121.16	$ -	0.00%	N/A	$ 1,136.00	$ -	0.00%
			Family	N/A	$ 1,833.42	$ -	0.00%	N/A	$ 1,855.93	$ -	0.00%	N/A	$ 1,879.61	$ -	0.00%	N/A	$ 1,904.48	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 634.02	$ -	0.00%	N/A	$ 641.80	$ -	0.00%	N/A	$ 649.98	$ -	0.00%	N/A	$ 658.58	$ -	0.00%
			Double	N/A	$ 1,268.05	$ -	0.00%	N/A	$ 1,283.60	$ -	0.00%	N/A	$ 1,299.97	$ -	0.00%	N/A	$ 1,317.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,091.06	$ -	0.00%	N/A	$ 1,104.97	$ -	0.00%	N/A	$ 1,119.58	$ -	0.00%
			Family	N/A	$ 1,806.97	$ -	0.00%	N/A	$ 1,829.14	$ -	0.00%	N/A	$ 1,852.45	$ -	0.00%	N/A	$ 1,876.95	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 570.51	$ -	0.00%	N/A	$ 577.47	$ -	0.00%	N/A	$ 584.78	$ -	0.00%	N/A	$ 592.46	$ -	0.00%
			Double	N/A	$ 1,141.02	$ -	0.00%	N/A	$ 1,154.93	$ -	0.00%	N/A	$ 1,169.56	$ -	0.00%	N/A	$ 1,184.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.87	$ -	0.00%	N/A	$ 981.69	$ -	0.00%	N/A	$ 994.12	$ -	0.00%	N/A	$ 1,007.18	$ -	0.00%
			Family	N/A	$ 1,625.96	$ -	0.00%	N/A	$ 1,645.78	$ -	0.00%	N/A	$ 1,666.62	$ -	0.00%	N/A	$ 1,688.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 633.04	$ -	0.00%	N/A	$ 640.81	$ -	0.00%	N/A	$ 648.97	$ -	0.00%	N/A	$ 657.55	$ -	0.00%
			Double	N/A	$ 1,266.08	$ -	0.00%	N/A	$ 1,281.61	$ -	0.00%	N/A	$ 1,297.95	$ -	0.00%	N/A	$ 1,315.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,076.17	$ -	0.00%	N/A	$ 1,089.37	$ -	0.00%	N/A	$ 1,103.25	$ -	0.00%	N/A	$ 1,117.84	$ -	0.00%
			Family	N/A	$ 1,804.17	$ -	0.00%	N/A	$ 1,826.30	$ -	0.00%	N/A	$ 1,849.58	$ -	0.00%	N/A	$ 1,874.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 653.56	$ -	0.00%	N/A	$ 661.60	$ -	0.00%	N/A	$ 670.04	$ -	0.00%	N/A	$ 678.92	$ -	0.00%
			Double	N/A	$ 1,307.13	$ -	0.00%	N/A	$ 1,323.20	$ -	0.00%	N/A	$ 1,340.09	$ -	0.00%	N/A	$ 1,357.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,111.06	$ -	0.00%	N/A	$ 1,124.71	$ -	0.00%	N/A	$ 1,139.07	$ -	0.00%	N/A	$ 1,154.16	$ -	0.00%
			Family	N/A	$ 1,862.66	$ -	0.00%	N/A	$ 1,885.56	$ -	0.00%	N/A	$ 1,909.63	$ -	0.00%	N/A	$ 1,934.92	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 644.13	$ -	0.00%	N/A	$ 652.04	$ -	0.00%	N/A	$ 660.36	$ -	0.00%	N/A	$ 669.10	$ -	0.00%
			Double	N/A	$ 1,288.26	$ -	0.00%	N/A	$ 1,304.08	$ -	0.00%	N/A	$ 1,320.71	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,095.02	$ -	0.00%	N/A	$ 1,108.46	$ -	0.00%	N/A	$ 1,122.60	$ -	0.00%	N/A	$ 1,137.46	$ -	0.00%
			Family	N/A	$ 1,835.77	$ -	0.00%	N/A	$ 1,858.31	$ -	0.00%	N/A	$ 1,882.02	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 579.54	$ -	0.00%	N/A	$ 586.62	$ -	0.00%	N/A	$ 594.05	$ -	0.00%	N/A	$ 601.87	$ -	0.00%
			Double	N/A	$ 1,159.09	$ -	0.00%	N/A	$ 1,173.23	$ -	0.00%	N/A	$ 1,188.11	$ -	0.00%	N/A	$ 1,203.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 985.22	$ -	0.00%	N/A	$ 997.25	$ -	0.00%	N/A	$ 1,009.89	$ -	0.00%	N/A	$ 1,023.17	$ -	0.00%
			Family	N/A	$ 1,651.70	$ -	0.00%	N/A	$ 1,671.86	$ -	0.00%	N/A	$ 1,693.05	$ -	0.00%	N/A	$ 1,715.32	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 637.24	$ -	0.00%	N/A	$ 645.06	$ -	0.00%	N/A	$ 653.28	$ -	0.00%	N/A	$ 661.92	$ -	0.00%
			Double	N/A	$ 1,274.48	$ -	0.00%	N/A	$ 1,290.12	$ -	0.00%	N/A	$ 1,306.57	$ -	0.00%	N/A	$ 1,323.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,083.30	$ -	0.00%	N/A	$ 1,096.60	$ -	0.00%	N/A	$ 1,110.58	$ -	0.00%	N/A	$ 1,125.27	$ -	0.00%
			Family	N/A	$ 1,816.14	$ -	0.00%	N/A	$ 1,838.43	$ -	0.00%	N/A	$ 1,861.86	$ -	0.00%	N/A	$ 1,886.49	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 657.91	$ -	0.00%	N/A	$ 666.00	$ -	0.00%	N/A	$ 674.50	$ -	0.00%	N/A	$ 683.44	$ -	0.00%
			Double	N/A	$ 1,315.82	$ -	0.00%	N/A	$ 1,332.00	$ -	0.00%	N/A	$ 1,349.01	$ -	0.00%	N/A	$ 1,366.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,118.44	$ -	0.00%	N/A	$ 1,132.19	$ -	0.00%	N/A	$ 1,146.65	$ -	0.00%	N/A	$ 1,161.85	$ -	0.00%
			Family	N/A	$ 1,875.04	$ -	0.00%	N/A	$ 1,898.10	$ -	0.00%	N/A	$ 1,922.34	$ -	0.00%	N/A	$ 1,947.81	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 648.41	$ -	0.00%	N/A	$ 656.37	$ -	0.00%	N/A	$ 664.75	$ -	0.00%	N/A	$ 673.55	$ -	0.00%
			Double	N/A	$ 1,296.81	$ -	0.00%	N/A	$ 1,312.74	$ -	0.00%	N/A	$ 1,329.50	$ -	0.00%	N/A	$ 1,347.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,102.29	$ -	0.00%	N/A	$ 1,115.83	$ -	0.00%	N/A	$ 1,130.07	$ -	0.00%	N/A	$ 1,145.03	$ -	0.00%
			Family	N/A	$ 1,847.96	$ -	0.00%	N/A	$ 1,870.66	$ -	0.00%	N/A	$ 1,894.54	$ -	0.00%	N/A	$ 1,919.62	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 583.37	$ -	0.00%	N/A	$ 590.49	$ -	0.00%	N/A	$ 597.98	$ -	0.00%	N/A	$ 605.85	$ -	0.00%
			Double	N/A	$ 1,166.74	$ -	0.00%	N/A	$ 1,180.98	$ -	0.00%	N/A	$ 1,195.96	$ -	0.00%	N/A	$ 1,211.69	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.72	$ -	0.00%	N/A	$ 1,003.83	$ -	0.00%	N/A	$ 1,016.56	$ -	0.00%	N/A	$ 1,029.94	$ -	0.00%
			Family	N/A	$ 1,662.60	$ -	0.00%	N/A	$ 1,682.90	$ -	0.00%	N/A	$ 1,704.24	$ -	0.00%	N/A	$ 1,726.67	$ -	0.00%

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Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 633.04	$ -	0.00%	N/A	$ 640.81	$ -	0.00%	N/A	$ 648.97	$ -	0.00%	N/A	$ 657.55	$ -	0.00%
			Double	N/A	$ 1,266.08	$ -	0.00%	N/A	$ 1,281.61	$ -	0.00%	N/A	$ 1,297.95	$ -	0.00%	N/A	$ 1,315.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,076.17	$ -	0.00%	N/A	$ 1,089.37	$ -	0.00%	N/A	$ 1,103.25	$ -	0.00%	N/A	$ 1,117.84	$ -	0.00%
			Family	N/A	$ 1,804.17	$ -	0.00%	N/A	$ 1,826.30	$ -	0.00%	N/A	$ 1,849.58	$ -	0.00%	N/A	$ 1,874.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 653.56	$ -	0.00%	N/A	$ 661.60	$ -	0.00%	N/A	$ 670.04	$ -	0.00%	N/A	$ 678.92	$ -	0.00%
			Double	N/A	$ 1,307.13	$ -	0.00%	N/A	$ 1,323.20	$ -	0.00%	N/A	$ 1,340.09	$ -	0.00%	N/A	$ 1,357.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,111.06	$ -	0.00%	N/A	$ 1,124.71	$ -	0.00%	N/A	$ 1,139.07	$ -	0.00%	N/A	$ 1,154.16	$ -	0.00%
			Family	N/A	$ 1,862.66	$ -	0.00%	N/A	$ 1,885.56	$ -	0.00%	N/A	$ 1,909.63	$ -	0.00%	N/A	$ 1,934.92	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 644.13	$ -	0.00%	N/A	$ 652.04	$ -	0.00%	N/A	$ 660.36	$ -	0.00%	N/A	$ 669.10	$ -	0.00%
			Double	N/A	$ 1,288.26	$ -	0.00%	N/A	$ 1,304.08	$ -	0.00%	N/A	$ 1,320.71	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,095.02	$ -	0.00%	N/A	$ 1,108.46	$ -	0.00%	N/A	$ 1,122.60	$ -	0.00%	N/A	$ 1,137.46	$ -	0.00%
			Family	N/A	$ 1,835.77	$ -	0.00%	N/A	$ 1,858.31	$ -	0.00%	N/A	$ 1,882.02	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 579.54	$ -	0.00%	N/A	$ 586.62	$ -	0.00%	N/A	$ 594.05	$ -	0.00%	N/A	$ 601.87	$ -	0.00%
			Double	N/A	$ 1,159.09	$ -	0.00%	N/A	$ 1,173.23	$ -	0.00%	N/A	$ 1,188.11	$ -	0.00%	N/A	$ 1,203.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 985.22	$ -	0.00%	N/A	$ 997.25	$ -	0.00%	N/A	$ 1,009.89	$ -	0.00%	N/A	$ 1,023.17	$ -	0.00%
			Family	N/A	$ 1,651.70	$ -	0.00%	N/A	$ 1,671.86	$ -	0.00%	N/A	$ 1,693.05	$ -	0.00%	N/A	$ 1,715.32	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 619.02	$ -	0.00%	N/A	$ 626.60	$ -	0.00%	N/A	$ 634.58	$ -	0.00%	N/A	$ 642.96	$ -	0.00%
			Double	N/A	$ 1,238.03	$ -	0.00%	N/A	$ 1,253.20	$ -	0.00%	N/A	$ 1,269.15	$ -	0.00%	N/A	$ 1,285.91	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.33	$ -	0.00%	N/A	$ 1,065.22	$ -	0.00%	N/A	$ 1,078.78	$ -	0.00%	N/A	$ 1,093.02	$ -	0.00%
			Family	N/A	$ 1,764.20	$ -	0.00%	N/A	$ 1,785.82	$ -	0.00%	N/A	$ 1,808.55	$ -	0.00%	N/A	$ 1,832.43	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 639.06	$ -	0.00%	N/A	$ 646.91	$ -	0.00%	N/A	$ 655.16	$ -	0.00%	N/A	$ 663.82	$ -	0.00%
			Double	N/A	$ 1,278.12	$ -	0.00%	N/A	$ 1,293.81	$ -	0.00%	N/A	$ 1,310.31	$ -	0.00%	N/A	$ 1,327.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,086.40	$ -	0.00%	N/A	$ 1,099.74	$ -	0.00%	N/A	$ 1,113.76	$ -	0.00%	N/A	$ 1,128.50	$ -	0.00%
			Family	N/A	$ 1,821.33	$ -	0.00%	N/A	$ 1,843.69	$ -	0.00%	N/A	$ 1,867.20	$ -	0.00%	N/A	$ 1,891.90	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 629.85	$ -	0.00%	N/A	$ 637.57	$ -	0.00%	N/A	$ 645.69	$ -	0.00%	N/A	$ 654.23	$ -	0.00%
			Double	N/A	$ 1,259.69	$ -	0.00%	N/A	$ 1,275.14	$ -	0.00%	N/A	$ 1,291.39	$ -	0.00%	N/A	$ 1,308.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,070.74	$ -	0.00%	N/A	$ 1,083.87	$ -	0.00%	N/A	$ 1,097.68	$ -	0.00%	N/A	$ 1,112.19	$ -	0.00%
			Family	N/A	$ 1,795.06	$ -	0.00%	N/A	$ 1,817.08	$ -	0.00%	N/A	$ 1,840.23	$ -	0.00%	N/A	$ 1,864.56	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 566.78	$ -	0.00%	N/A	$ 573.68	$ -	0.00%	N/A	$ 580.94	$ -	0.00%	N/A	$ 588.57	$ -	0.00%
			Double	N/A	$ 1,133.55	$ -	0.00%	N/A	$ 1,147.36	$ -	0.00%	N/A	$ 1,161.89	$ -	0.00%	N/A	$ 1,177.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.52	$ -	0.00%	N/A	$ 975.26	$ -	0.00%	N/A	$ 987.60	$ -	0.00%	N/A	$ 1,000.57	$ -	0.00%
			Family	N/A	$ 1,615.31	$ -	0.00%	N/A	$ 1,635.00	$ -	0.00%	N/A	$ 1,655.70	$ -	0.00%	N/A	$ 1,677.44	$ -	0.00%

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Utica/Watertown Region
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Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$565.07	$ -	0.00%	N/A	$572.40	$ -	0.00%	N/A	$ 580.11	$ -	0.00%	N/A	$ 588.22	$ -	0.00%
			Double	N/A	$ 1,130.13	$ -	0.00%	N/A	$ 1,144.80	$ -	0.00%	N/A	$ 1,160.23	$ -	0.00%	N/A	$ 1,176.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 960.61	$ -	0.00%	N/A	$ 973.08	$ -	0.00%	N/A	$ 986.19	$ -	0.00%	N/A	$ 999.97	$ -	0.00%
			Family	N/A	$ 1,610.44	$ -	0.00%	N/A	$ 1,631.34	$ -	0.00%	N/A	$ 1,653.33	$ -	0.00%	N/A	$ 1,676.42	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.57	$ -	0.00%	N/A	$ 1,006.46	$ -	0.00%	N/A	$ 1,020.03	$ -	0.00%	N/A	$ 1,034.28	$ -	0.00%
			Family	N/A	$ 1,665.69	$ -	0.00%	N/A	$ 1,687.31	$ -	0.00%	N/A	$ 1,710.05	$ -	0.00%	N/A	$ 1,733.93	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 575.54	$ -	0.00%	N/A	$ 583.01	$ -	0.00%	N/A	$ 590.87	$ -	0.00%	N/A	$ 599.12	$ -	0.00%
			Double	N/A	$ 1,151.08	$ -	0.00%	N/A	$ 1,166.02	$ -	0.00%	N/A	$ 1,181.73	$ -	0.00%	N/A	$ 1,198.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 978.41	$ -	0.00%	N/A	$ 991.12	$ -	0.00%	N/A	$ 1,004.47	$ -	0.00%	N/A	$ 1,018.50	$ -	0.00%
			Family	N/A	$ 1,640.28	$ -	0.00%	N/A	$ 1,661.58	$ -	0.00%	N/A	$ 1,683.97	$ -	0.00%	N/A	$ 1,707.49	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.72	$ -	0.00%	N/A	$ 886.07	$ -	0.00%	N/A	$ 898.01	$ -	0.00%	N/A	$ 910.56	$ -	0.00%
			Family	N/A	$ 1,466.44	$ -	0.00%	N/A	$ 1,485.48	$ -	0.00%	N/A	$ 1,505.49	$ -	0.00%	N/A	$ 1,526.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 578.63	$ -	0.00%	N/A	$ 586.14	$ -	0.00%	N/A	$ 594.04	$ -	0.00%	N/A	$ 602.34	$ -	0.00%
			Double	N/A	$ 1,157.25	$ -	0.00%	N/A	$ 1,172.28	$ -	0.00%	N/A	$ 1,188.07	$ -	0.00%	N/A	$ 1,204.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.67	$ -	0.00%	N/A	$ 996.44	$ -	0.00%	N/A	$ 1,009.86	$ -	0.00%	N/A	$ 1,023.97	$ -	0.00%
			Family	N/A	$ 1,649.09	$ -	0.00%	N/A	$ 1,670.50	$ -	0.00%	N/A	$ 1,693.01	$ -	0.00%	N/A	$ 1,716.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.41	$ -	0.00%	N/A	$ 1,030.62	$ -	0.00%	N/A	$ 1,044.51	$ -	0.00%	N/A	$ 1,059.10	$ -	0.00%
			Family	N/A	$ 1,705.66	$ -	0.00%	N/A	$ 1,727.80	$ -	0.00%	N/A	$ 1,751.09	$ -	0.00%	N/A	$ 1,775.55	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 589.35	$ -	0.00%	N/A	$ 597.00	$ -	0.00%	N/A	$ 605.05	$ -	0.00%	N/A	$ 613.50	$ -	0.00%
			Double	N/A	$ 1,178.70	$ -	0.00%	N/A	$ 1,194.00	$ -	0.00%	N/A	$ 1,210.09	$ -	0.00%	N/A	$ 1,227.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,001.90	$ -	0.00%	N/A	$ 1,014.90	$ -	0.00%	N/A	$ 1,028.58	$ -	0.00%	N/A	$ 1,042.95	$ -	0.00%
			Family	N/A	$ 1,679.65	$ -	0.00%	N/A	$ 1,701.46	$ -	0.00%	N/A	$ 1,724.38	$ -	0.00%	N/A	$ 1,748.47	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.71	$ -	0.00%	N/A	$ 907.34	$ -	0.00%	N/A	$ 919.57	$ -	0.00%	N/A	$ 932.41	$ -	0.00%
			Family	N/A	$ 1,501.63	$ -	0.00%	N/A	$ 1,521.13	$ -	0.00%	N/A	$ 1,541.62	$ -	0.00%	N/A	$ 1,563.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 561.13	$ -	0.00%	N/A	$ 568.41	$ -	0.00%	N/A	$ 576.07	$ -	0.00%	N/A	$ 584.12	$ -	0.00%
			Double	N/A	$ 1,122.25	$ -	0.00%	N/A	$ 1,136.82	$ -	0.00%	N/A	$ 1,152.14	$ -	0.00%	N/A	$ 1,168.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.92	$ -	0.00%	N/A	$ 966.30	$ -	0.00%	N/A	$ 979.32	$ -	0.00%	N/A	$ 993.00	$ -	0.00%
			Family	N/A	$ 1,599.21	$ -	0.00%	N/A	$ 1,619.97	$ -	0.00%	N/A	$ 1,641.80	$ -	0.00%	N/A	$ 1,664.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.64	$ -	0.00%	N/A	$ 999.45	$ -	0.00%	N/A	$ 1,012.92	$ -	0.00%	N/A	$ 1,027.07	$ -	0.00%
			Family	N/A	$ 1,654.07	$ -	0.00%	N/A	$ 1,675.55	$ -	0.00%	N/A	$ 1,698.13	$ -	0.00%	N/A	$ 1,721.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 571.53	$ -	0.00%	N/A	$ 578.95	$ -	0.00%	N/A	$ 586.75	$ -	0.00%	N/A	$ 594.94	$ -	0.00%
			Double	N/A	$ 1,143.05	$ -	0.00%	N/A	$ 1,157.89	$ -	0.00%	N/A	$ 1,173.50	$ -	0.00%	N/A	$ 1,189.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 971.59	$ -	0.00%	N/A	$ 984.21	$ -	0.00%	N/A	$ 997.47	$ -	0.00%	N/A	$ 1,011.41	$ -	0.00%
			Family	N/A	$ 1,628.85	$ -	0.00%	N/A	$ 1,650.00	$ -	0.00%	N/A	$ 1,672.23	$ -	0.00%	N/A	$ 1,695.59	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.62	$ -	0.00%	N/A	$ 879.90	$ -	0.00%	N/A	$ 891.75	$ -	0.00%	N/A	$ 904.21	$ -	0.00%
			Family	N/A	$ 1,456.22	$ -	0.00%	N/A	$ 1,475.12	$ -	0.00%	N/A	$ 1,495.00	$ -	0.00%	N/A	$ 1,515.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 565.07	$ -	0.00%	N/A	$ 572.40	$ -	0.00%	N/A	$ 580.11	$ -	0.00%	N/A	$ 588.22	$ -	0.00%
			Double	N/A	$ 1,130.13	$ -	0.00%	N/A	$ 1,144.80	$ -	0.00%	N/A	$ 1,160.23	$ -	0.00%	N/A	$ 1,176.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 960.61	$ -	0.00%	N/A	$ 973.08	$ -	0.00%	N/A	$ 986.19	$ -	0.00%	N/A	$ 999.97	$ -	0.00%
			Family	N/A	$ 1,610.44	$ -	0.00%	N/A	$ 1,631.34	$ -	0.00%	N/A	$ 1,653.33	$ -	0.00%	N/A	$ 1,676.42	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.57	$ -	0.00%	N/A	$ 1,006.46	$ -	0.00%	N/A	$ 1,020.03	$ -	0.00%	N/A	$ 1,034.28	$ -	0.00%
			Family	N/A	$ 1,665.69	$ -	0.00%	N/A	$ 1,687.31	$ -	0.00%	N/A	$ 1,710.05	$ -	0.00%	N/A	$ 1,733.93	$ -	0.00%

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Utica/Watertown Region
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Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 575.54	$ -	0.00%	N/A	$ 583.01	$ -	0.00%	N/A	$ 590.87	$ -	0.00%	N/A	$ 599.12	$ -	0.00%
			Double	N/A	$ 1,151.08	$ -	0.00%	N/A	$ 1,166.02	$ -	0.00%	N/A	$ 1,181.73	$ -	0.00%	N/A	$ 1,198.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 978.41	$ -	0.00%	N/A	$ 991.12	$ -	0.00%	N/A	$ 1,004.47	$ -	0.00%	N/A	$ 1,018.50	$ -	0.00%
			Family	N/A	$ 1,640.28	$ -	0.00%	N/A	$ 1,661.58	$ -	0.00%	N/A	$ 1,683.97	$ -	0.00%	N/A	$ 1,707.49	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.72	$ -	0.00%	N/A	$ 886.07	$ -	0.00%	N/A	$ 898.01	$ -	0.00%	N/A	$ 910.56	$ -	0.00%
			Family	N/A	$ 1,466.44	$ -	0.00%	N/A	$ 1,485.48	$ -	0.00%	N/A	$ 1,505.49	$ -	0.00%	N/A	$ 1,526.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 574.59	$ -	0.00%	N/A	$ 582.05	$ -	0.00%	N/A	$ 589.90	$ -	0.00%	N/A	$ 598.14	$ -	0.00%
			Double	N/A	$ 1,149.19	$ -	0.00%	N/A	$ 1,164.11	$ -	0.00%	N/A	$ 1,179.79	$ -	0.00%	N/A	$ 1,196.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 976.81	$ -	0.00%	N/A	$ 989.49	$ -	0.00%	N/A	$ 1,002.82	$ -	0.00%	N/A	$ 1,016.83	$ -	0.00%
			Family	N/A	$ 1,637.59	$ -	0.00%	N/A	$ 1,658.85	$ -	0.00%	N/A	$ 1,681.21	$ -	0.00%	N/A	$ 1,704.69	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,010.32	$ -	0.00%	N/A	$ 1,023.44	$ -	0.00%	N/A	$ 1,037.23	$ -	0.00%	N/A	$ 1,051.72	$ -	0.00%
			Family	N/A	$ 1,693.77	$ -	0.00%	N/A	$ 1,715.76	$ -	0.00%	N/A	$ 1,738.88	$ -	0.00%	N/A	$ 1,763.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 585.24	$ -	0.00%	N/A	$ 592.84	$ -	0.00%	N/A	$ 600.83	$ -	0.00%	N/A	$ 609.22	$ -	0.00%
			Double	N/A	$ 1,170.49	$ -	0.00%	N/A	$ 1,185.68	$ -	0.00%	N/A	$ 1,201.66	$ -	0.00%	N/A	$ 1,218.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 994.91	$ -	0.00%	N/A	$ 1,007.83	$ -	0.00%	N/A	$ 1,021.41	$ -	0.00%	N/A	$ 1,035.68	$ -	0.00%
			Family	N/A	$ 1,667.94	$ -	0.00%	N/A	$ 1,689.60	$ -	0.00%	N/A	$ 1,712.36	$ -	0.00%	N/A	$ 1,736.28	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 889.47	$ -	0.00%	N/A	$ 901.01	$ -	0.00%	N/A	$ 913.16	$ -	0.00%	N/A	$ 925.91	$ -	0.00%
			Family	N/A	$ 1,491.17	$ -	0.00%	N/A	$ 1,510.52	$ -	0.00%	N/A	$ 1,530.88	$ -	0.00%	N/A	$ 1,552.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 578.63	$ -	0.00%	N/A	$ 586.14	$ -	0.00%	N/A	$ 594.04	$ -	0.00%	N/A	$ 602.34	$ -	0.00%
			Double	N/A	$ 1,157.25	$ -	0.00%	N/A	$ 1,172.28	$ -	0.00%	N/A	$ 1,188.07	$ -	0.00%	N/A	$ 1,204.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.67	$ -	0.00%	N/A	$ 996.44	$ -	0.00%	N/A	$ 1,009.86	$ -	0.00%	N/A	$ 1,023.97	$ -	0.00%
			Family	N/A	$ 1,649.09	$ -	0.00%	N/A	$ 1,670.50	$ -	0.00%	N/A	$ 1,693.01	$ -	0.00%	N/A	$ 1,716.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.41	$ -	0.00%	N/A	$ 1,030.62	$ -	0.00%	N/A	$ 1,044.51	$ -	0.00%	N/A	$ 1,059.10	$ -	0.00%
			Family	N/A	$ 1,705.66	$ -	0.00%	N/A	$ 1,727.80	$ -	0.00%	N/A	$ 1,751.09	$ -	0.00%	N/A	$ 1,775.55	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 589.35	$ -	0.00%	N/A	$ 597.00	$ -	0.00%	N/A	$ 605.05	$ -	0.00%	N/A	$ 613.50	$ -	0.00%
			Double	N/A	$ 1,178.70	$ -	0.00%	N/A	$ 1,194.00	$ -	0.00%	N/A	$ 1,210.09	$ -	0.00%	N/A	$ 1,227.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,001.90	$ -	0.00%	N/A	$ 1,014.90	$ -	0.00%	N/A	$ 1,028.58	$ -	0.00%	N/A	$ 1,042.95	$ -	0.00%
			Family	N/A	$ 1,679.65	$ -	0.00%	N/A	$ 1,701.46	$ -	0.00%	N/A	$ 1,724.38	$ -	0.00%	N/A	$ 1,748.47	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.71	$ -	0.00%	N/A	$ 907.34	$ -	0.00%	N/A	$ 919.57	$ -	0.00%	N/A	$ 932.41	$ -	0.00%
			Family	N/A	$ 1,501.63	$ -	0.00%	N/A	$ 1,521.13	$ -	0.00%	N/A	$ 1,541.62	$ -	0.00%	N/A	$ 1,563.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 574.59	$ -	0.00%	N/A	$ 582.05	$ -	0.00%	N/A	$ 589.90	$ -	0.00%	N/A	$ 598.14	$ -	0.00%
			Double	N/A	$ 1,149.19	$ -	0.00%	N/A	$ 1,164.11	$ -	0.00%	N/A	$ 1,179.79	$ -	0.00%	N/A	$ 1,196.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 976.81	$ -	0.00%	N/A	$ 989.49	$ -	0.00%	N/A	$ 1,002.82	$ -	0.00%	N/A	$ 1,016.83	$ -	0.00%
			Family	N/A	$ 1,637.59	$ -	0.00%	N/A	$ 1,658.85	$ -	0.00%	N/A	$ 1,681.21	$ -	0.00%	N/A	$ 1,704.69	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,010.32	$ -	0.00%	N/A	$ 1,023.44	$ -	0.00%	N/A	$ 1,037.23	$ -	0.00%	N/A	$ 1,051.72	$ -	0.00%
			Family	N/A	$ 1,693.77	$ -	0.00%	N/A	$ 1,715.76	$ -	0.00%	N/A	$ 1,738.88	$ -	0.00%	N/A	$ 1,763.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 585.24	$ -	0.00%	N/A	$ 592.84	$ -	0.00%	N/A	$ 600.83	$ -	0.00%	N/A	$ 609.22	$ -	0.00%
			Double	N/A	$ 1,170.49	$ -	0.00%	N/A	$ 1,185.68	$ -	0.00%	N/A	$ 1,201.66	$ -	0.00%	N/A	$ 1,218.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 994.91	$ -	0.00%	N/A	$ 1,007.83	$ -	0.00%	N/A	$ 1,021.41	$ -	0.00%	N/A	$ 1,035.68	$ -	0.00%
			Family	N/A	$ 1,667.94	$ -	0.00%	N/A	$ 1,689.60	$ -	0.00%	N/A	$ 1,712.36	$ -	0.00%	N/A	$ 1,736.28	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 889.47	$ -	0.00%	N/A	$ 901.01	$ -	0.00%	N/A	$ 913.16	$ -	0.00%	N/A	$ 925.91	$ -	0.00%
			Family	N/A	$ 1,491.17	$ -	0.00%	N/A	$ 1,510.52	$ -	0.00%	N/A	$ 1,530.88	$ -	0.00%	N/A	$ 1,552.26	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 561.13	$ -	0.00%	N/A	$ 568.41	$ -	0.00%	N/A	$ 576.07	$ -	0.00%	N/A	$ 584.12	$ -	0.00%
			Double	N/A	$ 1,122.25	$ -	0.00%	N/A	$ 1,136.82	$ -	0.00%	N/A	$ 1,152.14	$ -	0.00%	N/A	$ 1,168.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.92	$ -	0.00%	N/A	$ 966.30	$ -	0.00%	N/A	$ 979.32	$ -	0.00%	N/A	$ 993.00	$ -	0.00%
			Family	N/A	$ 1,599.21	$ -	0.00%	N/A	$ 1,619.97	$ -	0.00%	N/A	$ 1,641.80	$ -	0.00%	N/A	$ 1,664.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.64	$ -	0.00%	N/A	$ 999.45	$ -	0.00%	N/A	$ 1,012.92	$ -	0.00%	N/A	$ 1,027.07	$ -	0.00%
			Family	N/A	$ 1,654.07	$ -	0.00%	N/A	$ 1,675.55	$ -	0.00%	N/A	$ 1,698.13	$ -	0.00%	N/A	$ 1,721.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 571.53	$ -	0.00%	N/A	$ 578.95	$ -	0.00%	N/A	$ 586.75	$ -	0.00%	N/A	$ 594.94	$ -	0.00%
			Double	N/A	$ 1,143.05	$ -	0.00%	N/A	$ 1,157.89	$ -	0.00%	N/A	$ 1,173.50	$ -	0.00%	N/A	$ 1,189.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 971.59	$ -	0.00%	N/A	$ 984.21	$ -	0.00%	N/A	$ 997.47	$ -	0.00%	N/A	$ 1,011.41	$ -	0.00%
			Family	N/A	$ 1,628.85	$ -	0.00%	N/A	$ 1,650.00	$ -	0.00%	N/A	$ 1,672.23	$ -	0.00%	N/A	$ 1,695.59	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.62	$ -	0.00%	N/A	$ 879.90	$ -	0.00%	N/A	$ 891.75	$ -	0.00%	N/A	$ 904.21	$ -	0.00%
			Family	N/A	$ 1,456.22	$ -	0.00%	N/A	$ 1,475.12	$ -	0.00%	N/A	$ 1,495.00	$ -	0.00%	N/A	$ 1,515.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 598.79	$ -	0.00%	N/A	$ 606.12	$ -	0.00%	N/A	$ 613.83	$ -	0.00%	N/A	$ 621.94	$ -	0.00%
			Double	N/A	$ 1,197.57	$ -	0.00%	N/A	$ 1,212.24	$ -	0.00%	N/A	$ 1,227.67	$ -	0.00%	N/A	$ 1,243.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.93	$ -	0.00%	N/A	$ 1,030.40	$ -	0.00%	N/A	$ 1,043.51	$ -	0.00%	N/A	$ 1,057.29	$ -	0.00%
			Family	N/A	$ 1,706.54	$ -	0.00%	N/A	$ 1,727.44	$ -	0.00%	N/A	$ 1,749.43	$ -	0.00%	N/A	$ 1,772.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 618.17	$ -	0.00%	N/A	$ 625.76	$ -	0.00%	N/A	$ 633.74	$ -	0.00%	N/A	$ 642.12	$ -	0.00%
			Double	N/A	$ 1,236.34	$ -	0.00%	N/A	$ 1,251.52	$ -	0.00%	N/A	$ 1,267.47	$ -	0.00%	N/A	$ 1,284.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,050.89	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%	N/A	$ 1,077.35	$ -	0.00%	N/A	$ 1,091.60	$ -	0.00%
			Family	N/A	$ 1,761.79	$ -	0.00%	N/A	$ 1,783.41	$ -	0.00%	N/A	$ 1,806.15	$ -	0.00%	N/A	$ 1,830.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 609.26	$ -	0.00%	N/A	$ 616.73	$ -	0.00%	N/A	$ 624.59	$ -	0.00%	N/A	$ 632.84	$ -	0.00%
			Double	N/A	$ 1,218.52	$ -	0.00%	N/A	$ 1,233.46	$ -	0.00%	N/A	$ 1,249.17	$ -	0.00%	N/A	$ 1,265.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.73	$ -	0.00%	N/A	$ 1,048.44	$ -	0.00%	N/A	$ 1,061.79	$ -	0.00%	N/A	$ 1,075.82	$ -	0.00%
			Family	N/A	$ 1,736.38	$ -	0.00%	N/A	$ 1,757.68	$ -	0.00%	N/A	$ 1,780.07	$ -	0.00%	N/A	$ 1,803.59	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 548.26	$ -	0.00%	N/A	$ 554.94	$ -	0.00%	N/A	$ 561.96	$ -	0.00%	N/A	$ 569.34	$ -	0.00%
			Double	N/A	$ 1,096.52	$ -	0.00%	N/A	$ 1,109.88	$ -	0.00%	N/A	$ 1,123.93	$ -	0.00%	N/A	$ 1,138.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.04	$ -	0.00%	N/A	$ 943.39	$ -	0.00%	N/A	$ 955.33	$ -	0.00%	N/A	$ 967.88	$ -	0.00%
			Family	N/A	$ 1,562.54	$ -	0.00%	N/A	$ 1,581.58	$ -	0.00%	N/A	$ 1,601.59	$ -	0.00%	N/A	$ 1,622.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 612.35	$ -	0.00%	N/A	$ 619.86	$ -	0.00%	N/A	$ 627.76	$ -	0.00%	N/A	$ 636.06	$ -	0.00%
			Double	N/A	$ 1,224.69	$ -	0.00%	N/A	$ 1,239.72	$ -	0.00%	N/A	$ 1,255.51	$ -	0.00%	N/A	$ 1,272.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,040.99	$ -	0.00%	N/A	$ 1,053.76	$ -	0.00%	N/A	$ 1,067.18	$ -	0.00%	N/A	$ 1,081.29	$ -	0.00%
			Family	N/A	$ 1,745.19	$ -	0.00%	N/A	$ 1,766.60	$ -	0.00%	N/A	$ 1,789.11	$ -	0.00%	N/A	$ 1,812.76	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 632.20	$ -	0.00%	N/A	$ 639.97	$ -	0.00%	N/A	$ 648.14	$ -	0.00%	N/A	$ 656.72	$ -	0.00%
			Double	N/A	$ 1,264.40	$ -	0.00%	N/A	$ 1,279.93	$ -	0.00%	N/A	$ 1,296.27	$ -	0.00%	N/A	$ 1,313.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,074.73	$ -	0.00%	N/A	$ 1,087.94	$ -	0.00%	N/A	$ 1,101.83	$ -	0.00%	N/A	$ 1,116.42	$ -	0.00%
			Family	N/A	$ 1,801.76	$ -	0.00%	N/A	$ 1,823.90	$ -	0.00%	N/A	$ 1,847.19	$ -	0.00%	N/A	$ 1,871.65	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 623.07	$ -	0.00%	N/A	$ 630.72	$ -	0.00%	N/A	$ 638.77	$ -	0.00%	N/A	$ 647.22	$ -	0.00%
			Double	N/A	$ 1,246.14	$ -	0.00%	N/A	$ 1,261.44	$ -	0.00%	N/A	$ 1,277.53	$ -	0.00%	N/A	$ 1,294.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.22	$ -	0.00%	N/A	$ 1,072.22	$ -	0.00%	N/A	$ 1,085.90	$ -	0.00%	N/A	$ 1,100.27	$ -	0.00%
			Family	N/A	$ 1,775.75	$ -	0.00%	N/A	$ 1,797.56	$ -	0.00%	N/A	$ 1,820.48	$ -	0.00%	N/A	$ 1,844.57	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 560.61	$ -	0.00%	N/A	$ 567.45	$ -	0.00%	N/A	$ 574.64	$ -	0.00%	N/A	$ 582.20	$ -	0.00%
			Double	N/A	$ 1,121.22	$ -	0.00%	N/A	$ 1,134.90	$ -	0.00%	N/A	$ 1,149.28	$ -	0.00%	N/A	$ 1,164.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.03	$ -	0.00%	N/A	$ 964.66	$ -	0.00%	N/A	$ 976.89	$ -	0.00%	N/A	$ 989.73	$ -	0.00%
			Family	N/A	$ 1,597.73	$ -	0.00%	N/A	$ 1,617.23	$ -	0.00%	N/A	$ 1,637.72	$ -	0.00%	N/A	$ 1,659.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 594.85	$ -	0.00%	N/A	$ 602.13	$ -	0.00%	N/A	$ 609.79	$ -	0.00%	N/A	$ 617.84	$ -	0.00%
			Double	N/A	$ 1,189.69	$ -	0.00%	N/A	$ 1,204.26	$ -	0.00%	N/A	$ 1,219.58	$ -	0.00%	N/A	$ 1,235.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.24	$ -	0.00%	N/A	$ 1,023.62	$ -	0.00%	N/A	$ 1,036.64	$ -	0.00%	N/A	$ 1,050.32	$ -	0.00%
			Family	N/A	$ 1,695.31	$ -	0.00%	N/A	$ 1,716.07	$ -	0.00%	N/A	$ 1,737.90	$ -	0.00%	N/A	$ 1,760.84	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 614.10	$ -	0.00%	N/A	$ 621.63	$ -	0.00%	N/A	$ 629.55	$ -	0.00%	N/A	$ 637.88	$ -	0.00%
			Double	N/A	$ 1,228.19	$ -	0.00%	N/A	$ 1,243.26	$ -	0.00%	N/A	$ 1,259.11	$ -	0.00%	N/A	$ 1,275.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.96	$ -	0.00%	N/A	$ 1,056.77	$ -	0.00%	N/A	$ 1,070.24	$ -	0.00%	N/A	$ 1,084.39	$ -	0.00%
			Family	N/A	$ 1,750.17	$ -	0.00%	N/A	$ 1,771.65	$ -	0.00%	N/A	$ 1,794.23	$ -	0.00%	N/A	$ 1,817.95	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 605.25	$ -	0.00%	N/A	$ 612.67	$ -	0.00%	N/A	$ 620.47	$ -	0.00%	N/A	$ 628.66	$ -	0.00%
			Double	N/A	$ 1,210.49	$ -	0.00%	N/A	$ 1,225.33	$ -	0.00%	N/A	$ 1,240.94	$ -	0.00%	N/A	$ 1,257.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,028.91	$ -	0.00%	N/A	$ 1,041.53	$ -	0.00%	N/A	$ 1,054.79	$ -	0.00%	N/A	$ 1,068.73	$ -	0.00%
			Family	N/A	$ 1,724.95	$ -	0.00%	N/A	$ 1,746.10	$ -	0.00%	N/A	$ 1,768.33	$ -	0.00%	N/A	$ 1,791.69	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 544.67	$ -	0.00%	N/A	$ 551.31	$ -	0.00%	N/A	$ 558.28	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,089.35	$ -	0.00%	N/A	$ 1,102.61	$ -	0.00%	N/A	$ 1,116.56	$ -	0.00%	N/A	$ 1,131.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.94	$ -	0.00%	N/A	$ 937.22	$ -	0.00%	N/A	$ 949.07	$ -	0.00%	N/A	$ 961.53	$ -	0.00%
			Family	N/A	$ 1,552.32	$ -	0.00%	N/A	$ 1,571.22	$ -	0.00%	N/A	$ 1,591.10	$ -	0.00%	N/A	$ 1,611.98	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 598.79	$ -	0.00%	N/A	$ 606.12	$ -	0.00%	N/A	$ 613.83	$ -	0.00%	N/A	$ 621.94	$ -	0.00%
			Double	N/A	$ 1,197.57	$ -	0.00%	N/A	$ 1,212.24	$ -	0.00%	N/A	$ 1,227.67	$ -	0.00%	N/A	$ 1,243.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.93	$ -	0.00%	N/A	$ 1,030.40	$ -	0.00%	N/A	$ 1,043.51	$ -	0.00%	N/A	$ 1,057.29	$ -	0.00%
			Family	N/A	$ 1,706.54	$ -	0.00%	N/A	$ 1,727.44	$ -	0.00%	N/A	$ 1,749.43	$ -	0.00%	N/A	$ 1,772.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 618.17	$ -	0.00%	N/A	$ 625.76	$ -	0.00%	N/A	$ 633.74	$ -	0.00%	N/A	$ 642.12	$ -	0.00%
			Double	N/A	$ 1,236.34	$ -	0.00%	N/A	$ 1,251.52	$ -	0.00%	N/A	$ 1,267.47	$ -	0.00%	N/A	$ 1,284.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,050.89	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%	N/A	$ 1,077.35	$ -	0.00%	N/A	$ 1,091.60	$ -	0.00%
			Family	N/A	$ 1,761.79	$ -	0.00%	N/A	$ 1,783.41	$ -	0.00%	N/A	$ 1,806.15	$ -	0.00%	N/A	$ 1,830.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 609.26	$ -	0.00%	N/A	$ 616.73	$ -	0.00%	N/A	$ 624.59	$ -	0.00%	N/A	$ 632.84	$ -	0.00%
			Double	N/A	$ 1,218.52	$ -	0.00%	N/A	$ 1,233.46	$ -	0.00%	N/A	$ 1,249.17	$ -	0.00%	N/A	$ 1,265.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.73	$ -	0.00%	N/A	$ 1,048.44	$ -	0.00%	N/A	$ 1,061.79	$ -	0.00%	N/A	$ 1,075.82	$ -	0.00%
			Family	N/A	$ 1,736.38	$ -	0.00%	N/A	$ 1,757.68	$ -	0.00%	N/A	$ 1,780.07	$ -	0.00%	N/A	$ 1,803.59	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 548.26	$ -	0.00%	N/A	$ 554.94	$ -	0.00%	N/A	$ 561.96	$ -	0.00%	N/A	$ 569.34	$ -	0.00%
			Double	N/A	$ 1,096.52	$ -	0.00%	N/A	$ 1,109.88	$ -	0.00%	N/A	$ 1,123.93	$ -	0.00%	N/A	$ 1,138.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.04	$ -	0.00%	N/A	$ 943.39	$ -	0.00%	N/A	$ 955.33	$ -	0.00%	N/A	$ 967.88	$ -	0.00%
			Family	N/A	$ 1,562.54	$ -	0.00%	N/A	$ 1,581.58	$ -	0.00%	N/A	$ 1,601.59	$ -	0.00%	N/A	$ 1,622.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 608.31	$ -	0.00%	N/A	$ 615.77	$ -	0.00%	N/A	$ 623.62	$ -	0.00%	N/A	$ 631.86	$ -	0.00%
			Double	N/A	$ 1,216.63	$ -	0.00%	N/A	$ 1,231.55	$ -	0.00%	N/A	$ 1,247.23	$ -	0.00%	N/A	$ 1,263.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.13	$ -	0.00%	N/A	$ 1,046.81	$ -	0.00%	N/A	$ 1,060.14	$ -	0.00%	N/A	$ 1,074.15	$ -	0.00%
			Family	N/A	$ 1,733.69	$ -	0.00%	N/A	$ 1,754.95	$ -	0.00%	N/A	$ 1,777.31	$ -	0.00%	N/A	$ 1,800.79	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 628.03	$ -	0.00%	N/A	$ 635.74	$ -	0.00%	N/A	$ 643.85	$ -	0.00%	N/A	$ 652.38	$ -	0.00%
			Double	N/A	$ 1,256.05	$ -	0.00%	N/A	$ 1,271.48	$ -	0.00%	N/A	$ 1,287.71	$ -	0.00%	N/A	$ 1,304.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.64	$ -	0.00%	N/A	$ 1,080.76	$ -	0.00%	N/A	$ 1,094.55	$ -	0.00%	N/A	$ 1,109.04	$ -	0.00%
			Family	N/A	$ 1,789.87	$ -	0.00%	N/A	$ 1,811.86	$ -	0.00%	N/A	$ 1,834.98	$ -	0.00%	N/A	$ 1,859.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 618.96	$ -	0.00%	N/A	$ 626.56	$ -	0.00%	N/A	$ 634.55	$ -	0.00%	N/A	$ 642.94	$ -	0.00%
			Double	N/A	$ 1,237.93	$ -	0.00%	N/A	$ 1,253.12	$ -	0.00%	N/A	$ 1,269.10	$ -	0.00%	N/A	$ 1,285.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.23	$ -	0.00%	N/A	$ 1,065.15	$ -	0.00%	N/A	$ 1,078.73	$ -	0.00%	N/A	$ 1,093.00	$ -	0.00%
			Family	N/A	$ 1,764.04	$ -	0.00%	N/A	$ 1,785.70	$ -	0.00%	N/A	$ 1,808.46	$ -	0.00%	N/A	$ 1,832.38	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 556.94	$ -	0.00%	N/A	$ 563.73	$ -	0.00%	N/A	$ 570.87	$ -	0.00%	N/A	$ 578.37	$ -	0.00%
			Double	N/A	$ 1,113.87	$ -	0.00%	N/A	$ 1,127.46	$ -	0.00%	N/A	$ 1,141.74	$ -	0.00%	N/A	$ 1,156.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.79	$ -	0.00%	N/A	$ 958.33	$ -	0.00%	N/A	$ 970.48	$ -	0.00%	N/A	$ 983.23	$ -	0.00%
			Family	N/A	$ 1,587.27	$ -	0.00%	N/A	$ 1,606.62	$ -	0.00%	N/A	$ 1,626.98	$ -	0.00%	N/A	$ 1,648.36	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 612.35	$ -	0.00%	N/A	$ 619.86	$ -	0.00%	N/A	$ 627.76	$ -	0.00%	N/A	$ 636.06	$ -	0.00%
			Double	N/A	$ 1,224.69	$ -	0.00%	N/A	$ 1,239.72	$ -	0.00%	N/A	$ 1,255.51	$ -	0.00%	N/A	$ 1,272.11	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,040.99	$ -	0.00%	N/A	$ 1,053.76	$ -	0.00%	N/A	$ 1,067.18	$ -	0.00%	N/A	$ 1,081.29	$ -	0.00%
			Family	N/A	$ 1,745.19	$ -	0.00%	N/A	$ 1,766.60	$ -	0.00%	N/A	$ 1,789.11	$ -	0.00%	N/A	$ 1,812.76	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 632.20	$ -	0.00%	N/A	$ 639.97	$ -	0.00%	N/A	$ 648.14	$ -	0.00%	N/A	$ 656.72	$ -	0.00%
			Double	N/A	$ 1,264.40	$ -	0.00%	N/A	$ 1,279.93	$ -	0.00%	N/A	$ 1,296.27	$ -	0.00%	N/A	$ 1,313.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,074.73	$ -	0.00%	N/A	$ 1,087.94	$ -	0.00%	N/A	$ 1,101.83	$ -	0.00%	N/A	$ 1,116.42	$ -	0.00%
			Family	N/A	$ 1,801.76	$ -	0.00%	N/A	$ 1,823.90	$ -	0.00%	N/A	$ 1,847.19	$ -	0.00%	N/A	$ 1,871.65	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 623.07	$ -	0.00%	N/A	$ 630.72	$ -	0.00%	N/A	$ 638.77	$ -	0.00%	N/A	$ 647.22	$ -	0.00%
			Double	N/A	$ 1,246.14	$ -	0.00%	N/A	$ 1,261.44	$ -	0.00%	N/A	$ 1,277.53	$ -	0.00%	N/A	$ 1,294.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.22	$ -	0.00%	N/A	$ 1,072.22	$ -	0.00%	N/A	$ 1,085.90	$ -	0.00%	N/A	$ 1,100.27	$ -	0.00%
			Family	N/A	$ 1,775.75	$ -	0.00%	N/A	$ 1,797.56	$ -	0.00%	N/A	$ 1,820.48	$ -	0.00%	N/A	$ 1,844.57	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 560.61	$ -	0.00%	N/A	$ 567.45	$ -	0.00%	N/A	$ 574.64	$ -	0.00%	N/A	$ 582.20	$ -	0.00%
			Double	N/A	$ 1,121.22	$ -	0.00%	N/A	$ 1,134.90	$ -	0.00%	N/A	$ 1,149.28	$ -	0.00%	N/A	$ 1,164.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.03	$ -	0.00%	N/A	$ 964.66	$ -	0.00%	N/A	$ 976.89	$ -	0.00%	N/A	$ 989.73	$ -	0.00%
			Family	N/A	$ 1,597.73	$ -	0.00%	N/A	$ 1,617.23	$ -	0.00%	N/A	$ 1,637.72	$ -	0.00%	N/A	$ 1,659.26	$ -	0.00%

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Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 608.31	$ -	0.00%	N/A	$ 615.77	$ -	0.00%	N/A	$ 623.62	$ -	0.00%	N/A	$ 631.86	$ -	0.00%
			Double	N/A	$ 1,216.63	$ -	0.00%	N/A	$ 1,231.55	$ -	0.00%	N/A	$ 1,247.23	$ -	0.00%	N/A	$ 1,263.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.13	$ -	0.00%	N/A	$ 1,046.81	$ -	0.00%	N/A	$ 1,060.14	$ -	0.00%	N/A	$ 1,074.15	$ -	0.00%
			Family	N/A	$ 1,733.69	$ -	0.00%	N/A	$ 1,754.95	$ -	0.00%	N/A	$ 1,777.31	$ -	0.00%	N/A	$ 1,800.79	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 628.03	$ -	0.00%	N/A	$ 635.74	$ -	0.00%	N/A	$ 643.85	$ -	0.00%	N/A	$ 652.38	$ -	0.00%
			Double	N/A	$ 1,256.05	$ -	0.00%	N/A	$ 1,271.48	$ -	0.00%	N/A	$ 1,287.71	$ -	0.00%	N/A	$ 1,304.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.64	$ -	0.00%	N/A	$ 1,080.76	$ -	0.00%	N/A	$ 1,094.55	$ -	0.00%	N/A	$ 1,109.04	$ -	0.00%
			Family	N/A	$ 1,789.87	$ -	0.00%	N/A	$ 1,811.86	$ -	0.00%	N/A	$ 1,834.98	$ -	0.00%	N/A	$ 1,859.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 618.96	$ -	0.00%	N/A	$ 626.56	$ -	0.00%	N/A	$ 634.55	$ -	0.00%	N/A	$ 642.94	$ -	0.00%
			Double	N/A	$ 1,237.93	$ -	0.00%	N/A	$ 1,253.12	$ -	0.00%	N/A	$ 1,269.10	$ -	0.00%	N/A	$ 1,285.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.23	$ -	0.00%	N/A	$ 1,065.15	$ -	0.00%	N/A	$ 1,078.73	$ -	0.00%	N/A	$ 1,093.00	$ -	0.00%
			Family	N/A	$ 1,764.04	$ -	0.00%	N/A	$ 1,785.70	$ -	0.00%	N/A	$ 1,808.46	$ -	0.00%	N/A	$ 1,832.38	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 556.94	$ -	0.00%	N/A	$ 563.73	$ -	0.00%	N/A	$ 570.87	$ -	0.00%	N/A	$ 578.37	$ -	0.00%
			Double	N/A	$ 1,113.87	$ -	0.00%	N/A	$ 1,127.46	$ -	0.00%	N/A	$ 1,141.74	$ -	0.00%	N/A	$ 1,156.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.79	$ -	0.00%	N/A	$ 958.33	$ -	0.00%	N/A	$ 970.48	$ -	0.00%	N/A	$ 983.23	$ -	0.00%
			Family	N/A	$ 1,587.27	$ -	0.00%	N/A	$ 1,606.62	$ -	0.00%	N/A	$ 1,626.98	$ -	0.00%	N/A	$ 1,648.36	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 594.85	$ -	0.00%	N/A	$ 602.13	$ -	0.00%	N/A	$ 609.79	$ -	0.00%	N/A	$ 617.84	$ -	0.00%
			Double	N/A	$ 1,189.69	$ -	0.00%	N/A	$ 1,204.26	$ -	0.00%	N/A	$ 1,219.58	$ -	0.00%	N/A	$ 1,235.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.24	$ -	0.00%	N/A	$ 1,023.62	$ -	0.00%	N/A	$ 1,036.64	$ -	0.00%	N/A	$ 1,050.32	$ -	0.00%
			Family	N/A	$ 1,695.31	$ -	0.00%	N/A	$ 1,716.07	$ -	0.00%	N/A	$ 1,737.90	$ -	0.00%	N/A	$ 1,760.84	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 614.10	$ -	0.00%	N/A	$ 621.63	$ -	0.00%	N/A	$ 629.55	$ -	0.00%	N/A	$ 637.88	$ -	0.00%
			Double	N/A	$ 1,228.19	$ -	0.00%	N/A	$ 1,243.26	$ -	0.00%	N/A	$ 1,259.11	$ -	0.00%	N/A	$ 1,275.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.96	$ -	0.00%	N/A	$ 1,056.77	$ -	0.00%	N/A	$ 1,070.24	$ -	0.00%	N/A	$ 1,084.39	$ -	0.00%
			Family	N/A	$ 1,750.17	$ -	0.00%	N/A	$ 1,771.65	$ -	0.00%	N/A	$ 1,794.23	$ -	0.00%	N/A	$ 1,817.95	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 605.25	$ -	0.00%	N/A	$ 612.67	$ -	0.00%	N/A	$ 620.47	$ -	0.00%	N/A	$ 628.66	$ -	0.00%
			Double	N/A	$ 1,210.49	$ -	0.00%	N/A	$ 1,225.33	$ -	0.00%	N/A	$ 1,240.94	$ -	0.00%	N/A	$ 1,257.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,028.91	$ -	0.00%	N/A	$ 1,041.53	$ -	0.00%	N/A	$ 1,054.79	$ -	0.00%	N/A	$ 1,068.73	$ -	0.00%
			Family	N/A	$ 1,724.95	$ -	0.00%	N/A	$ 1,746.10	$ -	0.00%	N/A	$ 1,768.33	$ -	0.00%	N/A	$ 1,791.69	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 544.67	$ -	0.00%	N/A	$ 551.31	$ -	0.00%	N/A	$ 558.28	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,089.35	$ -	0.00%	N/A	$ 1,102.61	$ -	0.00%	N/A	$ 1,116.56	$ -	0.00%	N/A	$ 1,131.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.94	$ -	0.00%	N/A	$ 937.22	$ -	0.00%	N/A	$ 949.07	$ -	0.00%	N/A	$ 961.53	$ -	0.00%
			Family	N/A	$ 1,552.32	$ -	0.00%	N/A	$ 1,571.22	$ -	0.00%	N/A	$ 1,591.10	$ -	0.00%	N/A	$ 1,611.98	$ -	0.00%

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1009	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	0
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1010	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	0
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1011	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	0
01-0006-2014	SG	HMO	Gold	N/A	SHGF2010	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	0
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1023	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1024	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1025	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Gold	N/A	SHGF2023	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1037	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1038	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1039	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2036	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1051	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1052	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1053	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP
01-0006-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2049	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1065	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1066	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1067	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2062	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1079	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1080	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1081	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2075	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1093	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1094	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1095	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2088	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1107	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1108	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1109	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2101	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + No Contraceptives
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1121	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Riders + Dental
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1122	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders + Dental
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1123	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders + Dental
01-0006-2014	SG	HMO	Gold	N/A	SHGF2124	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Riders + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1135	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1136	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1137	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Gold	N/A	SHGF2137	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1149	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1150	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1151	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2150	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1163	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1164	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1165	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2163	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1177	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1178	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1179	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2176	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1191	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1192	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1193	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2189	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1205	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1206	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1207	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2202	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1219	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1220	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1221	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2215	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP +No Contraceptive+ Dental

Exhibit C

Capital District Physicians' Health Plan
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.2%	1.03	0.638	1.000	0.622	
Double	14.7%	2.00	0.294	2.000	0.295	
Emp/Child(ren)	0.9%	2.71	0.025	1.700	0.016	
Family	22.1%	3.92	0.868	2.850	0.631	
Total 4T	100.0%		1.826		1.563	1.168
						1.168

Capital District Physicians' Health Plan
HMO Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2014 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1305**	**1.1215**	**1.0771**
Counties:	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Chenango Tioga	Essex Hamilton Herkimer Madison Oneida Otsego

Capital District Physicians' Health Plan
HMO Product
Tier Factors

VI. Tier Factors

2014 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

Capital District Physicians' Health Plan
Small Group HMO Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a small group on exchange UBI benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
SHPF1009	$524.62	$ 1,049.23	$ 891.85	$ 1,495.16
Final Rates	**$524.62**	**$1,049.23**	**$891.85**	**$1,495.16**

Capital District Physicians' Health Plan
HMO Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

84.90%

Filed under CAPD-128940274

2014 Commission Schedule

Capital District Physicians' Health Plan, Inc.

Small Group HMO (*Applies to new, renewal and broker of record changes)*

4 percent first $1.5 million of employer group premium
2.5 percent next $1,500,001+ of premium

Large Group HMO

4 percent first $1.5 million of employer group premium
2.5 percent next $1,500,001+ of premium

Existing large group business will continue to be paid at the current percentage.

Broker of Record changes on existing large group
-If replacing current broker of record - pays at same commission scale as previous broker of record
-If group does not have a current broker of record, commission will begin upon renewal

Medicare Group Product
(*Applies to new group, renewal and broker of record changes)*
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 300 small group subscribers in Agent/Broker book of business as of August 31st for October 1-March 1st effective dates or as of February 28th for April 1-September 1st effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	A&H Product Checklist
Comments:	
Attachment(s):	CDPHP SG HMO Off-Exchange Product Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Readability Certification
Comments:	
Attachment(s):	Small Group Age 29 Rider HMO OFF flesch.pdf Small Group Family Planning Rider HMO OFF flesch.pdf Small Group Domestic Partner Rider HMO OFF flesch.pdf Readability Certification-Small Group HMO OFF Exchange Riders.pdf 01-0006-2014-AAA flesh.pdf Readability Certification-Small Group HMO OFF Schedules.pdf 01-0006-2014 BBB flesch.pdf 01-0006-2014-CCC flesch.pdf 01-0006-2014-DDD flesch.pdf CDPHP Small Group Off-Exchange HMO Contract flesch.pdf Readability Certification-Small Group HMO OFF Contract.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Explanation of Variability
Comments:	
Attachment(s):	CDPHP Small Group Off-Exchange HMO Contract Explanation of Variables.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Black-lined Copy of Model Language
Comments:	

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Attachment(s):	Small Group Age 29 Rider HMO OFF blackline.pdf Small Group Family Planning Rider HMO OFF blackline.pdf Small Group Domestic Partner Rider HMO OFF blackline.pdf CDPHP Small Group Off-Exchange HMO Contract blackline.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	Submitting the HHS Version
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2 Actuarial Certification - SG Off Exchange Plans (2).pdf 1 Actuarial Memorandum - SG HMO Off-Exchange.pdf 1a. Act Memo SG HMO Exhibits - Off Exchange Exh C,D, E, F, I v2.pdf 1a. Act Memo SG HMO Exhibits - Off Exchange Exh B v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Small Group Rate Intructions/Checklist
Comments:	Exhibits attached
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	1a. AV Snapshots SG HMO Exhibits - Off Exchange v2.pdf
Item Status:	
Status Date:	

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Satisfied - Item:	Exhibit 1-General Information
Comments:	
Attachment(s):	8. Required Exhibit 1 (5-18-12).pdf 8. Required Exhibit 1 (5-18-12).xls 8a. Required Exhibit 1 (5-18-12) - Redacted.pdf 8a. Required Exhibit 1 (5-18-12) - Redacted.xls
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 7-Historical Data
Comments:	
Attachment(s):	9. Required Exhibit 7 (4-2-13).pdf 9. Required Exhibit 7 (4-2-13).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 8-Adjustment Factors to Index Rate
Comments:	
Attachment(s):	10. Exhibit 8 - SG HMO Off Exchange v2.pdf 10. Exhibit 8 SG HMO Off Exchange v2.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 9-Summary of Administrative Expenses
Comments:	
Attachment(s):	11. Required Exhibit 9 (4-2-13) SG HMO Off Exchange v2.pdf 11. Required Exhibit 9 (4-2-13) SG HMO Off Exchange v2.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Redacted Documents for Web Posting-NG Off Exchange
Comments:	

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Attachment(s):	1 Actuarial Memorandum - SG HMO Off-Exchange - Redacted.pdf 8a. Required Exhibit 1 (5-18-12) - Redacted.pdf 8a. Required Exhibit 1 (5-18-12) - Redacted.xls Data Reliance Cert - redacted.pdf 1a. Act Memo SG HMO Exhibits - Off Exchange Exh B Redacted v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Unified_Rate_Review_Template 20130416 (SG HMO) v3.xlsm Unified_Rate_Review_Template 20130416 (SG HMO) v3 WORKSHEET 1.pdf Unified_Rate_Review_Template 20130416 (SG HMO) v3 WORKSHEET 2.pdf
Item Status:	
Status Date:	

Review Standards for

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups
As of 4/22/13

Instructions for SERFF Checklist:

A. For **ALL** filings, the "General Requirements for All Filings" section must be completed:

B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:

- Policy or Contract – Also complete all sections
- Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.

C. For filing of initial rates, complete the section entitled "Actuarial Section for New Product Rate Filings Only" in addition to completion of the applicable form sections identified above. For filing of rate changes to existing products (increases, decreases, or change in rate calculation rules or procedures), complete the "Actuarial Section for Existing Product Rate Filings Only" section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the "Actuarial Section for Existing Product Rate Filings Only" section.

D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing. All items with shaded boxes must be answered.

E. Do not make any changes or revisions to this checklist.

F. **Checklist Updates:** Any items on the checklist that have been updated since the last posting are shaded.

G. **Instructions for Citations:** All citations to Insurance regulations link to the Department of State's website and an unofficial copy of the NYCRR. Please select title 11 for Insurance regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled "ISC".

Major Medical and Other Similar-Type Comprehensive Health Insurance for Small Groups

LINE OF BUSINESS: **Group Major Medical or Similar-Type Comprehensive Health Insurance**

CODE:			LINE(S) OF INSURANCE	CODES
	H15G	Health	– Hospital/Surgical/Medical Expense	H15G.001
		H15		G.002
		H15		G.003
	H16G	Health	– Major Medical H16	G.001A
		H16		G.001B
				H16G.001C
		H16		G.002A
				H16G.002C
		H16		G.003A
				H16G.003D

H16 G.003G

IF CHECKLIST IS NOT APPLICABLE, OR IF THE SUBMISSION CONTAINS INSERT PAGES, RIDERS OR ENDORSEMENTS AND THE POLICY OR CONTRACT IN ITS ENTIRETY DOES NOT COMPLY WITH ALL STATUTORY AND REGULATORY PROVISIONS STATED BELOW, PLEASE EXPLAIN:

CDPHP Small Group Contract - this checklist is for non-Standard products to be offered Off-Exchange. The benefits are based on the model language and plan design documents supplied by the Department of Financial Services. There are no changes to the essential health benefits and all other provisions in the contract are commonly found in the New York marketplace. We are filing the contract for a 1/1/2014 effective date.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	*Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions*	*Note: This checklist is intended to provide guidance in the preparation of policy or contract forms for submission and is not intended as a substitute for statute or regulation.*	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement		This submission contains a complete policy or contract form. Yes ☒ No ☐ If this submission contains insert pages, riders or endorsements, then the policy or contract in its entirety complies with all the statutory and regulatory provisions stated below. Yes ☒ No ☐	

		(If no is checked, explain in the space provided above.) This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on _____, submission number _____.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: • This form contains no strikeouts. §52.31(b) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. §52.31(d) • This form is submitted in the form intended for actual use. §52.31(e) • All blank spaces are filled in with hypothetical data. §52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. §52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as "will conform to law" or "as requested by group" to describe the variable material. §52.31(l) • All policy or contract forms must be placed on the Form Schedule in SERFF.	CDPHP confirms that all of the requirements outlined have been met.
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	33.5
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999) Supplement 1 to CL No. 33 (1999)	The filing must include a SERFF Filing Description or a letter of submission that contains the following: • The identifying form number of each form submitted. §52.33(a) • If the form is a policy or contract, the letter must indicate that the policy or contract is submitted pursuant to 11 NYCRR 52.7. §52.33(b) • Whether the form is new or supersedes an approved or filed form. § 52.33(c) • If the form supersedes an approved or filed form, the letter must state the form number and date of approval or filing of the superseded form and any material differences from the superseded form. § 52.33(d) • If the approval of the superseded form is still pending, the letter must include the form number, control number assigned by the Department and the submission date. § 52.33(d) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e) • If the form is submitted in accordance with 11 NYCRR 52.32(c), the letter must identify the prefiled group coverage. § 52.33(f) • If the form is other than a policyor contract form, the letter must identify the form number and	The filing description has been included in the required section of the SERFF header.

		approval date of the policy or contract with which it will be used. If the form is for general use, the Department may accept a description of the type of policy or contract with which it may be used in lieu of the form number and approval date. §52.33(g) • If the form is a policy or contract, the letter must identify the form numbers and dates of approval of any applications previously approved to be used with the policy or contract unless the application is required to be attached to the policy or contract upon submission. §52.33(h) • If the policy or contract is designed to be used with insert pages, the letter must contain a statement of the insert page forms which must always be included in the policy or contract and a list of all optional pages, together with an explanation of their use. § 52.33(i) • *Note: Submission letters and or the SERFF filing description should advise as to whether the policy or contract is intended for internet sales and should describe any proposed electronic procedures and/or the proposed use of electronic signatures associated with the sale of the policy or contract.*	
Group Status and Recognition	§ 4235(c)(1)(A) §3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that policy or contract forms will be sold to a group specified in Insurance Law §4235(c)(1). However, a more detailed statement must be included where discretionary group status is sought under Insurance Law §4235(c)(1)(M). The size of the group should be indicated as small. Please indicate whether the submission is for general use or is submitted on a one case basis. If the submission is for use on a one case basis, the group must be identified along with the subpart of Insurance Law §4235(c)(1) in which the group fits and a confirmation that the group meets all of the requirements of the identified subpart. Requests for discretionary group recognition, pursuant to Insurance Law §4235(c)(1)(M), must be accompanied by written documentation that demonstrates that the proposed group meets each and every element stated in the named statute. The documentation must also make clear that the request for discretionary group recognition is not a subterfuge, evasion technique, or a marketing tool to avoid compliance with other statutory or regulatory requirements and recognized marketing mechanisms. This provision is not intended to allow approval of groups recognized in the various subparagraphs of §4235(c)(1), but for which the proposed discretionary group does not meet one or more of the requisites specifically required or proscribed by §4235. The request for allowance of a discretionary group must be granted before it may be used. Pursuant to §3201(b)(1) and Insurance Regulation 123, an accident and health certificate is deemed delivered in New York and subject to review and approval regardless of the actual place of delivery, if the policy is issued to certain groups. In these cases, the group certificate is reviewed for compliance with New York Law. The group policy/contract that is delivered out-of-state is not reviewed.	This submission is for general use.
Prefiled Group Coverage	11 NYCRR 52.32	A copy of the letter of confirmation sent to the group by the insurer must be submitted to the Department within 30 days after the date the insurer agrees to provide insurance and must include the following: • The effective date of coverage. § 52.32(a)(1) • The nature and extent of the benefits or change in benefits as then known. § 52.32(a)(2) • That the contractual forms may be executed and issued for delivery only after filing with or	This submission is not for pre-filed coverage.

		approval by the Department. §52.32(a)(3) • That if the forms are not filed or approved or are disapproved, the parties will be returned to the status quo insofar as possible, or the coverage will be modified retroactively to meet all requirements necessary for approval. §52.32(a)(4) *Note: At the time the insurer agrees to provide insurance, it cannot have been reasonably possible to obtain approval prior to the effective date of coverage because the group requested the insurer provide immediate coverage. Also, the actual forms must be submitted for approval within six months from the date the insurer agrees to provide insurance. § 52.32(c). Failure to meet any of the conditions within the time specified shall be a violation of the Insurance Law, unless reasons for delay, including its probable extent, satisfactory to the Department are submitted to the Department within the respective times specified.*	
Statement of ERISA rights Is the insurer providing document as the plan administrator or for the plan administrator? Yes ☒ No ☐	29 CFR § 2520.104b-2 29 CFR § 2520.102-3(t)	Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.	Form #01-0006-2014; page 75; #7
APPLICATION FORMS Model Application Used? Yes ☐ No ☒	Model Language		Form/Page/Para Reference
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	There is no application contained in this
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	The application contains the prescribed fraud warning statement immediately above the insured's signature.	There is no application
Prohibited Questions and Provisions	§3221(q)(1) §3204 11 NYCRR 52.51	The application does NOT contain: Questions as to the applicant's health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of domestic violence), disability or the applicant's race. A provision that changes the terms of the policy or contract to which it is attached. A statement that the applicant has not withheld any information or concealed any facts. An agreement that an untrue or false answer material to the risk will render the policy or contract void. An agreement that acceptance of any policy or contract issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to §3204(d).	There is no application contained in this submission.
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference

COVER PAGE			
Insurer name Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	Form #01-0006-2014; page 1
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover).	Form #01-0006-2014;
Table of Contents Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	A table of contents is required.	Form #01-0006-2014; page 2
DEFINITIONS Model Language Used? Yes ☒ No ☐	§ 3217 Model Language	*For a complete listing of the definitions click on the adjacent Model Language link.*	Form/Page/Para Reference
Services Performed at Comprehensive Care Center for Eating Disorders	§3221(k)(14) §4303(dd)	This policy or contract form may not exclude coverage for services covered under the policy or contract when provided by a comprehensive care center for eating disorders pursuant to Article 27-J of the Public Health Law. Reimbursement for services provided through such comprehensive care centers shall, to the extent possible or practicable, be structured in a manner to facilitate the individualized, comprehensive and integrated plans of care which such centers' network of practitioners and providers are required to provide.	Form #01-0006-2014; page 4; "Facility" definition.
HOW THIS COVERAGE WORKS			Form/Page/Para Reference
Selecting a Primary Care Provider			
Selecting, Accessing and Changing Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(9) §3217-a(a)(10) §4324(a)(9); (10) PHL § 4408(1)(i) Model Language	Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access, and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.	Form #01-0006-2014; page 8; #3
Designation of Primary Care Provider (PCP) & Access to Pediatricians Does this product require a PCP to be designated? Yes ☒ No ☐ Model Language Used? Yes ☒ No ☐	§3217-e §4306-d PHL §4403(7) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	If the policy or contract requires the designation of a Primary Care Provider, this policy or contract form permits an insured to designate any participating PCP who is available to accept the insured. If designation of a PCP for a child is required, the insured is permitted to designate a physician who specializes in pediatrics as the child's PCP if the provider is in-network and available to accept the child.	Form #01-0006-2014; page 8; #5
Direct Access to OB/GYN	§3217-c	If the policy or contract requires the designation of a Primary Care Provider, it must provide a female	

Services Does this product require a PCP to be designated? Yes ☒ No ☐ Model Language Used? Yes ☒ No ☐	§4306-b(a) §4324(16-a) PHL §4406-b PHL §4408(1)(p-1) 42 USC §300gg-19a 45 CFR §147.138(a) Model Language	insured direct access to primary and preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, and treatment of acute gynecologic conditions from a qualified participating provider of such services of her choice or for any care related to pregnancy provided that: • such qualified provider discusses such services and treatment plan with the individual's primary care practitioner in accordance with the insurer's requirements; and • such qualified provider agrees to adhere to the insurer's policies and procedures, including any procedures regarding referrals and obtaining prior authorization for services other than obstetric and gynecologic services rendered by such qualified provider, and agrees to provide services pursuant to a treatment plan approved by the insurer.	Form #01-0006-2014; page 8; #5
Preauthorization			
Preauthorization Requirements Model Language Used? Yes ☐ No ☒	§3217-a(a)(2) §3238 §4324(a)(1) PHL § 4408(1)(b) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for In-Network services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or $500.00, whichever is less, is permissible.	This is for an HMO product, there is no prior authorization language.
Medical Necessity			
Definition of Medical Necessity Model Language Used? Yes ☒ No ☐	§3217-a(a)(1) §4324(a)(1) Model Language	This policy or contract form includes a definition of "medical necessity" used in determining whether benefits will be covered.	Form #01-0006-2014; page 9; #8
Contact Information Model Language Used? Yes ☒ No ☐	§3217-a(a)(16) §4324(a)(16) PHL§4408(1)(q) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	Form #01-0006-2014; page 10; #9
ACCESS TO CARE AND TRANSITIONAL CARE			
Referral to Non-Participating Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(11) §4324(a)(11) PHL §4408(1)(k) Model Language	If a policy or contract form is a managed care product as defined in §4801(c) or an HMO, or an EPO it must describe how an insured may obtain a referral to a health care provider outside of the insurer's network when the insurer does not have a health care provider with appropriate training and experience in the network to meet the health care needs of the insured and the procedure by which the insured can obtain such referral.	Form #01-0006-2014; page 11
Specialty Care Provider as PCP Model Language Used? Yes ☒ No ☐	§3217-a(a)(13) §3217-d(b) §4324(a)(13) §4306-C(b) PHL §4408(1)(m) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, is permitted to request that a specialist be designated as their PCP to provide or coordinate the insured's medical care and describe the procedure for requesting and obtaining a specialist as a PCP.	Form #01-0006-2014; page 11
Standing Referrals Model Language Used?	§3217-a(a)(12) §3217-d(b) §4324(a)(12)	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, it must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe	Form #01-0006-2014; page 11

Yes ☒ No ☐	§4306-C(b) PHL § 4408(1)(l) Model Language	the procedure for requesting and obtaining such a standing referral.	
Specialty Care Center Model Language Used? Yes ☒ No ☐	§3217-a(a)(14) §3217-d(b) §4324(a)(14) §4306-C(b) PHL §4408(1)(n) Model Language	If this policy or contract form requires (1) the designation of a PCP, and (2) that specialty care must be provided pursuant referral from a PCP, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized medical care over a prolonged period of time, may request access to a specialty care center and describe the procedure for requesting and obtaining such a referral to a specialty care center.	Form #01-0006-2014; page 11-12
Transitional Care When A Provider Leaves the Network Model Language Used? Yes ☒ No ☐	§4804(e) §3217-d(c) §4306-C(c) PHL §4403(6)(e) Model Language	If an insured is in an ongoing course of treatment when a provider leaves the network, then the policy or contract form must describe how an insured may to continue to receive treatment for the ongoing treatment from the former Participating Provider for up to ninety (90) days from the date the provider's contractual obligation to provide services terminated. If the insured is pregnant and in the second or third trimester, the insured may be able to continue care with a former participating provider through delivery and any postpartum care directly related to the delivery. In order for the insured to continue to receive care for up to ninety (90) days or through a pregnancy with a former participating provider, the provider must agree to accept as payment the negotiated fee that was in effect just prior to the termination of the insurer's contractual agreement with the provider and must also agree to provide the insurer with the necessary medical information related to the insured's care and adhere to the insurer's policies and procedures, including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	Form #01-0006-2014; page 12
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes ☒ No ☐	§4804(f) §3217-d(c) §4306-C(c) PHL §4403(6)(f) Model Language	If an insured is in an ongoing course of treatment with a non-participating provider when the insured's coverage becomes effective for (1) a life-threatening disease or condition or a degenerative and disabling condition or disease, or (2) for care for pregnancy if the insured is in the second or third trimester, then this policy or contract form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to sixty (60) days from the effective date of the insured's coverage. The insured may continue care through delivery and any post-partum services directly related to the delivery. In order for the insured to continue to receive care for up to sixty (60) days or through pregnancy, the non-participating provider must agree to accept as payment the insurer's fees for such services. The provider must also agree to provide the insurer with necessary medical information related to the insured's care and to adhere to the insurer's policies and procedures including those for assuring quality of care, obtaining preauthorization, referrals, and a treatment plan approved by the insurer. If the provider agrees to the conditions, the care is treated as if being received from a participating provider.	Form #01-0006-2014; page 12
COST-SHARING EXPENSES AND ALLOWED AMOUNT.			
Cost of Service	§3201(c)(3)	If the cost of the service is less than the copayment for the service, the patient is responsible for the	

Model Language Used? Yes ☒ No ☐	11 NYCRR 52.1(c) Model Language	lesser amount.	Form #01-0006-2014; page 13; #2
Reimbursement of Providers Model Language Used? Yes ☒ No ☐	§3217-a(a)(4) §4324(a)(4) PHL §4408(1)(d) Model Language	This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.	Form #01-0006-2014; page 13-14
Non-Participating Providers and Non-Authorized Services Model Language Used? Yes ☐ No ☒	§3217-a(a)(6) §4324(a)(6) PHL §4408(1)(f) Model Language	This policy or contract form includes a description of the insured's financial responsibility for payment when services are provided by a health care provider who is not part of the insurer's network or by any provider without the required authorization or when a procedure, treatment or service is not a covered health care benefit.	N/A
ELIGIBILITY Model Language Used? Yes ☒ No ☐	Model Language		Form/Page/Para Reference
Spouse	§4235(f)(1)(A) §4305(c)(1) Circular Letter No. 27 (2008) Model Language	If dependent coverage is selected by the group, this policy or contract form must provide coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes marriages between same-sex partners legally performed in this state and in other jurisdictions.	Form #01-0006-2014; page 15
Dependents	§4235(f)(1)(A)(i) §4305(c)(1) §3221(a)(7) 42 USC §300gg-14 26 CFR §§ 144.101, 146.101, 147.100 and 147.120 Model Language	If dependent coverage is selected by the group, this policy or contract form provides coverage of children until age 26. *Note: Pursuant to §2608-a, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.*	Form #01-0006-2014; page 15
Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	If dependent coverage is selected by the group, this policy or contract must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in 4235(f).	Form #01-0006-2014; page 15
Unmarried Students on Medical Leave of Absence	§3237 §4306-a 42 USC §300gg-7	If this policy or contract form provides coverage for dependent children who are full-time students to a higher age than other dependent children, then coverage shall continue when such dependent takes a medical leave of absence from school due to illness or injury for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required	Form #01-0006-2014; page 15

		beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student's attending physician who is licensed to practice in the state of New York.	
Unmarried Disabled Children	§4235(f)(1)(A)(ii) §4305(c)(1) Model Language	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate. *Note: Such coverage shall not terminate while the coverage remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.*	Form #01-0006-2014; page 15
Newborn Infants	§4235(f)(2) §4305(c)(1) Model Language 45 C.F.R. § 155.420 45 C.F.R. § 155.725	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to §115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care. *Note: In the case of individual or two-person coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.*	Form #01-0006-2014; page 16
Adopted Children and Step-Children	11NYCRR52.18(e)(2); (3) §4305(c)(1)	If dependent coverage is selected by the policyholder or contractholder, this policy or contract form provides that adopted children and stepchildren dependent upon the insured are eligible for coverage on the same basis as natural children. Further, a family policy or contract form covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.	Form #01-0006-2014; page 16
Domestic Partners	§4235(f)(1)(A) §4305(c)(1) OGC Opinion 01-11-23 Model Language	This policy or contract form may cover domestic partners, who are financially interdependent on the employee, but such coverage is not required. If such coverage is provided, the policy or contract form shall require the applicant to provide the following: • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six months • Proof of cohabitation • Proof of financial interdependency by evidence of two or more of the following: joint bank	Only covered via rider.

		account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner's bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other's life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners' financial interdependence; other items of sufficient proof to establish economic interdependency under the circumstances of the particular case.	
New Family Members Model Language Used? Yes ☒ No ☐	45 C.F.R. § 155.420 Model Language	The policy or contract form describes the requirements to add new family members to the policy or contract.	Form #01-0006-2014; page 17
New Employees	§3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	
Enrollment Periods	http://government.westlaw.com/linkedslice/default.asp?SP=nycrr-100011NYCRR52.70(e)(3) 45 C.F.R. § 155.410 45 C.F.R. § 155.420 45 C.F.R. § 155.305 45 C.F.R. § 155.725 Model Language	This policy or contract form must provide for an initial open enrollment period, an annual open enrollment period, and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	Form #01-0006-2014; page 15-17
MANDATORY COVERED ESSENTIAL HEALTH BENEFITS		**Except where noted below, the following benefits must be included in the policy or contract forms.** Insurers may either (i) substitute benefits within certain categories listed below, (ii) modify cost-sharing in any category; (iii) add benefits to an essential health benefit category, including higher visit limitations; and/or (iv) add benefits that are not considered essential health benefits, provided all changes are in accordance with federal and state regulation and guidance, as well as DFS review. The categories of benefits that may be substituted are: A. Preventive/Wellness/Chronic Disease Management B. Rehabilitative and Habilitative	Form/Page/Para Reference
PREVENTIVE CARE			
Primary and Preventive Health Services	§3221(l)(8) §3221(k)(18)	This policy or contract form includes the following coverage for primary and preventive health services for a covered child from the date of birth through age 19:	Form #01-0006-2014;

Model Language Used? Yes ☒ No ☐	§4303(j) Circular Letter No. 3 (1994) Circular Letter No. 13 (2006) Required Immunizations 42 USC § 300gg-13 45 CFR §147.130 45 CFR § 156.100	• An initial hospital check-up and well child visits scheduled in accordance with the American Academy of Pediatrics. • At each visit, services in accordance with the American Academy of Pediatrics, including a medical history, complete physical examination, developmental assessment, anticipatory guidance, laboratory tests and necessary immunizations in accordance with the Advisory Committee on Immunization Practices. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	
Federal Mandated Preventive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language HRSA Guidelines	This policy or contract form includes coverage for the following preventive care and screenings for children and adults with no cost-sharing: • Evidence-based items or services for children and adults with a rating of A or B by the U.S. Preventive Services Task Force. • Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. • Preventive care and screenings for infants, children and adolescents in guidelines supported by the Health Resources and Services Administration. • Preventive care and screenings for women in guidelines supported by the Health Resources and Services Administration. Such coverage shall not be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 18; "Preventive Care" section.
Cervical Cytology Screening Model Language Used? Yes ☒ No ☐	§3 221(l)(14) § 4303(t) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes coverage for annual cervical cytology screening for cervical cancer and its precursor states for women aged eighteen and older. Cervical cytology screening includes an annual pelvic examination, collection and preparation of a Pap smear, and laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	Form #01-0006-2014; page 19
Mammography Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11) § 4303(p) 42 USC § 300gg-13 45 CFR §147.130 Model Language HRSA Guidelines	This policy or contract form includes the following coverage for mammography screening for occult breast cancer: • Upon the recommendation of a physician, a mammogram at any age for covered persons having a prior history of breast cancer or who have a first degree relative with a prior history of breast cancer. • A single, baseline mammogram for covered persons aged 35-39, inclusive. • An annual mammogram for covered persons aged 40 and older. • Diagnostic mammograms (mammograms that are performed in connection with the treatment or follow-up of breast cancer) are unlimited and are covered whenever they are Medically Necessary. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with HRSA guidelines.	Form #01-0006-2014; page 19

Family Planning & Reproductive Health Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language 42 USC § 300gg-13 HRSA Guidelines	This policy or contract form includes coverage for family planning services which consist of FDA approved contraceptive methods prescribed by a provider (not covered under the prescription drug benefits), counseling on use of contraceptives, related topics and sterilization procedures for women. Such coverage shall not be subject to deductibles, copayments and/or coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF. This policy or contract form includes coverage for vasectomies. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 19
Bone Mineral Density Measurements or Tests, Drugs and Devices Model Language Used? Yes ☒ No ☐	§ 3221(k)(13) § 4303(bb) 42 USC § 300gg-13 45 CFR §147.130 Model Language	This policy or contract form includes coverage for bone mineral density measurements or tests, prescription drugs, and devices approved by the FDA or generic equivalents as approved substitutes. Bone mineral density measurements or tests, drugs or devices shall include those covered for individuals meeting the criteria under the federal Medicare program and those in accordance with the criteria of the National Institutes of Health. Individuals qualifying for coverage, at a minimum, include individuals: • Previously diagnosed as having osteoporosis or having a family history of osteoporosis; or • With symptoms or conditions indicative of the presence or significant risk of osteoporosis; or • On a prescribed drug regimen posing a significant risk of osteoporosis; or • With lifestyle factors to a degree as posing a significant risk of osteoporosis; or, • With such age, gender, and/or other physiological characteristics which pose a significant risk for osteoporosis. Such coverage, when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an "A" or "B" rating from USPSTF, shall not be subject to deductibles, copayments and/or coinsurance. Other such coverage provided may be subject to deductibles, copayments and/or coinsurance	Form #01-0006-2014; page 19-20
Prostate Cancer Screening Model Language Used? Yes ☒ No ☐	§ 3221(l)(11-a) § 4303(z-1) Model Language	This policy or contract form includes coverage for the diagnostic screening for prostate cancer including: • Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for men having a prior history of prostate cancer; and • An annual standard diagnostic examination for men age 50 and over who are asymptomatic and for men age 40 or older with a family history of prostate cancer or other prostate cancer risk factors. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Form #01-0006-2014; page 20
EMERGENCY SERVICES AND URGENT CARE			
Pre-Hospital Emergency Medical and Ambulance Services	§ 3221(l)(15) § 4303(aa) Model Language	**Emergency Medical and Ambulance Services:** This policy or contract form includes coverage for pre-hospital emergency medical services for the treatment of an emergency condition when such services are provided by an ambulance service (either	Form #01-0006-2014; page 20-21

Model Language Used? Yes ☒ No ☐		ground, water or air) issued a certificate to operate pursuant to §3005 of the Public Health Law. This policy or contract form will, however, only provide coverage when a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of such transportation to result in: (i) Placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) Serious impairment to such person's bodily functions; (iii) Serious dysfunction of any bodily organ or part of such person; or (iv) Serious disfigurement of such person. An ambulance service may not charge or seek reimbursement from the insured for Pre-Hospital Emergency Medical Services relating to non-airborne transportation to a Hospital except for the collection of any applicable copayment, coinsurance, or deductible. Pre-Hospital Emergency Medical Services and ambulance services for medical emergencies do not require preauthorization. **Non-Emergency Ambulance Services:** This policy or contract form covers non-emergency ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between facilities when the transport is any of the following: • From a Non-Participating Hospital to a Participating Hospital. • To a Hospital that provides a higher level of care that was not available at the original Hospital. • To a more cost-effective acute care facility. • From an acute facility to a sub-acute setting.	
Emergency Services Model Language Used? Yes ☒ No ☐	§ 3221(k)(4) § 3217-a(a)(8) § 4900(c) § 4303(a)(2) Circular Letter No.1 (2002) PHL § 4408(1)(h) 10 NYCRR § 98-1.13 42 USC § 300gg-19a 45 CFR §147.138(b) 45 CFR § 156.100 Model Language	This policy or contract form includes coverage for the treatment of an emergency condition in hospital facilities: • without the need for any prior authorization; • regardless of whether the provider is a participating provider; • without imposing any administrative requirement or limitation on out-of-network coverage that is more restrictive than the requirements or limitations that apply to emergency services received from participating providers; • the cost-sharing (copayment or coinsurance) shall be the same regardless of whether the services are provided by a participating or a non-participating provider; and • The benefits for out-of-network emergency services must at a minimum equal the greatest of the following amounts: (i) the amount negotiated with in-network providers for the emergency service; (ii) the amount for the emergency service calculated using the same method the insurer uses to determine payments for out-of-network services excluding any in-network co-payment or coinsurance; or (iii) the amount that would be paid under Medicare for the emergency service excluding any in-network co-payment or coinsurance. *Note the following definitions must be used:*	Form #01-0006-2014; page 22-24

		Emergency condition means a medical or behavioral condition that manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition or, with respect to a pregnant woman, the health of the woman or her unborn child in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; (iii)serious dysfunction of any bodily organ or part of such person; or (iv)serious disfigurement of such person; or a condition described in §1867(e)(1)(A)(i), (ii) or (iii) of the Social Security Act. *Emergency services means with respect to an emergency condition (i) a medical screening examination as required under 42 U.S.C. §1395dd, which is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and (ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under 42 U.S.C. §1395dd to stabilize the patient. For purposes of this paragraph" to stabilize" means, with respect to an emergency condition, to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the insured from a facility or to deliver a newborn child (including the placenta).*	
Urgent Care Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100	This policy or contract form includes coverage for Urgent Care. Urgent Care is medical care for an illness, injury or condition that is serious enough for a reasonable person to seek care right away, but not so severe as to require emergency care.	Form #01-0006-2014; page 24
OUTPATIENT SERVICES, INPATIENT SERVICES, EQUIPMENT AND DEVICES			
Advanced Imaging Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for PET scans, MRI, nuclear medicine, and CAT scans. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 24
Allergy Testing and Treatment Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for testing and evaluations including: injections, and scratch and prick tests to determine the existence of an allergy. This policy or contract form also provides coverage for allergy treatment, including desensitization treatments, routine allergy injections and serums. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 24
Ambulatory Surgery Center Model Language Used?	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for surgical procedures performed at an Ambulatory Surgical Center including services and supplies provided by the center the day the surgery is performed.	Form #01-0006-2014; page 24

Yes ☒ No ☐		Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Chemotherapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for chemotherapy in an outpatient facility or in a professional provider office. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 24
Chiropractic Care Model Language Used? Yes ☐ No ☐	§3221(k)(11) §4303(y) Model Language	This policy or contract form includes coverage for chiropractic care in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for the purpose of removing nerve interference, and the effects thereof, where such interference is the result of or related to distortion, misalignment, or sublaxation in the vertebral column. Chiropractic care and services may be subject to reasonable deductible, copayment and coinsurance amounts, reasonable fee or benefit limits, and reasonable utilization review, provided that any such amounts, limits and review: shall not function to direct treatment in a manner discriminative against chiropractic care and individually and collectively shall be no more restrictive than those applicable under the coverage to care or services provided by other health care professionals in the diagnosis, treatment and management of the same or similar conditions, injuries, complaints, disorders or ailments even if differing nomenclature is used to describe the condition, injury, complaint, disorder or ailment. *Note: The Department interprets this mandate to mean that policy or contract forms may not subject a visit to a chiropractor or to a provider of chiropractic care to higher cost sharing than that which applies to other specialty office visits under the policy or contract. Additionally, a policy or contract may not impose a greater level of utilization review to chiropractic care and services than that which applies to specialty office care in general under the policy or contract. This means, for example, that a policy or contract may not require pre-certification or preauthorization of chiropractic care and services if it does not require the same for specialty office visits in general.*	Form #01-0006-2014; page 24-25
Dialysis Coverage Model Language Used? Yes ☒ No ☐	§3221(k)(16) §4303(gg) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for dialysis treatment of an acute of chronic kidney ailment. If the policy or contract form does not otherwise cover out-of-network services, dialysis treatment or services provided by a non-participating provider must be covered if the following conditions are met: • The out-of-network provider is duly licensed to practice and authorized to provide such treatment; • The out-of-network provider is located outside the service area of the insurer; • The in-network provider treating the insured for the condition issues a written order stating that the dialysis treatment is necessary; • The insured notifies the insurer in writing 30 days in advance of the proposed date(s) of the out-of-network dialysis treatment and attaches the written order of the in-network provider. If the insured must travel on sudden notice due to family or other emergency, shorter notice may be permitted, provided that the insurer has a reasonable opportunity to review the travel and treatment plans of the insured;	Form #01-0006-2014; page 25

		• The insurer has the right to pre-approve the dialysis treatment schedule; and • Such coverage may be limited to 10 out-of-network treatments in a calendar year. Benefits for services of a Non-Participating Provider are subject to any applicable cost sharing that applies to dialysis treatments by a Participating Provider. However, the insured will also be responsible for paying any difference between the amount the insurer would have paid had the service been provided by a Participating Provider and the Non-Participating Provider's charge.	
Outpatient Habilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for habilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 25
Benefit explanation:			
Home Health Services Model Language Used? Yes ☒ No ☐	§3221(k)(1) §4303(a)(3) Model Language	This policy or contract form includes coverage of home care for not less than 40 visits in a plan year for each person covered under the policy or contract if hospitalization or confinement in a nursing facility would otherwise be required. Home care must be provided by an agency possessing a valid certificate of approval or license issued pursuant to Article 36 of the Public Health Law and shall consist of one or more of the following: • Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse. • Part-time or intermittent home health aide services which consist primarily of caring for the patient. • Physical, occupational or speech therapy if provided by the home health service or agency. • Medical supplies, drugs and medications prescribed by a physician and laboratory services by or on behalf of a certified or licensed home health agency.	Form #01-0006-2014; page 25-26

		• Each visit by a member of a home care team shall be considered as one home care visit. • Four hours of home health aide service shall be considered as one home care visit Such coverage may be subject to an annual deductible of not more than $50 per person covered under the policy or contract form and may be subject to a coinsurance provision which provides not less than 75% of reasonable charges for services. Such coverage may be subject to copayments.	
Interruption of Pregnancy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for therapeutic abortions. Non-therapeutic abortions in cases of rape, incest or fetal malformation are also covered. Elective abortions are covered for one procedure per Member, per Year. *Note: Plans must include the one procedure limit and may provide coverage that is more favorable.*	Form #01-0006-2014; page 26
Treatment of Correctable Medical Conditions that Cause Infertility/Infertility Treatments Model Language Used? Yes ☒ No ☐	§3221(k)(6) 4303(s) 11 NYCRR 52.18(a)(10) Definition of Infertility OGC Opinion 05-11-10 Model Language	This policy or contract form shall not exclude coverage for hospital, surgical or medical care for the diagnosis and treatment of correctable medical conditions otherwise covered under the policy or contract solely because the medical condition results in infertility. • Coverage shall not exclude surgical or medical procedures which would correct malformation, disease or dysfunction resulting in infertility. • Coverage shall not exclude diagnostic tests and procedures including hysterosalpingogram, hysteroscopy, endometrial biopsy, laparoscopy, sono-hysterogram, post coital tests, testis biopsy, semen analysis, blood tests, ultrasound and artificial insemination, or prescription drugs if prescription drug coverage is otherwise provided under the policy or contract. • Coverage shall be provided for persons aged 21-44 years; however, coverage beyond this age range is not precluded. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract. • This mandate does not require coverage of the following treatments in connection with infertility: in vitro fertilization; gamete intrafallopian tube transfers; zygote intrafallopian tube transfers; the reversal of elective sterilizations; cost for an ovum donor or donor sperm; sperm storage costs; cryopreservation and storage of embryos; ovulation predictor kits; reversal of tubal ligations; sex change procedures; cloning; or medical or surgical services or procedures determined to be experimental. These are the only infertility treatments that may be expressly excluded in the policy or contract form.	Form #01-0006-2014; page 26
Infusion Therapy Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for infusion therapy which is the administration of drugs using specialized delivery systems which otherwise would have required hospitalization. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 26-27
Laboratory Procedures, Diagnostic Testing and Radiology Services Model Language Used?	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for x-ray, laboratory procedures and diagnostic testing, services and materials, including diagnostic X-rays, X-ray therapy, fluoroscopy, electrocardiograms, electroencephalograms, laboratory tests, and therapeutic radiology services. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 27

Yes ☒ No ☐			
Office Visits Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for office visits for the diagnosis and treatment of injury, disease, and medical conditions. Office visits may include house calls. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 27
Outpatient Hospital Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hospital services and supplies described in the inpatient hospital section of the policy or contract form that can be provided while being treated in an outpatient facility. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 27
Preadmission Testing Model Language Used? Yes ☒ No ☐	§3221(k)(2) §4303(a)(1) Model Language	This policy or contract form includes coverage for preadmission testing ordered by a physician performed in the out-patient facilities of a hospital as a planned preliminary to admission of the patient as an in-patient for surgery in the same hospital provided that: tests are necessary for and consistent with the diagnosis and treatment of the condition for which surgery is to be performed; reservations for a hospital bed and for an operating room were made prior to the performance of the tests; the surgery actually takes place within seven days of the tests; and the patient is physically present at the hospital for the tests. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 27
Outpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐ Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for rehabilitation therapy, including physical therapy, speech therapy, and occupational therapy, in the outpatient department of a facility or in a professional provider's office for up to 60 visits per condition, per lifetime. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.* Speech and physical therapy is covered only when: such therapy are related to the treatment or diagnosis of a physical illness or injury (in the case of a dependent child, this includes a medically diagnosed congenital defect); is ordered by a physician; and the insured has been hospitalized or has undergone surgery for such illness or injury. Speech, physical and occupational therapy services must begin within six months of the later to occur: • The date of the injury or illness that caused the need for the therapy; • The date You are discharged from a Hospital where surgical treatment was rendered; or • The date outpatient surgical care is rendered. In no event will the therapy continue beyond 365 days after such event. Such coverage may be subject to deductibles, copayments and/or coinsurance. *Note: Plans may: increase the number of covered visits; cover 60 or more visits per therapy or condition; cover visits per year rather than per condition; remove the lifetime limit; remove the other*	Form #01-0006-2014; page 27-28

		conditions/ limitations for coverage; and/or omit the requirement for a prior hospitalization or surgery.	
Benefit explanation:			
Second Medical Opinion for Cancer Diagnosis Model Language Used? Yes ☒ No ☐	§3221(k)(9) §4303(w) Model Language	This policy or contract form includes coverage for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer. • This benefit includes coverage for a second medical opinion from a non-participating specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer when the attending physician provides a written referral to the non-participating specialist, at no additional cost to the insured beyond what such insured would have paid for services from a participating specialist. • This benefit also includes coverage for a second medical opinion by a non-participating specialist where there is no referral from the attending physician and where the insurer has not pre-authorized the service. In such cases, the insurer is responsible for covering the medically necessary services at a usual, customary and reasonable rate. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Form #01-0006-2014; page 28
Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) 4303(b) Circular Letter No. 29 (1979) Model Language	This policy or contract form includes coverage for a second surgical opinion by a qualified physician on the need for surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 28
Mandatory Second Surgical Opinion Model Language Used? Yes ☒ No ☐	§3221(k)(3) 4303(b) Circular Letter No. 29 (1979) Model Language	The policy or contract form may contain a mandatory second surgical opinion provision only if such provision is consistent with Circular Letter No. 29 (1979). Such coverage may not be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 28
Second Opinion in Other Cases Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form shall include coverage for a second opinion in cases when a subscriber disagrees with a provider's recommended course of treatment. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 28
Surgical Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.6 Model Language	This policy or contract form includes coverage for physicians' services for surgical procedures, including operating and cutting procedures for the treatment of a sickness or injury, and closed reduction of fractures and dislocations of bones, endoscopies, incisions, or punctures of the skin on an inpatient and outpatient basis, including the services of the surgeon or specialist, assistant (including a physician's assistant or a nurse practitioner), and anesthetist or anesthesiologist, together with	Form #01-0006-2014; page 28

		preoperative and post-operative care. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Oral Surgery Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 11 NYCRR § 52.16(c)(9) Model Language	This policy or contract form provides coverage for the following limited dental and oral surgical procedures: • Oral surgical procedures for jaw bones or surrounding tissue and dental services for the repair or replacement of sound natural teeth that are required due to accidental injury. Replacement is covered only when repair is not possible. Dental services must be obtained within 12 months of the injury. • Oral surgical procedures for jaw bones or surrounding tissue and dental services necessary due to congenital disease or anomaly. • Oral surgical procedures required for the correction of a non-dental physiological condition which has resulted in a severe functional impairment. • Removal of tumors and cysts requiring pathological examination of the jaws, cheeks, lips, tongue, roof and floor of the mouth. Cysts related to teeth are not covered. • Surgical/nonsurgical medical procedures for temporomandibular joint disorders and orthognathic surgery. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 28-29
Mastectomy Care Model Language Used? Yes ☒ No ☐	§3221(k)(8) §4303(v) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for a period of inpatient hospital care as is determined by the attending physician in consultation with the patient to be medically appropriate for a person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered under the policy or contract, and any physical complications arising from the mastectomy, including lymphedema. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Form #01-0006-2014; page 29
Post Mastectomy Reconstruction Model Language Used? Yes ☒ No ☐	§3221(k)(10) §4303(x) Women's Health and Cancer Rights Act of 1998, 29 USC 1185(b) Model Language	This policy or contract form includes coverage for breast reconstruction surgery after a mastectomy or partial mastectomy including all stages of reconstruction of the breast on which the mastectomy or partial mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and physical complications of mastectomy including lymphedemas in the manner determined by the attending physician and the patient to be appropriate. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract.	Form #01-0006-2014; page 29
Transplants Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for transplants determined to be non-experimental and non-investigational. Covered transplants include but are not limited to: kidney, corneal, liver, heart, and heart/lung transplants; and bone marrow transplants for aplastic anemia, leukemia, severe combined immunodeficiency disease and Wiskott-Aldrich Syndrome. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 29
Autism Spectrum Disorder Model Language Used?	§3221(l)(17) §4303(ee) Model Language	This policy or contract form includes coverage for the screening, diagnosis and treatment of autism spectrum disorder, including the following care and assistive communication devices prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a	Form #01-0006-2014; page 30-31

Yes ☒ No ☐	11 NYCRR 440	licensed psychologist: • behavioral health treatment; • psychiatric care; • psychological care; • medical care provided by a licensed health care provider; • therapeutic care, including therapeutic care which is deemed habilitative or nonrestorative, in the event that the policy or contract provides coverage for therapeutic care; and • pharmacy care in the event that the policy or contract provides coverage for prescription drugs. This policy or contract form shall include a definition of "autism spectrum disorder" which means any pervasive developmental disorder defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autistic disorder; Asperger's disorder; Rett's disorder; childhood disintegrative disorder; and pervasive developmental disorder not otherwise specified (PDD-NOS). The policy or contract form shall include a definition of "behavioral health treatment" which means counseling and treatment programs, when provided by a licensed provider and applied behavior analysis, when provided or supervised by a behavior analysis provider as defined and described in 11 NYCRR 440, that are necessary to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual. The policy or contract form shall include coverage for "applied behavior analysis" which means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior. Coverage for applied behavioral analysis is limited to 680 hours per covered individual per year. The policy or contract form shall include a definition of "assistive communication devices" which at a minimum shall include dedicated devices which are specifically designed to aid in communication and are not generally useful to a person in the absence of a communication impairment and software applications that enable a non-covered device to function as a communication device. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	
Diabetes Equipment, Supplies and Self-Management Education Model Language Used? Yes ☒ No ☐	§3221(k)(7) §4303(u) 10NYCRR60-3.1 Model Language	This policy or contract form includes coverage for equipment, supplies and self-management education described in §§ 3221(k)(7) or 4303(u) for the treatment of diabetes. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with other benefits. *Note: Plans may apply either a medical or a prescription benefit depending upon whichever will*	Form #01-0006-2014; page 31-33

		provide a more generous benefit. *Note: Since the statute refers to equipment, supplies and self-management education that are prescribed by a physician "or other licensed health care provider legally authorized to prescribe under title eight of the education law…," the policy or contract form may not limit coverage to care prescribed by a physician.*	
Durable Medical Equipment and Braces Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for the rental or purchase of durable medical equipment and braces. Coverage is for standard equipment only. Repairs or replacement are covered when made necessary by normal wear and tear. Coverage does not include the cost of repairs or replacement that are the result of misuse or abuse. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 33
Hearing Aids Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for hearing aids required for the correction of a hearing impairment (a reduction in the ability to perceive sound which may range from slight to complete deafness). Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver. Coverage must be provided for a single purchase (including repair and/or replacement) of hearing aids for one or both ears once every three years. *{Note: The three year limit on hearing aids is required for plans but the limit may be removed or modified so that coverage is more favorable.}* Bone anchored hearing aids must be covered only if an insured has either of the following: • Craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or • Hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Coverage must be provided for one hearing aid per ear during the period of time the insured is enrolled. Replacements and/or repairs for a bone anchored hearing aid are Covered only for malfunctions. *{Drafting Note: The limit on hearing aids is required for plans but this limit may be removed or modified so that coverage is more favorable.}* Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 33-34
Hospice Care Model Language Used? Yes ☒ No ☐	§3221(l)(10) §4303(o) 45 CFR § 156.100 Model Language	This policy or contract form provides Hospice Care to Member who has been certified by his or her primary attending physician as having a life expectancy of six months or less which is provided by a hospice organization certified pursuant to Article 40 of the Public Health Law or under a similar certification process required by the state in which the hospice is located. Coverage will include inpatient hospice care in a hospital or hospice and home care and outpatient services provided by the hospice, including drugs and medical supplies. Coverage is provided for 210 days of hospice care. This policy or contract form will also cover five visits for supportive care and guidance for the purpose of helping the Member and the Member's immediate family cope with the emotional and social issues related to the Member's death.	Form #01-0006-2014; page 34

		Hospice care will be covered only when provided as part of a Hospice Care program certified pursuant to Article 40 of the N.Y. Public Health Law. If care is provided outside New York State, the Hospice must have an operating license issued by the state in which the hospice is located under a certification process that is similar to that used in New York. Coverage is not provided for: funeral arrangements; pastoral, financial, or legal counseling; homemaker, caretaker, or respite care. Such coverage may be subject to deductibles, copayments and/or coinsurance deemed appropriate by the Superintendent and as are consistent with those imposed on other benefits. *Note: A plan must cover 210 days of hospice care; however plans can cover more than 210 days.*	
Prosthetics Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	External Prosthetic Devices**:** This policy or contract form provides coverage for prosthetic devices (including wigs) that are worn externally and that temporarily or permanently replace all or part of an external body part that has been lost or damaged because of an injury or disease. Coverage is limited to one external prosthetic device per limb per lifetime. Replacements are covered for children for devices that have been outgrown. *Note: The limit on prosthetic devices is required for plans, but the limit may be removed or modified so that coverage is more favorable.* Internal Prosthetic Devices**:** This policy or contract form provides coverage for surgically implanted prosthetic devices and special appliances if they improve or restore the function of an internal body part which has been removed or damaged due to disease or injury. This includes implanted breast prostheses following a mastectomy or partial mastectomy in a manner determined by the insured and his/her attending physician to be appropriate. Coverage also includes repair and replacement due to normal growth or normal wear and tear. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 34-35
Hospital Services Model Language Used? Yes ☒ No ☐	11NYCRR52.5 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for inpatient Hospital services for acute care, for an illness, injury or disease of a severity that must be treated on an inpatient basis including: • Semiprivate room and board; • General, special, and critical nursing care; • Meals and special diets; • The use of operating, recovery, and cystocopic rooms and equipment; • The use of intensive care, special care, or cardiac care units and equipment; • Diagnostic and therapeutic items, such as drugs and medications, sera, biologicals and vaccines, intravenous preparations and visualizing dyes and administration, but not including those which are not commercially available for purchase and readily obtainable by the hospital; • Dressings and plaster casts; • Supplies and the use of equipment in connection with oxygen, anesthesia, physiotherapy,	Form #01-0006-2014; page 35

		chemotherapy, electrocardiographs, electroencephalographs, X-ray examinations and radiation therapy, laboratory and pathological examinations; • Blood and blood products except when participation in a volunteer blood replacement program is available • Radiation therapy, inhalation therapy, chemotherapy, pulmonary rehabilitation, infusion therapy and cardiac rehabilitation; • Short-term physical, speech and occupational therapy; and • Any additional medical services and supplies which are customarily provided by hospitals. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
Maternity Care Model Language Used? Yes ☒ No ☐	§3221(k)(5) 4303(c) Model Language	This policy or contract form includes coverage for maternity care, to the same extent as coverage is provided for illness or disease under the policy or contract. Such coverage, other than for perinatal complications, includes inpatient hospital coverage for mother and newborn for at least 48 hours after childbirth for any delivery other than a caesarean section, and for at least 96 hours following a caesarean section. Such coverage may be subject to deductibles, copayments and/or coinsurance. The mother has the option to be discharged earlier than the time periods listed above, and, in such cases, is entitled to one home care visit in addition to any home care provided under §3221(k)(1), or 4303(a)(3). Such home care is not subject to deductibles, copayments and/or coinsurance. Maternity coverage also includes coverage of the services of a midwife licensed pursuant to Article 140 of the Education Law, practicing consistent with a collaborative relationship with a physician or a hospital licensed pursuant to Article 28 of the Public Health Law, consistent with the requirements Education Law §6951. Maternity coverage also includes parent education, training in breast or bottle feeding and the performance of any necessary maternal and newborn clinical assessments. The cost of renting one breast pump per pregnancy in conjunction with childbirth is covered in full. Such coverage may be subject to deductibles, copayments and/or coinsurance as deemed appropriate by the Superintendent and as are consistent with other benefits within the policy or contract form.	Form #01-0006-2014; page 36
Autologous Blood Banking Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for autologous blood banking services when they are being provided in connection with a scheduled, covered inpatient procedure for the treatment of a disease or injury. In such instances, this policy or contract form will cover storage fees for what are determined to be a reasonable storage period that is appropriate for having the blood available when it is needed. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 36
Inpatient Rehabilitative Services Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form includes coverage for Rehabilitation Services including physical therapy, speech therapy, and occupational therapy for up to one consecutive 60-day period, per condition, per lifetime in a Rehabilitation Facility. *Note: Plans must cover 60 days; however plans may exceed the required 60 day, and also may*	Form #01-0006-2014; page 36

Is this benefit being substituted? Yes ☐ No ☒ Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Languagebenefit in the space provided.		*remove the "per condition" and/or "per lifetime" limit.* Such coverage may be subject to deductibles, copayments and/or coinsurance. *For the purposes of this benefit, "per condition" means the disease or injury causing the need for the therapy.*	
Benefit explanation:			
Skilled Nursing Facility Model Language Used? Yes ☒ No ☐	§3221(l)(2) §4303(d) 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for services provided in a Skilled Nursing Facility, including care and treatment in a semi-private room, for up to 200 days, per Calendar Year, for non-custodial care. Custodial, convalescent or domiciliary care is not covered. *Note: Plans must cover 200 days, but may cover more than 200 days.* Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 36-37
End of Life Care Model Language Used? Yes ☒ No ☐	§4805 PHL §4406-e 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for acute care provided in a licensed Article 28 facility or acute care facility that specializes in the care of terminally ill patients if the subscriber is diagnosed with advanced cancer and has fewer 60 days to live.	Form #01-0006-2014; page 37
MENTAL HEALTH CARE AND SUBSTANCE USE SERVICES			
Inpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	§3221(l)(5) §4303(g) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act	This policy or contract form provides coverage for inpatient Mental Health Care services relating to the diagnosis and treatment of mental, nervous and emotional disorders at least equal to the coverage provided for other health conditions under this policy or contract. Coverage for inpatient services for mental health care is limited to facilities as defined by New York Mental Hygiene Law § 1.03(10). Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, small group health policies or contracts that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental*	Form #01-0006-2014; page 37-38

	of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	*health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	
Outpatient Mental Health Care Services Model Language Used? Yes ☒ No ☐	3221(l)(5) §4303(g) §4303(h) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient mental health care services including, but not limited to, partial hospitalization program and intensive outpatient program services, relating to the diagnosis and treatment of mental, nervous and emotional disorders. Such coverage is limited to facilities that have an operating certificate issued pursuant to Article 31 of the New York Mental Hygiene Law; a facility operated by the Office of Mental Health; services provided by a psychiatrist or psychologist licensed to practice in this state; a licensed clinical social worker who meets the requirements of Ins. Law §§ 3221(l)(4)(D), 4303(h)(1); or a professional corporation or a university faculty practice corporation thereof. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policy or contract forms from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	Form #01-0006-2014; page 38
Inpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(6) §4303(k) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343	This policy or contract form provides coverage for inpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. This includes coverage for detoxification and/or rehabilitation services as a consequence of chemical use and/or substance use. Inpatient Substance Use services are limited to facilities in New York which are certified by the Office of Alcoholism and Substance Abuse Services (OASAS), and in other states, to those which are accredited by the Joint Commission as alcoholism, substance abuse or chemical dependence treatment programs. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial*	Form #01-0006-2014; page 38

	45 CFR 146.136 45 CFR § 156.100 Model Language	*requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.*	
Outpatient Substance Use Services Model Language Used? Yes ☒ No ☐	§3221(l)(7) §4303(l) Circular Letter No. 20 (2009) Supplement No. 1 to Circular Letter No. 20 (2009) Federal Mental Health Parity Addiction Equity Act of 2008 (MHPAEA) Public Law 110-343 45 CFR 146.136 45 CFR § 156.100 Model Language	This policy or contract form provides coverage for outpatient substance use services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Such coverage is limited to facilities in New York State, certified by the Office of Alcoholism and Substance Abuse Services (OASAS) or licensed by OASAS as outpatient clinics or medically supervised ambulatory substance abuse programs or by physicians who have been granted a waiver pursuant to the Drug Addiction and Treatment Act of 2000 to prescribe Schedule III, IV and V narcotic medications for the treatment of opiod addiction during the acute detoxification stage of treatment or during stages of rehabilitation, and, in other states, to those accredited by the Joint Commission as alcoholism or chemical dependence treatment programs. Coverage is also available in a professional office setting for outpatient substance use services related to the diagnosis and treatment of alcoholism and/or substance use and/or dependency. Coverage must also be provided for up to 20 outpatient visits for family counseling. A family member will be deemed to be covered, for the purposes of this provision, so long as that family member (i) identifies himself or herself as a family member of a person suffering from substance use and/or dependency, and (ii) is covered under the same family policy or contract that covers the person receiving, or in need of, treatment for Substance Use, and/or Dependence. Payment for a family member should be the same amount regardless of the number of family members who attend the family therapy session. Such coverage may be subject to deductibles, copayments and/or coinsurance in accordance with MHPAEA. *Note: The insurer may not deny coverage to a family member who identifies himself or herself as a family member of a person suffering from substance abuse or dependency and who seeks treatment as a family member who is otherwise covered by the policy or contract. The coverage provided under this statute includes treatment as a family member pursuant to such family member's own policy or contract provided such family member does not exceed the allowable number of family visits and is otherwise entitled to the coverage pursuant to this mandate.* *Under MHPAEA, group health policy or contract forms that provide both medical and surgical benefits and mental health or substance use disorder benefits shall ensure that the financial requirements (cost sharing) and treatment limitations (day/visit limits) applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial*	Form #01-0006-2014; page 38-39

		requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the policy or contract form. The MHPAEA also prohibits such policies or contracts from imposing separate cost sharing requirements or treatment limitations on mental health or substance use disorder benefits. Further, if the policy or contract form provides coverage for out-of-network services, such policy or contract must provide coverage for out-of-network services for the treatment of mental health conditions and substance use disorder consistent with the federal law.	
PRESCRIPTION DRUGS			
Prescription Drugs Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers prescription drugs that, except as specifically provided otherwise, can be dispensed only pursuant to a prescription and that are required by law to bear the legend "Caution – Federal Law prohibits dispensing without a prescription" so long as they are FDA approved, ordered by a provider authorized to prescribe, prescribed within the approved FDA administration and dosing guidelines, and are dispensed by a Pharmacy. This policy or contract form covers at least the greater of one drug in every United States Pharmacopia Category and Class; or the same number of prescription drugs in each category and class as the benchmark plan. This policy or contract form may have up to a three tier cost-sharing plan design. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 39-46
Enteral Formulas Model Language Used? Yes ☒ No ☐	§3221(k)(11) §4303(y) OGC Opinion 10-12-03 Model Language	This policy or contract form provides coverage for enteral formulas for home use for which a physician or other licensed health care provider legally authorized to prescribe under Title 8 of the Education Law has issued a written order. The order must state that the formula is medically necessary and has been proven effective as a disease-specific treatment regimen for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic physical disability, mental retardation or death. Specific diseases that enteral formulas are effective for include, but are not limited to: inherited amino-acid or organic acid metabolism; Crohn's Disease; gastroesophageal reflux with failure to thrive; disorders of gastrointestinal motility such as chronic intestinal pseudo-obstruction; and multiple, severe food allergies which if left untreated will cause malnutrition, chronic physical disability, mental retardation or death. Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include coverage of modified solid food products. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 39; 45
Off-Label Cancer Drug Usage Model Language Used? Yes ☒ No ☐	§3221(l)(12) §4303(q) Model Language	This policy or contract form may not exclude, or deny, prescription drug coverage because the drug is being prescribed to treat a type of cancer for which the FDA has not approved the drug. The drug must be recognized for treatment of the specific type of cancer for which it has been prescribed in one of the following reference compendia: the American Hospital Formulary Service-Drug Information; National Comprehensive Cancer Networks Drugs and Biologics Compendium; Thomson Micromedex DrugDex; Elsevier Gold Standard's Clinical Pharmacology; or other authoritative compendia as identified by the Federal Secretary of Health and Human Services or the Centers for Medicare and Medicaid Services; or recommended by review article or editorial comment in a major peer reviewed professional journal.	Form #01-0006-2014; page 39-40
Usual and Customary Cost	§4325(h)	Copayments relating to prescription drugs shall not exceed the usual and customary cost of such	

of Prescribed Drugs Model Language Used? Yes ☒ No ☐	PHL §4406-c(6) Model Language	prescribed drug.	Form #01-0006-2014; page 40-41
Prohibition for Tier IV Drugs	§3221(a)(16) §4303(gg) PHL §4406-c(7)	The policy or contract form shall not impose cost-sharing (copayment, coinsurance and deductible) for any prescription drug that exceeds the cost-sharing for non-preferred brand drugs or its equivalent (or brand drugs if there is no non-preferred brand drug category).	There are no tier-IV provisions in this contract
Eye Drops Model Language Used? Yes ☒ No ☐	§3221(k)(17) §4303(hh) Model Language	The policy or contract form shall allow for the limited refilling of eye drop medication requiring a prescription prior to the last day of the approved dosage period. Any refill dispensed prior to the expiration of the approved coverage period shall, to the extent practicable, be limited in quantity so as not to exceed the remaining dosage initially approved for coverage. The limited refilling shall not limit or restrict coverage with respect to any previously or subsequently approved prescription for eye drop medication.	Form #01-0006-2014; page 40
Orally Administered Anticancer Medications Model Language Used? Yes ☒ No ☐	§3221(l)(12-a) §4303(q-1) Model Language	The policy or contract form provides coverage for a prescribed orally administered anticancer medication used to kill or slow the growth of cancerous cells. Such coverage may be subject to deductibles, copayments and/or coinsurance that apply to coverage for intravenous or injected anticancer medications.	Form #01-0006-2014; page 40; 43
Mail Order Drugs for Policies With a Provider Network Model Language Used? Yes ☒ No ☐	§3221(l)(18) §4303(hh) Model Language	If this policy or contract form provides coverage for mail order drugs, then this policy or contract shall permit an insured to fill any prescription that may be obtained at a network participating mail order or other non-retail pharmacy, at the insured's option, at a network participating non-mail order retail pharmacy provided that the network participating non-mail order retail pharmacy agrees in advance, through a contractual network agreement, to the same reimbursement amount and the same terms and conditions that the insurer has established for the network participating mail order or other non-retail pharmacy.	Form #01-0006-2014; page 42
Contraceptive Drugs and Devices Model Language Used? Yes ☒ No ☐	§3221(l)(16) §4303(cc) 42 USC §300gg-13 Model Language	This policy or contract form provides coverage for contraceptive drugs and devices or generic equivalents approved as substitutes by the Federal Food and Drug Administration. For groups that meet the definition of a religious employer in §§3221(l)(16)(A); 4303(cc)(1)(A), the subscriber will have the option to purchase the stand alone contraceptive coverage rider. Contraceptive coverage must be provided with no cost-sharing. *Note: Since the statute refers to contraceptive drugs and devices prescribed by a physician "or other licensed health care provide legally authorized to prescribe under title eight of the education law…," the policy or contract may not limit coverage to contraceptive drug and devices prescribed by a physician.*	Form #01-0006-2014; page 40-41
WELLNESS	45 CFR § 156.100 §3239		
Exercise Facility Reimbursement Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 §3239 Model Language	This policy or contract form partially reimburses the subscriber and the subscriber's covered spouse for certain exercise facility fees or membership fees. If such fees are paid to facilities which maintain equipment and programs that promote cardiovascular wellness and if 50 visits are completed in a 6 month period.	Form #01-0006-2014; page 46-47

Is this benefit being substituted? Yes ☐ No ☒ *Note: If an insurer is substituting for this benefit, the benefit that is substituted must comply with §3239.* Are additional benefits being added to this EHB category? Yes ☐ No ☒ If yes, please explain how this substitution or addition differs from the Model Language benefit in the space provided.		The reimbursement is the lesser of $200.00 for the subscriber and $100.00 for the subscriber's spouse or the actual cost of the membership for a 6 month period. *Note: Plans may offer more comprehensive coverage or may substitute this benefit.*	
Benefit explanation:			
Other Wellness Benefits	45 CFR § 156.100 §3239	Additional Wellness Benefits may be covered. All additional wellness benefits must comply with § 3239 of Insurance Law.	This contract does include additional
VISION CARE	45 CFR § 156.100		
Pediatric Vision Care Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for pediatric vision care including: emergency, preventive and routine vision care for children up to age 19; one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; and prescribed lenses & frames; and contact lenses. Such coverage may be subject to deductibles, copayments and/or coinsurance.	
DENTAL CARE			
Pediatric Dental Care Model Language Used? Yes ☒ No ☐ Is dental coverage being provided by this QHP filing? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form provides coverage for pediatric dental care including the following dental care services for children up to age 19: emergency dental care; preventive dental care; routine dental care; endodontics; prosthodontics; and orthodontics used to help restore oral structures to health and function and to treat serious medical conditions. Such coverage may be subject to deductibles, copayments and/or coinsurance.	Form #01-0006-2014; page 48-49

Explanation:

ADDITIONAL BENEFITS			
Family Vision Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract form provides coverage for vision care including: emergency, preventive and routine vision care; including one vision examination in any twelve (12) month period, unless more frequent examinations are medically necessary as evidenced by appropriate documentation; prescribed lenses & frames; and contact lenses.	Form #01-0006-2014; page 49-50
Orthotics Model Language Used? Yes ☒ No ☐	45 CFR § 156.100 Model Language	This policy or contract form covers orthotic devices that are necessary to: support, restore or protect body function; redirect, eliminate or restrict motion of an impaired body part; or relieve or correct a condition caused by an injury or illness.	Form #01-0006-2014; page 34
Additional Benefits Provided In Policy or Contract, or By Rider Additional Benefits Provided? Yes ☒ No ☐ If additional benefits are provided, please explain in box below.	http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS11 NYCRR 52.1(c)	The policy or contract form may provide new forms of coverage and new ways of reducing health care costs by rider. Innovations should provide health care benefits of real economic value. Innovations should not be designed merely to produce superficial differences or play upon people's fears of particular diseases, be unduly complex and serve to confuse and make intelligent choice more difficult. Benefits which are contrary to the health care needs of the public and only serve to confuse or obfuscate and provide no economic value are prohibited.	

Explanation:
Riders for family planning (religious exempt groups); domestic partner & dependents through age 29 are included in this submission.

Acupuncture		This policy or contract form provides coverage for acupuncture.	Not Covered
MAKE AVAILABLE BENEFITS			
Care in a Nursing Home or Skilled Nursing Facility	§ 3221(l)(2) § 4303(d)	This policy or contract must make available coverage for care in a nursing home, as defined by Public Health Law §2801, or a skilled nursing facility as defined in 42 USC §§1395, when such services are preceded by a hospital stay of at least three days and further hospitalization would otherwise be necessary.	Included in the model language.
Licensed Clinical Social Worker	§ 3221(l)(4) § 4303(i)	If this policyor contract provides reimbursement for psychiatric or psychological services or for the diagnosis and treatment of mental, nervous or emotional disorders and ailments by physicians, psychiatrists or psychologists, the policy or contract must make available and if requested by the policyholder, provide the same coverage to insureds for the such services when performed by a licensed clinical social worker, within the lawful scope of his or her practice, who is licensed pursuant to Article 154 of the Education Law (Education Law § 7700 et seq.).	Form #01-0006-2014; page 5; 31; 38
PERMISSIBLE EXCLUSIONS AND		*No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition, with an exception for the following exclusions.*	Form/Page/Para Reference

LIMITATIONS		*The following exclusions are permissible. A Plan does not need to include all the exclusions. However, if an exclusion is included, the language below must be used.*	
Aviation Model Language Used? Yes ☐ No ☒	11NYCRR52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	Exclusion has been removed
Convalescent and Custodial Care Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(11) Model Language	This policy or contract form excludes coverage for services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be Medically Necessary.	Form #01-0006-2014; page 51
Cosmetic Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(5) 11NYCRR56 Model Language	This policy or contract form excludes coverage for cosmetic services, prescription drugs, or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.	Form #01-0006-2014; page 51
Coverage Outside of the United States, Canada or Mexico Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(12) Model Language	This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico except for services are provided to treat an Emergency Condition.	Form #01-0006-2014; page 51
Dental Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(9) Model Language	This policy or contract form excludes coverage for dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or except as required in the Oral Surgery or Pediatric Dental benefits, as applicable.	Form #01-0006-2014; page 51
Experimental or Investigational Treatment. Model Language Used? Yes ☒ No ☐	§3221(k)(12) § 4303(z) Article 49 Model Language	This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.	Form #01-0006-2014; page 51
Felony Participation Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for any illness, treatment or medical condition due to participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence.	Exclusion has been removed
Foot Care	11NYCRR52.16(c)(6)	This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet, except as	Form #01-0006-2014;

Model Language Used? Yes ☐ No ☐	.Model Language	specifically listed in this policy or contract form.	
Government Facility Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.	Form #01-0006-2014; page 51
Medically Necessary Model Language Used? Yes ☐ No ☐	§3201(c)(3) Article 49 Model Language	This policy or contract form generally excludes coverage for any health care service, procedure, treatment, device or prescription drug that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an External Appeal Agent certified by the State.	Form #01-0006-2014; page 51-52
Medicare or Other Governmental Program Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).	Form #01-0006-2014; page 52
Military Service Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.	Form #01-0006-2014; page 52
No-Fault Automobile Insurance Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.	Form #01-0006-2014; page 52
Services Separately Billed by Hospital Employees Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.	Form #01-0006-2014; page 52
Services Provided by a Family Member Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services performed by a member of the Covered person's immediate family. "Immediate family" shall mean a: child, spouse, mother, father, sister, or brother of the insured or the insured's spouse.	Form #01-0006-2014; page 52
Services With No Charge Model Language Used? Yes ☐ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services for which no charge is normally made.	Form #01-0006-2014; page 52
Services not Listed	§3201(c)(3) Model Language	This policy or contract form excludes coverage for services that are not listed in the policy or contract form as being covered.	Form #01-0006-2014;

Model Language Used? Yes ☒ No ☐			
Vision Services Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(10) Model Language	This policy or contract form excludes coverage for the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the pediatric vision benefit.	Form #01-0006-2014; page 52
Workers' Compensation Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(8) Model Language	This policy or contract form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.	Form #01-0006-2014; page 52
War Model Language Used? Yes ☒ No ☐	11NYCRR52.16(c)(4)(i) Model Language	This policy or contract form excludes coverage for an illness, treatment or medical condition due to war, declared or undeclared.	Form #01-0006-2014; page 52
CLAIM DETERMINATION			Form/Page/Para Reference
Notice of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(8) Model Language	The policy or contract form provides that the insured has to provide the insurer with written notice of claim as applicable. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	Form #01-0006-2014; page 53
Submission of Claim Model Language Used? Yes ☒ No ☐	§3221(a)(9) §4305(m) Model Language	The policy or contract must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.	Form #01-0006-2014; page 53
GRIEVANCE, UTILIZATION REVIEW & EXTERNAL APPEALS			Form/Page/Para Reference
Grievance Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(7) §3217-d(a) §4802 §4324(a)(7) §4306-C(a) PHL §4408(1)(p) PHL § 4408-a 42 USC §00gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	A policy or contract form that is a managed care product as defined in §4801(c), or a comprehensive policy that utilizes a network of providers, or a HMO, shall include a description of the grievance procedure to be used to resolve disputes between the insurer and the insured, including: • the right to file a grievance regarding any dispute between an insured and the insurer; • the right to file a grievance orally when the dispute is about referrals or covered benefits; • the toll-free telephone number which insureds may use to file an oral grievance; • the timeframes and circumstances for expedited and standard grievances; • the right to appeal a grievance determination and the procedures for filing such an appeal; • the timeframes and circumstances for expedited and standard appeals; • the right to designate a representative; • a notice that all disputes involving clinical decisions will be made by qualified clinical personnel; and, • that all notices of determination will include information about the basis of the decision and further appeal rights, if any.	Form #01-0006-2014; page 55-57

Utilization Review Policies and Procedures Model Language Used? Yes ☒ No ☐	§3217-a(a)(3) §4324(a)(3) Article 49 PHL § 4408(1)(c) 42 USC §300gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language	This policy or contract form includes a description of the utilization review policies and procedures, including: • The circumstances under which utilization review will be undertaken; • the toll-free telephone number of the utilization review agent; • the timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • the right to reconsideration; • the right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • the right to designate a representative; • a notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • a notice of the right to an external appeal, together with a description, jointly promulgated by the commissioner of health and superintendent of insurance, of the external appeal process and the timeframes for such appeals; and • further appeal rights, if any.	Form #01-0006-2014; page 57-61
External Appeal Procedures Model Language Used? Yes ☒ No ☐	Article 49 PHL Article 49 45 CFR §147.136 42 USC §300gg-19 Model Language	This policy or contract form includes a description of the external appeal procedures, including: • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary; experimental/investigational, including clinical trials and treatment for rare diseases; and for managed care health insurance contracts as defined as §4801(c), and HMOs, out-of-network denials when the service is not available in-network and the insurer recommends an alternate treatment); and • The timeframe for submitting an external appeal.	Form #01-0006-2014; page 61-64
COORDINATION OF BENEFITS Model Language Used? Yes ☒ No ☐	11 NYCRR 52.23 Model Language	If the policy or contract form contains a coordination of benefits provision, then it must comply with 11 NYCRR 52.23.	Form/Page/Para Reference
TERMINATION OF COVERAGE Model Language Used? Yes ☒ No ☐	Model Language	*The following are the only termination provisions permissible under the Insurance Law.*	Form/Page/Para Reference
Notice of Termination	11 NYCRR 52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	Form #01-0006-2014;
Termination for Failure to Pay Premiums	§3221(p)(2)(A) §4305(j)(2)(A)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions within 30 days of when premiums are due in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.	Form #01-0006-2014; page 68
Termination for Fraud	§3221(p)(2)(B)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the	

	§4305(j)(2)(B) §3105	group or a subscriber has performed an act or practice that constitutes fraud or made an intentional misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.	Form #01-0006-2014; page 68
Termination for Failure to Comply With a Material Plan Provision	§3221(p)(2)(C) §4305(j)(2)(C)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to terminate coverage if the group has failed to comply with a material plan provision relating to employer contribution or group participation rules, as permitted in §4235.	Form #01-0006-2014; page 68
Discontinuation of a Class of Coverage	§3221(p)(2)(D); §3221(p)(3)(A) §4305(j)(2)(D) §4305(j)(3)(A)	This policy or contract form includes a provision permitting the insurer to discontinue this class of policy or contract upon written notice to each group, participant, and beneficiary not less than 90 days prior to the date of discontinuance. The insurer must offer groups the option to purchase all other hospital, surgical, and medical expense coverage currently being offered by the insurer to a group in such market and in exercising the option to discontinue coverage of this class, the insurer must act uniformly without regard to the claims experience of those groups or any health status-related factor relating to any insureds covered or new insureds who may become eligible for such coverage.	Form #01-0006-2014; page 68
Discontinuation of all Policies/Contracts in the Small Market	§3221(p)(2)(D); §3221(p)(3)(B) §4305(j)(2)(D) §4305(j)(3)(B)	This policy or contract form (other than a HMO) includes a provision permitting the insurer to discontinue all hospital, surgical and medical expense coverage in the small group market upon written notice to the superintendent and to each group, participant, and beneficiary at least 180 days prior to the date of discontinuance.	Form #01-0006-2014; page 68
Termination for Failure to Meet Requirements of Group	§3221(p)(2)(E); §4235(c)(1) §4305(j)(2)(E)	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group ceases to meet the requirements of a group under §4235. Coverage terminated pursuant to this provision shall be done uniformly without regard to any health status factor relating to any individual.	Form #01-0006-2014; page 69; #12
Termination if there are No Longer Insureds in the Insurer's Service Area	§3221(p)(2)(F) §4305(j)(2)(F)	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	Form #01-0006-2014; page 69; #13
Termination for Spouses in cases of divorce		This policy or contract form provides that in cases of divorce, coverage for the Spouse shall terminate as of the date of the divorce.	Form #01-0006-2014;
Termination upon death of Subscriber		This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.	Form #01-0006-2014; page 68; #3
Termination by Subscriber		This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.	Form #01-0006-2014; page 68; #6
Rescission Model Language Used? Yes ☒ No ☐	§3105 §3204 42 USC §300gg-12 45 CFR §147.128 Model Language	No misrepresentation shall avoid coverage or defeat any recovery there under unless the insured makes a misrepresentation that is material and intentional. This policy or contract form may include a provision that in the event a subscriber makes an intentional misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage. Notification must be given to the insured 30 calendar days prior to cancellation.	Form #01-0006-2014; page 68; #7
Renewal	§3221(p) §3221(a)(5) 4305(j) 11 NYCRR 52.18(c)	This policy or contract provides that except as specified in §3221(p), or §4305(j) the insurer must renew or continue in force such coverage at the option of the group. The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	Form #01-0006-2014; page 77; #18

Premiums	§3221(a)(4)	The policy or contract form must provide that premiums are to be paid to the insurer by the employer or such other person designated, by the due date, with a grace period as specified.	Form #01-0006-2014;
LOSS OF COVERAGE			Form/Page/Para Reference
Extension of Benefits Model Language Used? Yes ☒ No ☐	11 NYCRR 52.18(b)(4); (5); and (6) Model Language	This policy or contract form provides that when coverage under this policy or contract form ends, benefits will be provided during a period of total disability for a hospital stay commencing, or surgery performed, within 31 days from the date coverage ends. The hospital stay or surgery must be for the treatment of the injury, sickness, or pregnancy causing the total disability. If the covered persons' coverage terminates by reason of the termination of active employment, an extended benefit will be proved during a period of total disability for up to 12 months from the date coverage ends for covered services to treat the injury, sickness, or pregnancy that caused the total disability, unless these services are covered under another group health plan.	Form #01-0006-2014; page 70
Continuation Coverage Model Language Used? Yes ☒ No ☐	§3221(e)(11) §3221(m) §4305(e) COBRA, Title X of Public Law 99-272 Model Language	This policy or contract form contains a provision regarding continuation coverage. §§3221(m) and 4305(e) provide continuation coverage in circumstances when federal COBRA requirements do not apply, including for groups under 20 and upon application of the employee or member to continue hospital, surgical or medical expense insurance for himself or herself and his or her eligible dependents. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group. The Insurance Law permits the group to charge an additional 2% administrative fee for continued coverage. The continuation benefits terminate: • 36 months after the date the employee or member's benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person's benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy or contract. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage. • The end of the period for which premiums were made if the employee or member fails to make timely payment.	Form #01-0006-2014; page 71-73
Young Adult Option Model Language Used? Yes ☒ No ☐	§3221(r) §4305(l) Model Language	This policy or contract form provides notice of a young adult's right, through the age of 29 (up to age 30), to independently purchase coverage through a parent group member's policy or contract, regardless of whether the parent's coverage includes coverage for dependents, as described in 3221(r), and/or 4305(l). If a young adult or the young adult's parent elects this coverage, the young adult is	Form #01-0006-2014; page 73; #7

		issued a separate individual policy or contract. The insurer must comply with the notice requirements to each employee or member as set forth in 3221(r), and/or 4305(l).	
Suspension of Coverage Model Language Used? Yes ☒ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) USERRA, 38 USC §4317 Model Language	This policy or contract form provides that: • Any covered persons who are also members of a reserve component of the armed forces of the United States, including the National Guard, shall be entitled, upon request, to have their coverage suspended during a period of active duty. • The insurer will refund any unearned premiums for the period of the suspension. • Persons covered by this policy or contract shall be entitled to resumption of coverage, upon written application and payment of the required premium within 60 days after the date of termination of the period of active duty. • Coverage shall be retroactive to the date of termination of the period of active duty. • No exclusion or waiting period may be imposed for any condition unless the condition arose during the period of active duty and the condition has been determined by the Secretary of Veterans Affairs to be a condition incurred in the line of duty or a waiting period had been imposed and was not completed at the time of suspension.	Form #01-0006-2014; page 72-73
Supplementary Coverage for Employees or Members who are also members of the reserve components of the armed services or the National Guard Model Language Used? Yes ☒ No ☐	§3221(n) §§4305(g); (h) Circular Letter No. 7 (2003) Model Language	If the group does not choose to voluntarily maintain coverage for any employee or member of when they enter active duty, then such member or employee shall be entitled to continuation or conversion coverage.	Form #01-0006-2014; page 72-73
Conversion - Right to a New Contract After Termination Model Language Used? Yes ☒ No ☐	§3221(e) §4303(d)	This policy or contract form provides that if the employee under the group contract ceases to be covered because of termination of coverage because of: (1) termination for any reason of his employment, or (2) termination for any reason whatsoever of the group policy or contract itself, unless the group policy or contract holder has replaced the group policy or contract with similar and continuous coverage for the same group, such employee shall be entitled to a new policy or contract as a direct pay member, covering such member and his eligible dependents. Conversion must also be made available, upon the death of the employee, to the surviving spouse and dependents, and the former spouse of the employee upon the divorce or annulment of the marriage to the employee or member. Conversion must also be made available to a child covered under the contract who reaches the age limiting coverage under the group contract or whose young adult coverage terminates. The policy or contract form provides that the employee or his eligible dependents must request conversion within sixty days of the termination of the group coverage at which time they will be offered an individual direct pay contract at each level of coverage (i.e., bronze, silver, gold or	Form #01-0006-2014; page 73-74

		platinum) that covers all benefits required by state and federal law. The employee or his eligible dependents must also pay the first premium of the new contract at the time they apply for coverage. Conversion is not available if the issuance of the new policy or contract will result in overinsurance or duplication of benefits according to the standards the issuer has on file with the Superintendent of the New York State Department of Financial Services.	
GENERAL PROVISIONS			Form/Page/Para Reference
Incontestability Model Language Used? Yes ☒ No ☐	§3221(a)(1) Model Language	The policy or contract form must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	Form #01-0006-2014; page 76; #11
Changes Model Language Used? Yes ☒ No ☐	§3221(a)(2) Model Language	The policy or contract form must provide that no agent has the authority to change the policy or contract or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy or contract, or by amendment to the policy or contract signed by the group and insurer.	Form #01-0006-2014; page 75; #3
Action in Law or Equity Model Language Used? Yes ☒ No ☐	§3221(a)(14) Model Language	The policy or contract must provide that no action in law or equity shall be brought to recover on the policy or contract prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy or contract and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy or contract.	Form #01-0006-2014; page 78; #24
Subrogation Model Language Used? Yes ☒ No ☐	General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a) Model Language	Although not required, if a subrogation provision is included in this policy or contract form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).	Form #01-0006-2014; page 78; #23
Unilateral Modification Model Language Used? Yes ☒ No ☐	11NYCRR52.18(a)(8) Model Language	Unilateral modifications by an insurer to an existing policy or contract must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.	Form #01-0006-2014; page 74; #3
Non-English Speaking Insureds Model Language Used? Yes ☒ No ☐	§3217-a(a)(15) §4324(a)(15) PHL §4408(1)(p) Model Language	This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.	Form #01-0006-2014; page 79; #25
SCHEDULE OF BENEFITS Model Language Used? Yes ☒ No ☐	Model Language	This policy or contract must contain a Schedule of Benefits. All services subject to preauthorization must be clearly indicated in the Schedule of Benefits.	Form/Page/Para Reference
Prohibition on Lifetime	§3217-f	The policy or contract form may not include a lifetime limit on essential health benefits. Essential	

Dollar Limits Model Language Used? Yes ☒ No ☐	42 USC §300gg-11 45 CFR §147.126 Model Language	health benefits are: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorders, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; pediatric services, including oral and vision care.	There are no lifetime dollar limits in this contract.
Limitations on Annual Dollar Limits Model Language Used? Yes ☒ No ☐	§3217-f §4306-e 42 USC §300gg-11 45 CFR §147.126 Model Language	The policy or contract form may not impose "restricted" annual dollar limits for essential health benefits.	There are no annual dollar limits in this contract.
Insured's Financial Responsibility for Payment	§3217-a(a)(5) §4324(a)(5) PHL §4408(1)(e)	This policy or contract form includes a description of the insured's financial responsibility for payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured's financial responsibility, caps on payments for covered services and financial responsibility for non-covered health care procedures, treatment or services.	Notations for the member's financial responsibility are
ADDITIONAL RIDERS			
Out-of-Network Coverage Model Language Used? Yes ☐ No ☒ If Out-of-Network coverage is offered please answer the following: Out-of-Network coverage in the base policy/contract or by rider? Policy/Contract ☐ Rider ☒	Model Language	If Out-of-Network coverage has been selected, this policy or contract form provides benefits for covered services that are received from Out-of-Network providers and have not been approved by the insurer to be covered on an in-network basis. Out-of-Network coverage may be provided in the base policy or contract, or by rider. *Note: The Department will not permit more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	
Extended Dependent Coverage Model Language Used? Yes ☒ No ☐	§4235(f)(1)(B) §4305(c)(1) Model Language	For Parent and Child/Children and/or Family coverage , this policy or contract form must make available and if requested by the group, provide coverage for unmarried children through the age of 29 (up to age 30); regardless of financial dependence; who are not insured by or eligible for coverage under an employer-sponsored health benefit plan covering them as an employee or member, whether insured or self-insured; and who live, work or reside in New York State or the service area of the insurer. The company must comply with the notice requirements set forth in §§ 4235(f) or 4305(c)(1).	Available via rider.
Contraceptive Drugs and Devices and Family Planning Services	§3221(l)(16)	This policy or contract form includes a rider for situations when a Group has elected not to purchase coverage for contraceptive drugs or devices pursuant to the religious employer exemption pursuant to §§3221(l)(16)(A); 4303(cc)(1)(A). In accordance with law, if elected by an insured, this Rider amends the policy or contract and provides coverage for contraceptive drugs or devices or generic equivalents approved as substitutes by the federal food and drug administration and provides coverage for family planning services.	Available via rider.

PROVIDER NETWORKS Has network been submitted to and/or approved by the Department of Health or the Exchange? Yes ☒ No ☐ If yes, please indicate the name of the network, the network ID number, and the dates that the network was submitted to and/or approved by the Department of Health or the Exchange. Network Name: Network ID #: Date Submitted: Date Approved:	§3201(c)	If the insurance (other than HMO) policy or contract will be used in conjunction with a provider network, please identify in the adjacent box whether the insurer is using the same network that was submitted to and/or approved by the Department of Health and/or the Exchange. Please indicate the network name and network ID number and include the date that the network was submitted to and/or approved by the Department of Health and/or the Exchange. If the network differs in any respect from that which was submitted to and/or approved by the Department of Health and/or the Exchange, please provide details on how the network differs in the Supporting Documentation Tab in SERFF. This includes, but is not limited to, detailing the providers and specialty types in each county that differ from the network that was submitted to and/or approved by the Department of Health and/or the Exchange . In addition, the following items or information must be submitted as part of this filing: • Participating provider directory; • Whether the provider network is capitated; • Provider selection criteria; • Quality assurance procedures; • Breakdown of geographic service area by county; • The underlying assumptions for the network regarding ratios of providers to insureds, the travel times and distances to participating providers; • Sample participating provider agreement; and, • Listing of providers by specialty type by county. *Note: The Department will not permit more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.*	
ACTUARIAL SECTION FOR <u>NEW PRODUCT</u> RATE FILINGS ONLY		**PLEASE NOTE: A new and detailed set of instructions "Instructions for the Submission of 2014 Premium Rates for SHOP On-Exchange Plans and Off-Exchange Plans" has been posted on the Department website and on SERFF.** *Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (**select one**)* ☐ *The submission contains only application forms, disclosure statements, and/or advertising, OR* ☐ *The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR* ☐ *The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.* *For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.*	
ACTUARIAL	11NYCRR52.40(a)(1)	Actuarial qualifications:	

MEMORANDUM		a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	§3221 11NYCRR52.40(e) 11NYCRR360.10 11NYCRR360.11 §3231(e)(1)(B) §4308(c)(3)(A)	Small Group: a. Provide community rated rating methodology and assumptions used in calculating rates. b. Provide rating methodology and assumptions used in rate calculation for mental health coverage provided pursuant to §3221(l)(5). c. Actuarial justification for the use of claim costs and other assumptions. d. Non-claim expense components as a percentage of gross premium. e. Expected loss ratio 84.9 %.	1 Actuarial Memorandum - SG HMO Off-Exchange
Loss Ratios	§3231(e)(1)(B) §4308(c)(3)(A)	Expected loss ratio(s) – with actuarial justification	1 Actuarial Memorandum -
Reserve Basis	11NYCRR94	Description of bases for unpaid claim liabilities and extra reserves (if any).	1 Actuarial Memorandum -
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	2. Actuarial Certification - SG Off Exchange
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: 84.9 %.	2. Actuarial Certification - SG Off Exchange
GROUP RATE MANUAL	11NYCRR52.40(e)(2) §3231(e)(1)(B) §4308 (c)(3)(A)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		*Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.* *(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)*	F

ACTUARIAL MEMORANDUM	11NYCRR52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or Member of the American Academy of Actuaries; and b. Meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	
Justification of Rates	11NYCRR52.40(e)	a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes.	
Actuarial Certification	11NYCRR52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans". c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	§3231(e)(1)(B) §4308(c)(3)(A)	The expected loss ratio is: _____ %.	
REVISED RATE MANUAL PAGES	11NYCRR52.40(e)(2)	a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s).	

Small Group Age 29 Rider HMO OFF clean [Compatibi... | Header & Footer Tools

Home | Insert | Page Layout | References | Mailings | Review | View | Acrobat | Design

The young adult need not live with or be financially dependent upon You or be a student in orde

The young adu e under this rider.

The terms of th ed shall remain in full force and effect, except as amer

Plan, Inc.

Readability Statistics

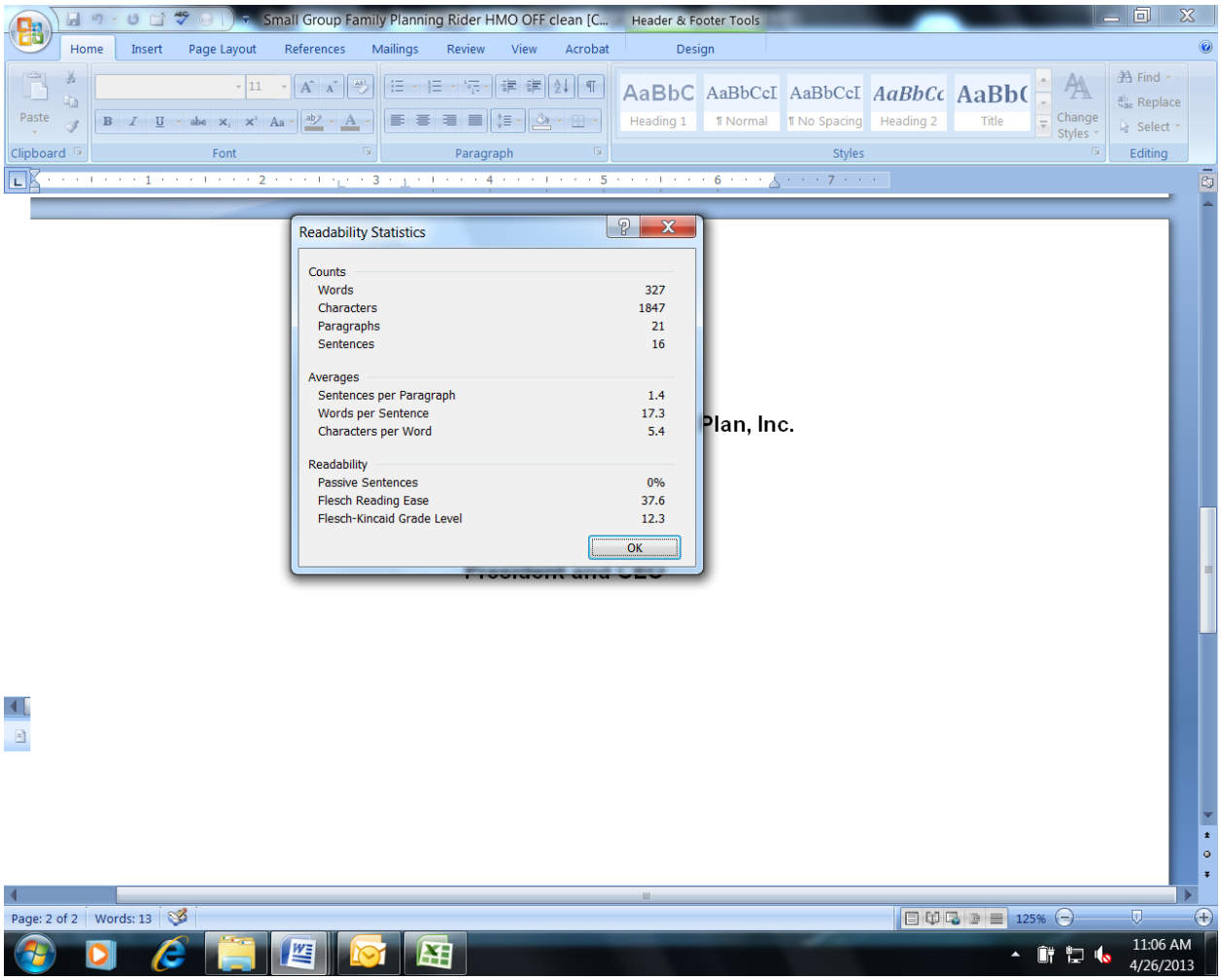
Counts	
Words	245
Characters	1245
Paragraphs	19
Sentences	10
Averages	
Sentences per Paragraph	1.2
Words per Sentence	15.3
Characters per Word	4.9
Readability	
Passive Sentences	20%
Flesch Reading Ease	53.0
Flesch-Kincaid Grade Level	9.6

OK

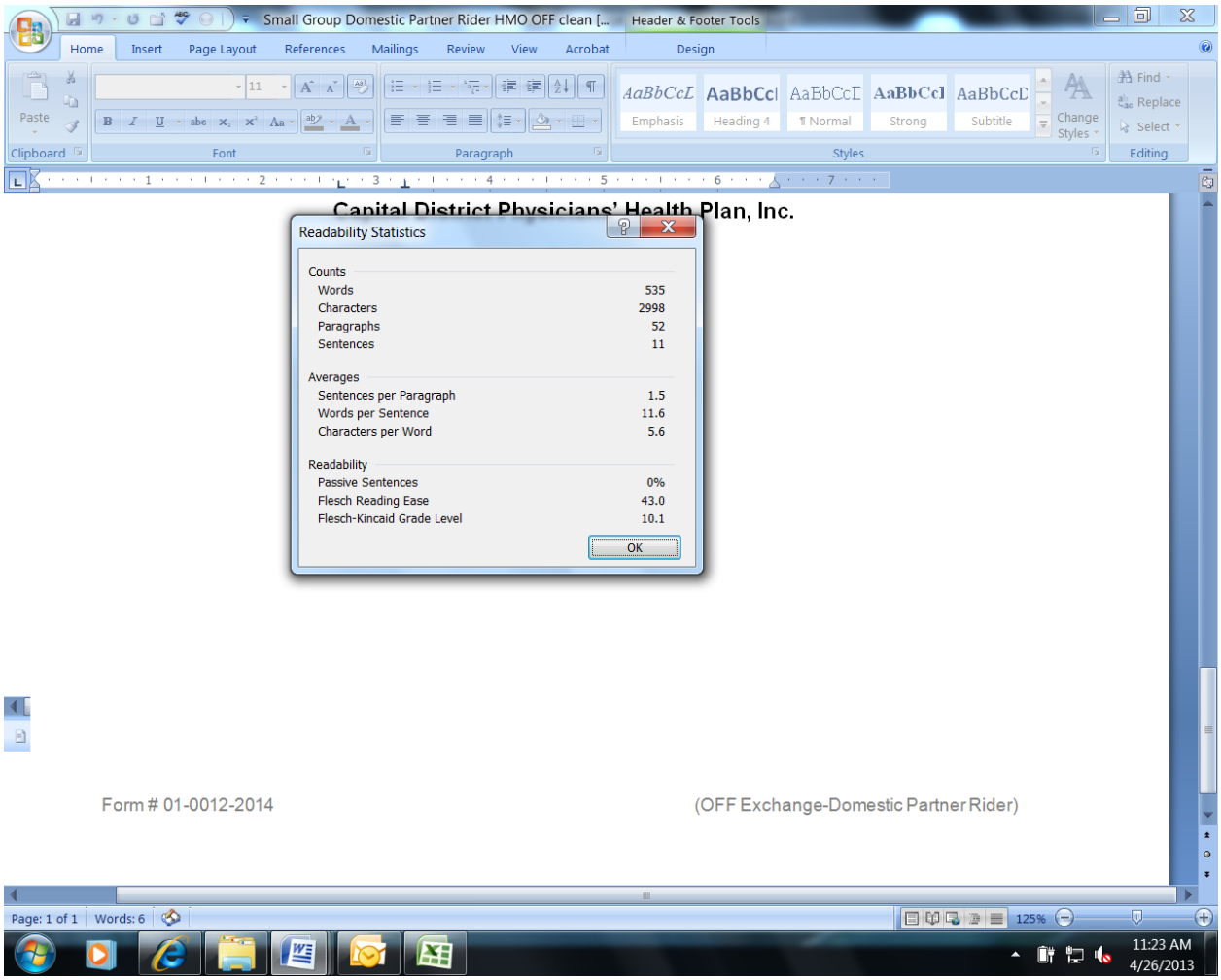
John D. Bennett, MD
President and CEO

Form # 01-0011-2014 (OFF Exchange-Age 29 Rider)

Page: 1 of 1 | Words: 243 | 135% | 10:37 AM 4/26/2013



As stated on the enclosed readability statistics, this rider does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this rider pursuant to Insurance Law Section 3102(d)(3), as the rider is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language



As stated on the enclosed readability statistics, this rider does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this rider pursuant to Insurance Law Section 3102(d)(3), as the rider is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language\

New York Readability Certification

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

○ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____ .

◉ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

◉ 1. Test was applied to entire policy form(s).

○ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

○ 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

◉ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

◉ 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

◉ 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

◉ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

◉ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

○ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
01-0011-2014	245	10		53.0
01-0012-2014	535	11		43.0
01-0013-2014	327	16		37.6

(Insert signature, name of officer, title of officer, and name of insurer)

[redacted] Digitally signed by Brian J. Morrissey
DN: cn=Brian J. Morrissey, o=Capital District Physicians' Health Plan, ou=Sales & Marketing, email=bmorriss@cdphp.com, c=US
Date: 2013.04.20 11:28:14 -04'00'

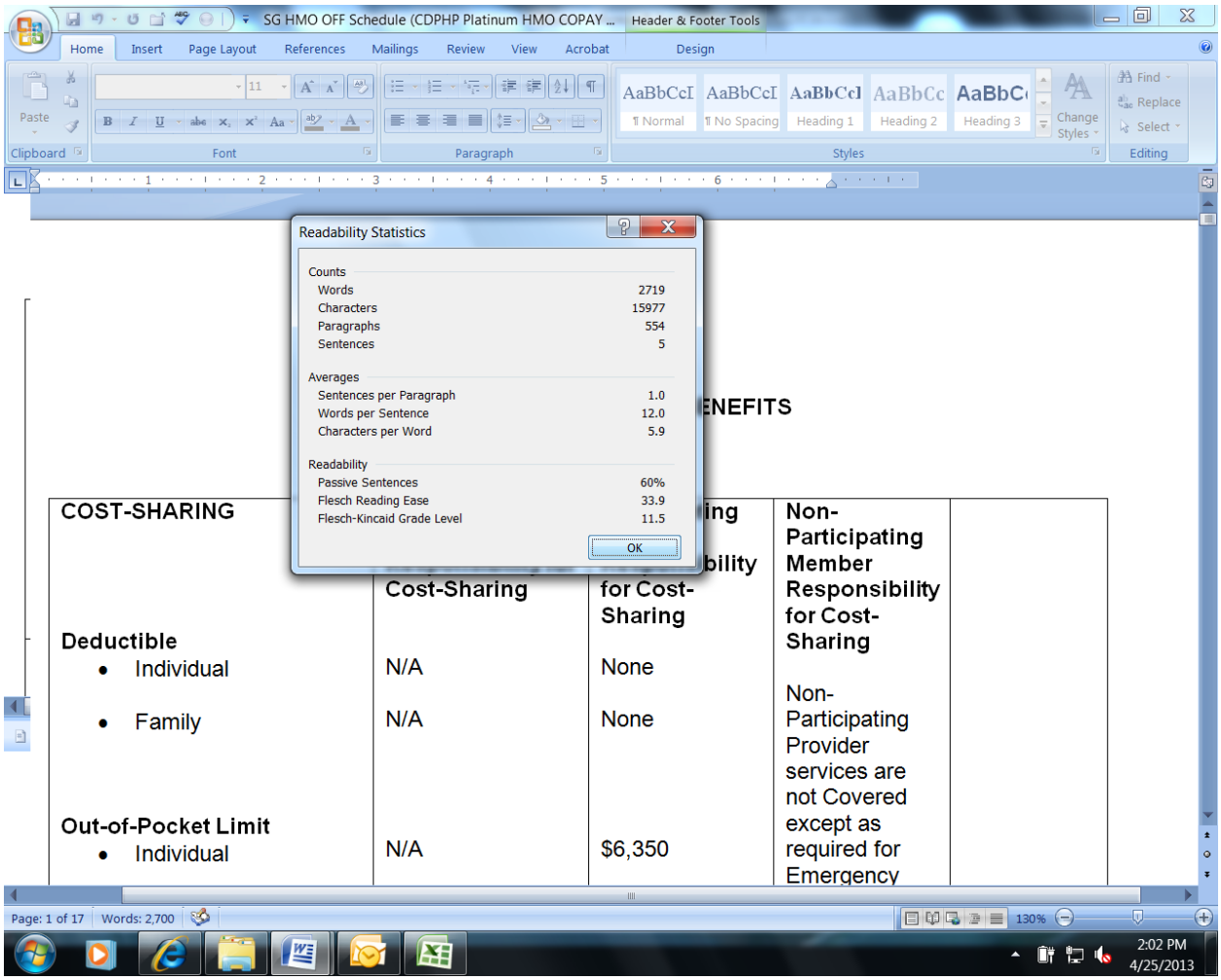
[redacted]

SVP, Marketing/Chief Marketing Officer
Title

Capital District Physicians' Health Plan
Name of Insurer

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

Reset Form



As stated on the enclosed readability statistics, this schedule of benefits does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this schedule of benefits pursuant to Insurance Law Section 3102(d)(3), as the schedule of benefits is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language.

New York Readability Certification

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A. Scoring Option *(select one)*

○ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____ .

◉ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

◉ 1. Test was applied to entire policy form(s).

○ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

○ 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

◉ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

◉ 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

◉ 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

◉ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

◉ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

○ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
01-0006-2014-AAA	2719	5		33.9
01-0006-2014-BBB	2719	5		33.9
01-0006-2014-CCC	2719	5		33.9
01-0006-2014-DDD	2719	5		33.9

(Insert signature, name of officer, title of officer, and name of insurer)

[redacted] Digitally signed by Brian J. Morrissey
DN: cn=Brian J. Morrissey, o=Capital District Physicians' Health Plan, ou=Sales & Marketing, email=bmorriss@cdphp.com, c=US
Date: 2013.04.20 11:28:14 -04'00'

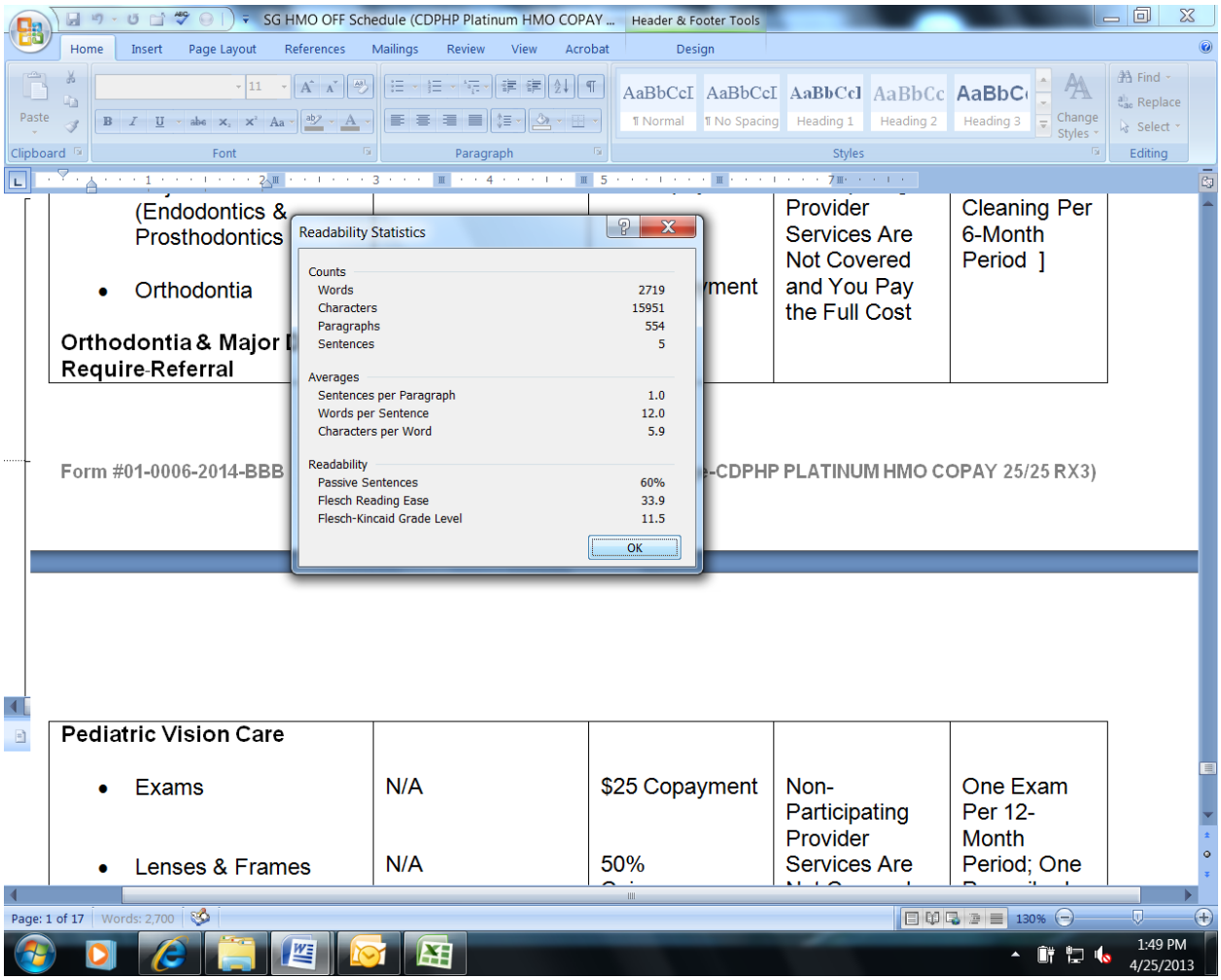
[redacted]

SVP, Marketing/Chief Marketing Officer
Title

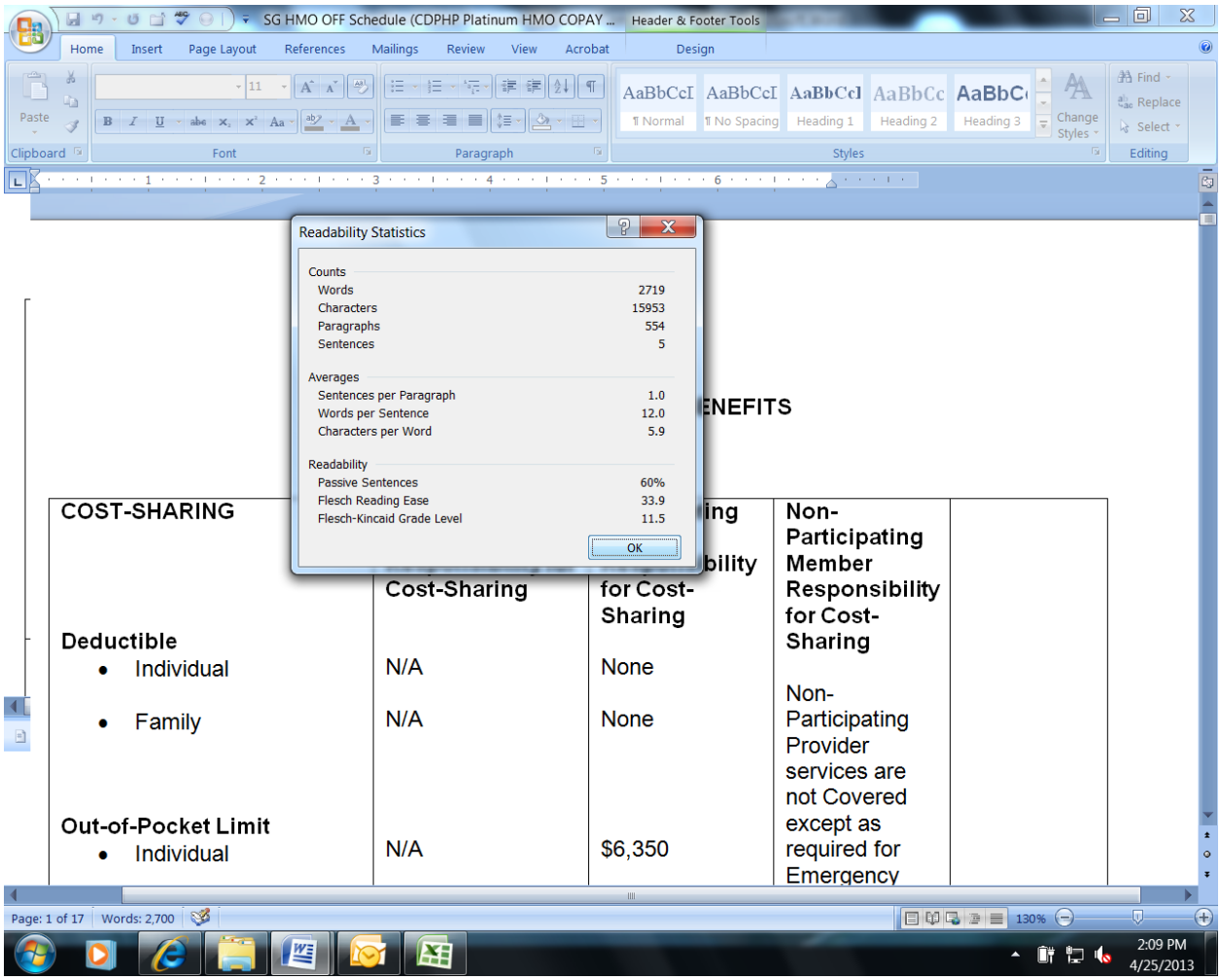
Capital District Physicians' Health Plan
Name of Insurer

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

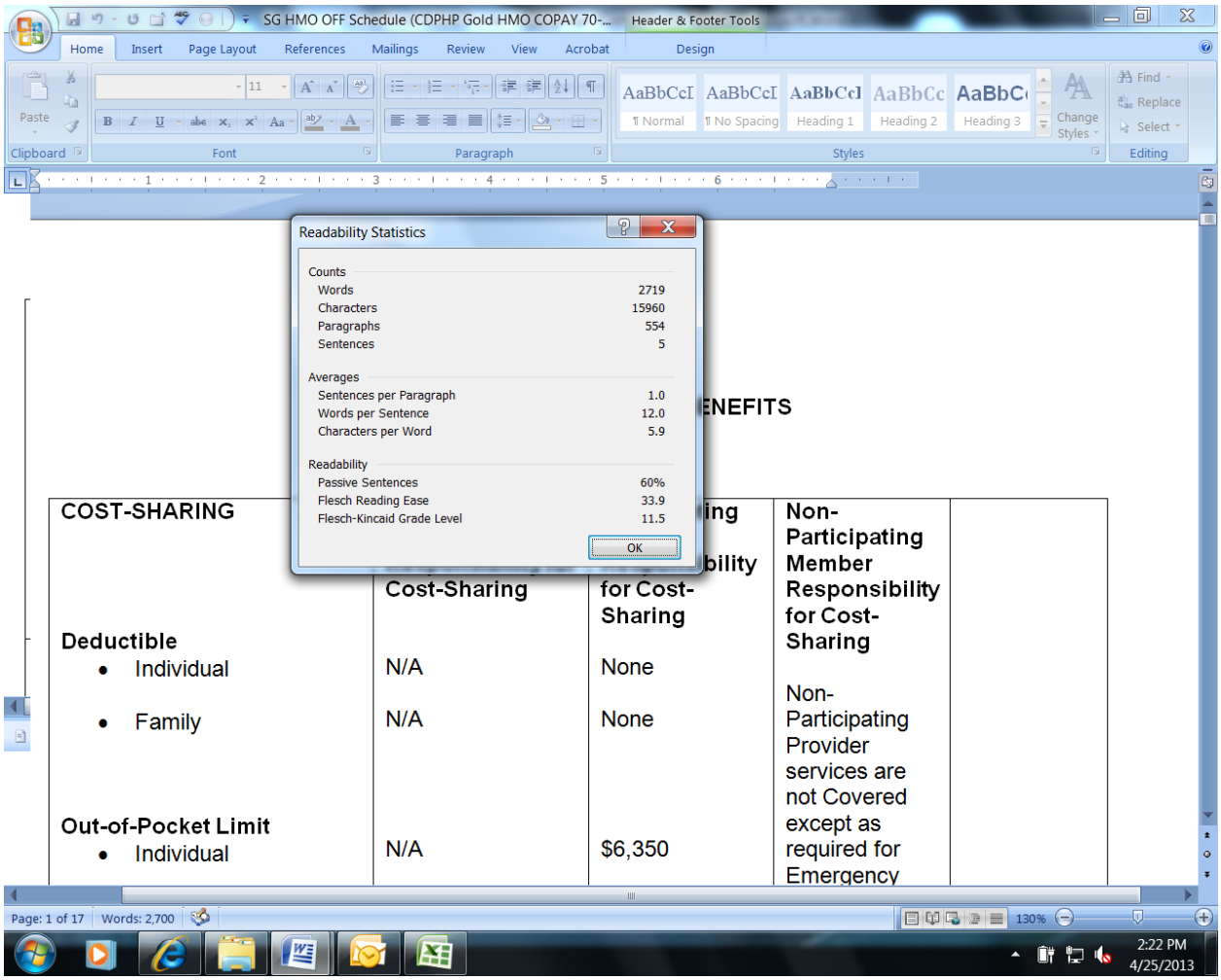
Reset Form



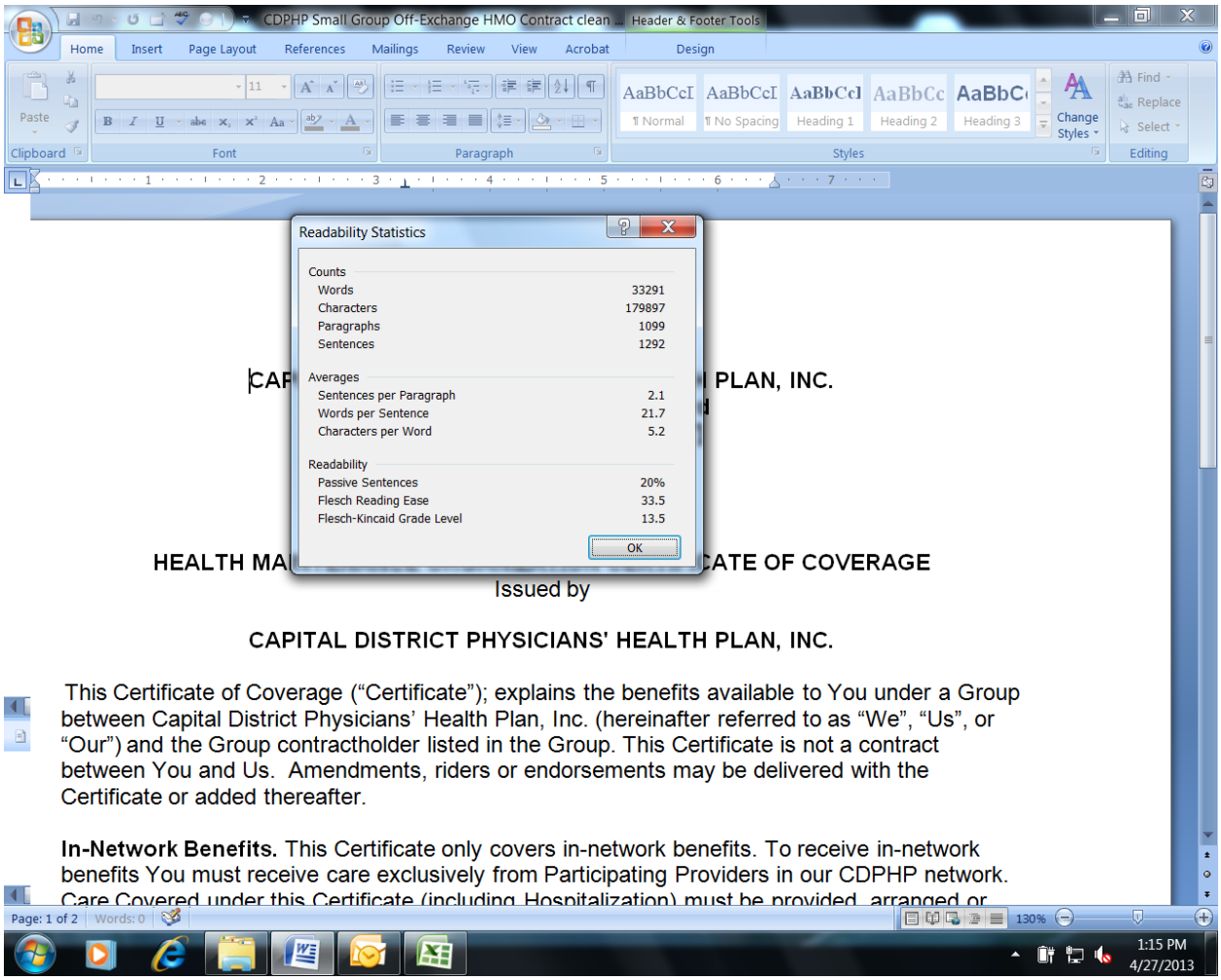
As stated on the enclosed readability statistics, this schedule of benefits does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this schedule of benefits pursuant to Insurance Law Section 3102(d)(3), as the schedule of benefits is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language.



As stated on the enclosed readability statistics, this schedule of benefits does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this schedule of benefits pursuant to Insurance Law Section 3102(d)(3), as the schedule of benefits is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language.



As stated on the enclosed readability statistics, this schedule of benefits does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this schedule of benefits pursuant to Insurance Law Section 3102(d)(3), as the schedule of benefits is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language.



As stated on the enclosed readability statistics, this contract does not meet the minimum Flesch reading ease score of 45 as required by New York Insurance Law Section 3102(c)(1)(D). Notwithstanding the lower Flesch score, CDPHP is requesting approval of this contract pursuant to Insurance Law Section 3102(d)(3), as the contract is otherwise readable and understandable and the lower Flesch score is caused solely by the statutorily required language.

New York Readability Certification

This is to certify that the forms listed below are in compliance with New York's Insurance Policy Readability Law.

A. Scoring Option *(select one)*

(●) 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 33.5 .

( ) 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for each policy form are indicated below.

B. Scope of Test *(select one)*

(●) 1. Test was applied to entire policy form(s).

( ) 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards of Certification (A checked block indicates the standard has been achieved.)

( ) 1. The text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.

(●) 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specifications pages, schedules and tables.)

(●) 3. Layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

(●) 4. The section titles are captioned in bold face or otherwise stand out significantly from the text.

(●) 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

(●) 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

( ) 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The undersigned officer of the insurer certifies that the forms in this filing meet the minimum reading ease score. Following are the individual Flesch Scores for each form submitted with this filing:

Form #	Words	Sentences	Syllables	Flesch Score
01-0006-2014	33291	1292		33.5

(Insert signature, name of officer, title of officer, and name of insurer)

[redacted] Digitally signed by Brian J. Morrissey
DN: cn=Brian J. Morrissey, o=Capital District Physicians' Health Plan, ou=Sales & Marketing, email=bmorriss@cdphp.com, c=US
Date: 2013.04.20 11:28:14 -04'00'

[redacted]

SVP, Marketing/Chief Marketing Officer
Title

Capital District Physicians' Health Plan
Name of Insurer

(To list more forms, complete and submit the 'Additional Sheet(s)' attached to the requirement for Readability Certification. If submitting multiple sheets complete and attach them individually.)

Reset Form

Explanation of Variable Material for Form #01-0006-2014

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[1] **[500 Patroon Creek Blvd, Albany, NY 12206-1057]** – CDPHP address listed as a variable for future changes.
[2] **[(518) 641-3000] -** CDPHP phone number listed as a variable for future changes.
[3] Deductible definition would be used for plans with an embedded deductible accumulation.
[4] Deductible definition would be used for plans with an aggregate deductible accumulation.
[5] **[Prescription Drug Deductible]** – Definition would appear in contracts where the prescription drug benefit has a separate deductible from medical.
[6] **[after You have satisfied the annual Deductible as described above,]** – Language would appear for plans with an upfront deductible. For plans with no deductible, this language would not appear.
[7] **[after You have satisfied the annual Deductible as described above,]** – Language would appear for plans with an upfront deductible. For plans with no deductible, this language would not appear.
[8] **[If you have other than Individual coverage, the individual Out-of-Pocket Limit applies to each person covered under this Contract. Once a person within a family meets the individual Out-of-Pocket Limit, We will provide coverage for 100% of the Allowed Amount for the rest of that Plan Year for that person.]** – Language would appear in contracts with an embedded Out of Pocket Maximum.
[9] **[If other than Individual coverage applies, when members of the same family covered under this Contract have collectively met the family Out-of-Pocket Limit in payment of Deductibles, Copayments and Coinsurance for a Plan Year in the Schedule of Benefits, We will provide coverage for 100% of the Allowed Amount for the rest of that Plan Year.]** – Language would appear in contracts with an aggregate Out of Pocket Maximum.
[10] **[Family Planning & Reproductive Health Services** - For groups that meet the religious employer exception in Sections 3221(l)(16)(A)(1) and 4303(cc)(1)(A) of the Insurance Law such coverage may be offered by rider
[11]**[Contraceptive drugs or devices or generic equivalents approved as substitutes by the FDA.]** Language would appear for groups without the religious exempt rider. Other coverage will be offered by rider at the individual level.
[12] **[Pediatric Dental]** – Section would not be included in contracts when a stand-alone dental option in purchased.
[13] **[or pediatric dental care] –** Language used for contracts with pediatric dental coverage.
[14] **[Product Name]** – Space reserved for the product name.

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORM # 01-0006-2014

Actuarial Certification
Small Group – Off Exchange Plans

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance, and I am qualified to provide the following certification. I have been retained by Capital District Physicians' Health Plan, Inc. ("CDPHP") to assist in the development of premium rates for the Small Group CDPHP plans not offered through the New York Health Benefits Exchange ("NYHBE").

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet its qualification standards to perform the analysis and render the actuarial opinion contained herein.

I certify that to the best of my knowledge and belief:

- The filing is in compliance with the applicable laws and regulations of the State of New York and Federal Statutes and Regulations (45CFR 156.80(d)).

- The submission is in compliance with the appropriate Actuarial Standards of Practice (ASOPs) including:
    - ASOP No. 5, Incurred Health and Disability Claims
    - ASOP No. 8, Regulatory Filings for Health Plan Entities
    - ASOP No. 12, Risk Classification
    - ASOP No. 23, Data Quality
    - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
    - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans
    - ASOP No. 41, Actuarial Communications

- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York.

- The benefits are reasonable in relation to the premiums charged.

- The rates are not unfairly discriminatory.

- The projected index rates and allowable modifiers are in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2))

- The AV Calculator was used to determine the AV Metal Values.

- The Essential Health Benefits were calculated in accordance with actuarial standards of practice.

The Part I Unified Rate Review Template (URRT) does not demonstrate the process used to develop proposed premium rates. It is representative of information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The information provided in this actuarial memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop propose premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

Differences between the projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

[redacted] FSA, MAAA
Principal & Consulting Actuary
Milliman, San Francisco Health Practice
[redacted]

4/29/2013
Date

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Off-Exchange Plan Filing

General Information

Company Legal Name: Capital District Physicians' Health Plan, Inc.
State: New York
HIOS Issuer ID: 94788
QHP Template SERFF #: CAPD-128989140
Market: Small Group
Effective Date: January through December 2014
Primary Contact Name: [redacted]
Primary Contact Telephone Number: [redacted]
Primary Contact Email Address: [redacted]

Overview

This document contains the Actuarial Memorandum for Capital District Physicians' Health Plan, Inc.'s ("CDPHP") small group comprehensive medical block of business, effective January 1, 2014. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CDPHP's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for CDPHP by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

The analysis in this report is based on our current understanding of federal and state rules and regulations. To the extent that these rules and regulations continue to evolve, our work may be subject to change. Milliman is not a law firm. Nothing in this correspondence should be

construed as legal advice. In the event a legal interpretation is required, we recommend review by your legal counsel.

Reliance

In performing this analysis, I relied on data and other information provided by CDPHP. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

Identification

I, [redacted] am associated with the firm of Milliman, Inc., Consultants and Actuaries, and am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by CDPHP to assist in the development of premium rates for the Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all new Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

CDPHP is filing small group rates with effective dates beginning January 1, 2014 for plans to be marketed on the NYHBE. The plan designs included in this filing are new to the small group market and are compliant with the EHB in accordance with the ACA. The new plans design costs have been derived from the combined base claims experience for CDPHP's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2014. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Anticipated changes in morbidity for the covered population and new entrants into the market as well as the impact of the Federal Risk Adjustment Program and Federal Transitional Reinsurance program have been incorporated into the premium rate development as further described below.

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group HMO and small group Healthy NY pooled incurred claims and membership for all in-force plans, including grandfathered plans, for the 12 months ending September 2012, paid through February 2013 for CDPHP's current Capital Area rating region. CDPHP's Capital Area rating region encompasses over 91% of the covered membership in the base period small group pool and mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from CDPHP's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 77% of incurred and allowed claims are processed on CDPHP's claims system, 15% are processed through CDPHP's Pharmacy Benefit Manager Caremark, and approximately 7% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to insure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 5 months of paid run-out and therefore, IBNR is less than 0.5% of the base period starting claim cost.

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

Projection Factors

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Changes in Benefits

- **Impact of compliance with Essential Health benefits:**

  The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is derived on Exhibit F and applied on Exhibit 8, Line 13 consistently for all plans in each metal tier.

  - Pediatric Vision – currently a non-covered benefit
  - Hearing Aids – currently a non-covered benefit
  - Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
  - Gym Reimbursement – Currently a non-covered benefit

- **Impact of compliance with NYS Mandates included in the NYS benchmark plan:**

  The NYS Autism mandate became effective for renewals beginning November 2012. Since the effective date was after the end of the base period, an estimate for the cost associated for this benefit has been added to the base period starting point.

- **Benefits for adult vision care have been added for non-standard plans.**

Additional Riders

Unique plan designs have been created to incorporate additional benefits available through a rider:

DFS Contract #	Description of Rider	Factor	
02-0003-2014	Dependent to Age 29	1.024	Currently Approved form HM29R RIDER-0909
02-0004-2014	Domestic Partner	1.000	No Cost
02-0005-2014	Contraceptive Carve Out	0.9930	Cost of contraceptives / Starting claim Expense

Dental

CDPHP has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. CDPHP will

assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract. Delta Dental has filed their stand alone products under SERFF # DDPA-128974006.

The premium rates included in the rate filing were developed by Delta Dental and are an add-on to the medical premium. The rates have been added to the Employee/Child(ren) and Family tiers only, for those plan designs which indicate dental as a rider. See Exhibit I.

Population/Demographic Change

No adjustment has been incorporated due to the uncertainty of the future demographic mix

Other Adjustments

Other Market-wide adjustments considered in the rate development include:

- **Impact of changes in the provider network, fee schedules levels, or utilization management that apply to the entire market-wide risk pool not included in the claim trend:** There are no changes planned for the composition of the provider network, fee schedules levels or utilization management in the projection period compared to the base period. No adjustments were applied outside the claim trend development.
    - Adjustment to Federal Risk Adjustment Factor simulation as discussed further below.
    - Since the Individual plans will be offered under CDPHP line of business, an adjustment factor of 1.012 assumes a shift in membership of the sole proprietors from the existing small group market to the individual market.

- **Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions:** New regional factors have been developed based on the standardized rating regions determined by NYS DFS. The time period for the base data is October 1, 2011 – September 30, 2012; the same time period as used for the development of the claim expenses. CDPHP's current Capital Area rating region is equivalent to the standard rating Region 1 and was used as the starting point claims cost. The factors were calculated using the allowed claims per member per month, by county, for all commercial members (large, small, sole prop, and individual including HNY). The Capital region is considered the starting point (1.00) for which the other regions are compared. See Exhibit D.

Development of Conversion Factor

The conversion factor has been calculated based on membership enrolled in commercial small group, sole proprietor and individual products for October 2011 – September 2012. CDPHP currently offers three family tier structures: 2-tier, 3-tier, and 4- tier. Effective January 1, 2014,

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

CDPHP will only offer a 4-tier structure in the small group market both on and off the Exchange. Required rate ratios as determined by the NYS Department of Financial Services were used in this calculation. See Exhibit C.

Comparison of changes to Tier Ratios:

	Single	Family 2T	Double	Family 3T	Emp/Spouse	Emp/Child(ren)	Family 4T
Current HMO	1.00	2.50	2.00	2.60	2.00	1.90	2.80
Current UBI	1.00	2.60	2.00	2.65	2.00	1.95	2.90
New (DFS)	1.00				2.00	1.70	2.85

Cost and Utilization Trend Factors

The average annual trend factor applied is 4.69%. The effective trend based on 27 months from the midpoint of the base period to the midpoint of the rate period is 10.87%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contract provider reimbursement rates, and input from CDPHP's medical utilization management team and the following assumptions.

- Service Mix Intensity: An intensity factor of -0.4 %, for the 3 months remaining for 2012 projection (-1.68% 12 month actual) has been included in the trends. This is based on the comparison of the actual experience increase compared to the implemented fee increase for 2012. The development of this factor includes Inpatient, Outpatient and Professional services, has been applied to the projected 2012 claim costs.

- Case Mix: No additional adjustment has been made since the current case mix is included in the underlying data used to develop the Service Mix Intensity.

- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated for small group.

- Deductible Leveraging: No explicit additional adjustments have been applied

- Inpatient: Ongoing medical management programs including an aggressive re-admission avoidance program, crisis hot-line, embedded model and diabetic depression program will decrease the number of admits.

- Outpatient: Increase in the number of outpatient procedures continues to see rebound of pent up demand (pre-ACA population) due to recent improvements in the local and national economic outlook. CDPHP's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.

- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services.

- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high tech radiology program. Comprehensive program to address diabetics is scheduled for implementation in 2014. More aggressive post discharge management may necessitate more DME and prosthetics.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark.

Credibility Manual Rate Development

- None

Credibility of Experience

- Experience period is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Paid to Allowed Ratio

The Paid to Allowed Ratio was determined using the HHS AV Calculator for each standard and non-standard plan proposed and weighted by the projected membership.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

CDPHP relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting. CDPHP combined the simulation results for their two Small Group pools used in the base experience Index Rate development as shown

below. CDPHP applied a 25% reduction to the estimated transfer payment in anticipation of an unfavorable the change in CDPHP's risk pool post-ACA.

Additionally, the anticipated change in risk pool considered the following:

- A 15.5% increase in average small group membership in the experience pool from the base period to the 12 month period ending March 2013.
- Emerging diagnoses information for the months following the base period that would have eligible HCCs for risk adjustment not included in the simulation
- The impact of newly insureds entering the market with pre-existing conditions

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP Small Group	242,173	($20.10)
CDPHP UBI Small Group	553,485	($37.13)
Weighted		($31.95)
Reduction for expected change for assumed population in 2014		25%
Projected RA PMPM 2014		($23.96)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Reinsurance Premium

CDPHP derived a factor based on a per capita contribution rate of $5.25/month divided by the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The administrative expense load is based on actual 2012 administrative expense in the current small group market. Broker commissions will be reduced from 2012.

Profit (Contribution to Surplus) & Risk Margin

A 1.75% contribution to surplus is included. There is no additional load for Risk Margin included.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2 PMPY
Risk Adjustment User Fee: $.96 PMPY
NYS Regulatory Authority license and fees: Based on a % of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**% of Premium Projected**	**% of Premium based on 2012 Actuals**
General Administrative Expense	5.51%	8.73%
Broker Commissions	4.22%	5.62%
Quality Improvement	1.03%	1.03%
NYS Regulatory Authority license and fees	0.73%	0.73%
Subtotal – Excluding ACA Taxes and Fees	**11.49%**	16.12%
ACA Insurers tax	1.40%	n/a
ACA Fees	0.46%	n/a
Total Administrative Expense Including ACA	**13.35%**	16.12%
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)
Total Retention including Profit	**15.10%**	16.12%

Projected Loss Ratio

The projected loss ratio based on the Federally prescribed MLR methodology is 85.2%

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS AV Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$300.21	**A**
Average AV Pricing Value	.8699	**B**
Induced Demand	1.014	**C**
Index Rate **(Exhibit 8, line 12)**	$340.29	**A / B / C**

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

General Overview of Proposed Rate Development

The general methodology used to develop the rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended pmpm to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:
- Gross trended starting pmpm (net in-force pmpm / in-force AV)
- Plan specific AV, using HHS Actuarial Value Calculator except as noted below for plans that did not fit into the AV calculator
- Metal Tier induced demand
- Impact of EHB not included in base data,
- Adult vision for non-standard plans (additional benefit)
- Applicable factors as outlined above for additional riders
- Risk Adjustment
- Impact of Reinsurance
- Administrative cost
- Contribution to surplus

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Subsequent quarterly rate trend are show in the following table

Projected Trend Factor 2014		5.09%
Projected Trend Factor 2015		5.91%
Effective Quarter	Annual	Quarterly
Q2 2014	5.29%	1.30%
Q3 2014	5.50%	1.35%
Q4 2014	5.71%	1.40%

AV Metal Values

The HHS AV Calculator was used to determine the AV for the plans designs submitted in this rate filing. See Exhibit G.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman *Health Cost Guidelines*™ were used to determine the weighted average cost share, (AV), and induced demand factor for the weighted average benefit design for in-force

plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator except as noted above. An assumed induced demand factor per metal tier was multiplied by the plan AV and divided by the reference plan AV. The assumptions for induced demand per guidance provided by NYS Department of Financial Services, component was set consistently for each plan within metal tier. Furthermore, the variation in adopted induced demand adjustment factors between any two metal plans does not exceed the HHS induced demand adjustment factors set forth in the Notice of Benefit and Payment Parameters for 2014.

Induced Demand assumed by Metal Tier:

	Induced Demand
Platinum	1.037
Gold	1.015
Silver	0.965
Bronze	0.940

As a result, the maximum variation in premium between any two metal tiers was determined by the following combination of AV and induced demand.

Largest Spread	**Lower bound**	**Upper bound**	**Impact of AV**	**Impact ID**	**Max Spread**
Platinum and Gold		0.9200	1.1795	1.0648	1.2559
Gold and Silver	0.7800	0.8200	1.2059	1.0485	1.2644
Silver and Bronze	0.6800	0.7200	1.2414	1.0300	1.2786
Bronze and Catastrophic	0.58	0.62	1.0727	1.0000	1.0727
Catastrophic	0.5780				

Example Calculation:
Impact of AV = Upper bound of current Tier / Lower bound of one tier lower (Platinum and Gold = 0.92 / 0.78 = 1.1785)
Impact Induced Demand (ID) = Max HHS value of metal tier / Max HHS value of next lower tier (Platinum and Gold = 1.15 / 1.08 = 1.0648)
Max Spread = Impact of AV * Impact ID (Platinum and gold = 1.1798 * 1.0648 = 1.2559)

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

Membership Projections

The existing book of business was mapped to a metal tier using the following ranges AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The plans containing membership, for each metal tier, were then mapped to the standard plan design within the metal tier. As a final step the membership was redistributed under the assumption that 50%, 25%, and 25% of the Platinum, Gold and Silver tiers, respectively, would move into the Bronze metal tier. Based on this redistribution of the projected membership, Worksheet 2 does not balance to the projected costs on Worksheet 1 of the Unified Rate Review Template.

Terminated Products

The following products are being terminated for both small groups and sole proprietors:

Form # (Base plans)	**2013 Plan Code**
01-0001-2010	HA29S13
01-0001-2010	HA6S13
01-0001-2010	HA8S13
01-0001-2010	HA9S13
01-0001-2010	HM1S13
01-0001-2010	HM2S13
4221-2007	Non Group HMO
5284-2007	Non Group POS
Form # (Riders)	**2013 Plan Code**
01-0002-2010	HMRXS8[A,B]13
01-0002-2010	HMRXS19[A,B]13
01-0002-2010	HMRXS21[A,B]13
01-0002-2010	HMRXS22[A,B]13
01-0002-2010	HMRXS30[A,B]13
01-0002-2010	HMRXS35[A,B]13
01-0002-2010	HMRXS37[A,B]13
01-0002-2010	HMRXS38[A,B]13
01-0002-2010	HMRXS39[A,B]13
01-0002-2010	HMRXS44[A,B]13
01-0002-2010	HMRXS46[A,B]13
01-0002-2010	HMRXS47[A,B]13
01-0002-2010	HMRXS48[A,B]13
01-0002-2010	HMRXS66[A,B]13
01-0002-2010	HMRXS67[A,B]13
01-0002-2010	HMRXS68[A,B]13

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

Form # (Riders)	2013 Plan Code
01-0002-2010	HMRXS69[A,B]13
01-0002-2010	HMRXS70[A,B]13
01-0002-2010	HMRXS71[A,B]13
01-0002-2010	HMRXS72[A,B]13
01-0002-2010	HMRXS73[A,B]13
01-0002-2010	HMRXS74[A,B]13
01-0002-2010	HMRXS75[A,B]13
01-0002-2010	HMRXS15[A,B]13
01-0002-2010	HMRXS16[A,B]13
01-0002-2010	HMRXS17[A,B]13
01-0002-2010	HMRXS18[A,B]13
01-0002-2010	HMRXS59[A,B]13
01-0002-2010	HMRXS60[A,B]13
01-0002-2010	HMRXS61[A,B]13
01-0002-2010	HMRXS62[A,B]13
01-0002-2010	HMRXS63[A,B]13
01-0002-2010	HMRXS64[A,B]13
01-0002-2010	HMRXS65[A,B]13
HMBH[S]1-0110	HMBHS113
HMBH[S]2-0110	HMBHS213
HMSNF[L;S]-0107	HMSNFS113
HMVSN[L;S]-0110	HMVSNS113
HMVSN[L;S]-0110	HMVSNS213
HMVSN[L;S]-0110	HMVSNS313
HMVSN[L;S]-0110	HMVSNS613
HMTRAV[L;S]-0110	HMTRAVS113
HMTRAV[L;S]-0110	HMTRAVS213
HMTRAV[L;S]-0110	HMTRAVS313
HMWELS412	HMWELS413
AUTISMHMO2012	AUTISMSGHMO
HMOPPACA	WWSGHMO
HMOEXCONT	HMWWREMVESG
NGPPACA	NGPPACA
699	699
HDDIABAMENDSG-2013	HDDIABAMENDSG-2013

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit E.

April 29, 2013

[redacted] FSA, MAAA
Principal and consulting Actuary
Milliman Inc.
650 California Street
San Francisco, CA 94108

RE: Data Reliance Statement for 2014 Rate Filing

Dea[redacted],

I, Bethany Smith, Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2014 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2014.

Sincerely,

[redacted]

Capital District Physicans' Health Plan Inc.

Exhibit C

Capital District Physicians' Health Plan
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.2%	1.03	0.638	1.000	0.622	
Double	14.7%	2.00	0.294	2.000	0.295	
Emp/Child(ren)	0.9%	2.71	0.025	1.700	0.016	
Family	22.1%	3.92	0.868	2.850	0.631	
Total 4T	100.0%		1.826		1.563	1.168
						1.168

Exhbit D

Capital District Physicians' Health Plan
HMO
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2014 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1305**	**1.1215**	**1.0771**
Counties:	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Chenango Tioga	Essex Hamilton Herkimer Madison Oneida Otsego

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO
Benefit Plan Designs

Plan Code	Original Benefit Plan	Exchange Plan/LOB	HIOS Issuer ID	HPID #	HIOS Product ID	HIOS Plan ID	DFS Form #	Plan Name	Metal Tier (Optional)	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260017	01-0006-2014	SHPF1024	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260018	01-0006-2014	SHPF1038	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260019	01-0006-2014	SHPF1052	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260020	01-0006-2014	SHPF1066	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260021	01-0006-2014	SHPF1080	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260022	01-0006-2014	SHPF1094	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + No Contraceptives
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260023	01-0006-2014	SHPF1108	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + No Contraceptives
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260024	01-0006-2014	SHPF1122	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260025	01-0006-2014	SHPF1136	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260026	01-0006-2014	SHPF1150	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260027	01-0006-2014	SHPF1164	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260028	01-0006-2014	SHPF1178	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive + Denta
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260029	01-0006-2014	SHPF1192	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260030	01-0006-2014	SHPF1206	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP +No Contraceptive+ Denta
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260031	01-0006-2014	SHPF1220	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP +No Contraceptive+ Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260032	01-0006-2014	SHPF1010	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260001	01-0006-2014	SHPF1023	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260002	01-0006-2014	SHPF1037	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260003	01-0006-2014	SHPF1051	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260004	01-0006-2014	SHPF1065	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260005	01-0006-2014	SHPF1079	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260006	01-0006-2014	SHPF1093	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + No Contraceptives
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260007	01-0006-2014	SHPF1107	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + No Contraceptives
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260008	01-0006-2014	SHPF1121	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Riders + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260009	01-0006-2014	SHPF1135	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260010	01-0006-2014	SHPF1149	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260011	01-0006-2014	SHPF1163	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260012	01-0006-2014	SHPF1177	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive + Denta
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260013	01-0006-2014	SHPF1191	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260014	01-0006-2014	SHPF1205	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP +No Contraceptive+ Denta
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260015	01-0006-2014	SHPF1219	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP +No Contraceptive+ Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260016	01-0006-2014	SHPF1009	Platinum	88.1%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260033	01-0006-2014	SHPF1025	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260034	01-0006-2014	SHPF1039	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260035	01-0006-2014	SHPF1053	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260036	01-0006-2014	SHPF1067	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260037	01-0006-2014	SHPF1081	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260038	01-0006-2014	SHPF1095	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + No Contraceptives
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260039	01-0006-2014	SHPF1109	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + No Contraceptives
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260040	01-0006-2014	SHPF1123	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260041	01-0006-2014	SHPF1137	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260042	01-0006-2014	SHPF1151	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260048	01-0006-2014	SHPF1011	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260043	01-0006-2014	SHPF1165	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260044	01-0006-2014	SHPF1179	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive + Denta
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260045	01-0006-2014	SHPF1193	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260046	01-0006-2014	SHPF1207	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP +No Contraceptive+ Denta
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260047	01-0006-2014	SHPF1221	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP +No Contraceptive+ Dental
320		Off Exchange - SG UBI	94788		94788NY026	94788NY0260064	01-0006-2014	SHGF2010	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260049	01-0006-2014	SHGF2023	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260050	01-0006-2014	SHGF2036	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260051	01-0006-2014	SHGF2049	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260052	01-0006-2014	SHGF2062	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive

Capital District Physicians' Health Plan Exhibit F
Premium Rate Filing
Small Group HMO
Impact of Additional Essential Health Benefits

		PMPM	
1	Pediatric Vision	$0.26	Utilization and Cost based on CHPs, spread over all commercial membership
2	Hearing Aids	$0.04	Utilization and Cost based on CHP's, Medicaid and Commercial products to produce credible data
3	Skilled Nursing Facility	$0.00	No additional cost added due to low utilization of this benefit
4	Gym Membership	$3.50	Benefit includes reimbursement of $200 for Subscriber; $100 for Spouse every 6 months with proof of compliance
		$3.80	
	Starting PMPM Trended	$342.91	
	Factor (Exhibit 8, line 13)	1.0111	

Benefits exceeding Essential Health Benefits (Non-Standard Plan designs only)

PMPM's based on SG HMO Data

		PMPM		
1	Adult Vision	$1.20		One Eye Exam per benefit period (12 months)
2	Vision Hardware	$0.60		$75 allowance for frames/lenses or contact lenses per benefit period (12 months)
3	Pediatric Vision included ir	$0.26		
4	Total PMPM	$1.54	(1 + 2 - 3)	
5	Starting PMPM Trended	$342.91		
	Factor (Exhibit 8, line 13)	1.004	(4 / 5)	

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO - Off Exchange Plans
Dental

Exhibit I

SERFF # DDPA-128974006

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Dental Services Proposed	Dental Treatment Costs					
	Delta Dental PPO		Delta Dental Premier		Non-Participating	
	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient
Diagnostic	100%	0%	100%	0%	100%	0%
Preventive	100%	0%	100%	0%	100%	0%
Basic Restorative	50%	50%	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Major Restorative	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%
Orthodontics*	50%	50%	50%	50%	50%	50%
TMJ	50%	50%	50%	50%	50%	50%
Annual out-of-pocket maximum per child	$700		N/A		N/A	
Annual out-of-pocket maximum per 2+ children	$1,400		N/A		N/A	
Patient deductible per year	$40		$40		$40	

Deductible is applied to all services.

* Orthodontic services are covered for **medical necessity** only.

See attached schedule for a complete listing of all covered services and limitations.

Prospective Rating Method

Monthly Rates per Child(ren) and Family tier		
Region	Small Group	Individual
Albany Area	$30.74	$30.51
Buffalo Area	$28.80	$28.61
Mid-Hudson Area	$32.93	$32.70
New York City Area	$41.76	$41.48
Rochester Area	$30.82	$30.61
Syracuse Area	$29.75	$29.56
Utica/Watertown Area	$28.86	$28.67
Long Island	$37.01	$36.77

One-Year Rate Guarantee

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Assumptions and Guidelines

The products proposed are for individuals and small businesses purchasing dental coverage in New York outside the exchange. Health care reform requirements are not finalized at the Federal level or within the state of New York. Therefore, Delta Dental reserves the right to modify these products to meet requirements as necessary.

Rates assume an effective date of January 1, 2014.

Pediatric Enrollees are covered to age 19.

Rates include 7.0% producer commission.

Rates assume that Delta Dental PPO participating providers are paid at the Delta Dental PPO Maximum Plan Allowance (MPA). Delta Dental PPO participating providers accept the Delta Dental PPO MPA as payment in full. Delta Dental PPO participating providers are paid directly by Delta Dental and by agreement cannot bill the patient more than the applicable copayments or deductibles for the services provided.

Under the Delta Dental PPO program, Delta Dental Premier participating providers are paid at the Delta Dental PPO MPA and are paid directly by Delta Dental. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA. By agreement, Delta Dental Premier participating providers must accept the Delta Dental Premier MPA as payment in full, less any applicable copayments or deductibles for the services provided (and under this scenario the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA).

Non-Participating providers are paid at the Delta Dental PPO MPA. The benefit payment is sent directly to the employee. It is the employee's responsibility to pay the provider. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the amount billed by the Non-Participating provider, plus any applicable copayments or deductibles.

Rates assume that this plan will be purchased in conjunction with a CDPHP medical plan in a bundled arrangement (i.e. both plans are separate) and that CDPHP will be performing marketing, enrollment, billing payment and renewal functions.

Rates assume that the individual products renewal annually effective January 1, 2015 and individuals would also renew on that date. Rates assume that the small group products renew annually, beginning January 1, 2015 and that each small group with these products would renew on their anniversary date, which is based on date of purchase.

	PMPM	Conv Factor	Single	Double	Emp/Child(ren)	Family
Region 1 (Albany)	$30.74	1.168	$35.92	$71.84	$61.06	$102.37
Region 3 (Mid-Hudson)	$32.93	1.168	$38.48	$76.96	$65.42	$109.67
Region 6 (Syracuse)	$29.75	1.168	$34.76	$69.52	$59.09	$99.07
Region 7 (Utica/Watertown)	$28.86	1.168	$33.72	$67.44	$57.32	$96.10

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO

Exhibit B

Trend Summary

Annualized trend from base period to 2014 projection period

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.37%	5.68%	2.62%	-2.55%	2.85%
Outpatient Facility	3.66%	5.82%	7.44%	1.46%	7.92%
Professional	0.77%	2.76%	3.48%	1.21%	3.82%
Other Medical	2.48%	2.28%	3.30%	1.23%	3.46%
Capitation			11.45%	0.00%	11.45%
Prescription Drug	2.50%	3.00%	5.57%	2.50%	6.61%
Overall Trends			4.69%	1.61%	5.09%

Projected 2014

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.47%	5.77%	3.16%	-2.73%	3.42%
Outpatient Facility	3.15%	3.93%	7.20%	1.00%	7.68%
Professional	1.05%	2.02%	3.10%	1.55%	3.32%
Other Medical	2.37%	0.75%	3.13%	1.31%	3.27%
Capitation					
Prescription Drug	2.50%	2.99%	5.57%	2.50%	6.58%
Overall Trends			4.69%	1.61%	5.09%

Projected 2015

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	0.00%	6.18%	6.18%	0.00%	6.44%
Outpatient Facility	3.56%	4.09%	7.80%	2.35%	8.20%
Professional	1.22%	2.04%	3.29%	1.64%	3.52%
Other Medical	2.40%	0.72%	3.14%	1.33%	3.27%
Capitation					
Prescription Drug	2.50%	3.00%	5.58%	2.50%	6.56%
Overall Trends	2.10%	3.31%	5.48%	1.98%	5.91%

Quarterly Trends	Annual	Quarterly
Q1 2014 - Q2 2014	5.29%	1.30%
Q2 2014 - Q3 2014	5.50%	1.35%
Q3 2014 - Q4 2014	5.71%	1.40%

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO - Off Exchange
AV Calculator Backup

Exhibit G

318

Plan Name:

SHPF1024
SHPF1038
SHPF1052
SHPF1066
SHPF1080
SHPF1094
SHPF1108
SHPF1122
SHPF1136
SHPF1150
SHPF1164
SHPF1178
SHPF1192
SHPF1206
SHPF1220
SHPF1010

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$6,350.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$0.00
Specialist Visit	☐	☐		$25.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		$0.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$25.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$25.00	☐	☐		$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$25.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$25.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	89.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.1%
Metal Tier:	Platinum

315

Plan Name:

SHPF1023
SHPF1037
SHPF1051
SHPF1065
SHPF1079
SHPF1093
SHPF1107
SHPF1121
SHPF1135
SHPF1149
SHPF1163
SHPF1177
SHPF1191
SHPF1205
SHPF1219
SHPF1009

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate If Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	50.00%	
OOP Maximum ($)			
OOP Maximum If Separate ($)	$6,350.00	$0.00	

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible ($)			
Coinsurance (%, Insurer's Cost Share)			
OOP Maximum ($)			
OOP Maximum If Separate ($)			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (Inc. MHSA)	☐	☐		$1,000.00	☐	☐		$1.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☐	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$35.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$35.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$35.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$35.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	84.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☑	50%		☐	☐		
Preferred Brand Drugs	☐	☑	50%		☐	☐		
Non-Preferred Brand Drugs	☐	☑	50%		☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑	50%		☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.1%
Metal Tier:	Platinum

319

Plan Name:

SHPF1025
SHPF1039
SHPF1053
SHPF1067
SHPF1081
SHPF1095
SHPF1109
SHPF1123
SHPF1137
SHPF1151
SHPF1011
SHPF1165
SHPF1179
SHPF1193
SHPF1207
SHPF1221

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)			
OOP Maximum if Separate ($)	$6,350.00	$0.00	

Tier 2 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)			
Coinsurance (%, Insurer's Cost Share)			
OOP Maximum ($)			
OOP Maximum if Separate ($)			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☐	☐		$30.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$30.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$30.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	94.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	86.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$80.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.7%
Metal Tier:	Platinum

320

Plan Name:

SHGF2010
SHGF2023
SHGF2036
SHGF2049
SHGF2062
SHGF2075
SHGF2088
SHGF2101
SHGF2124
SHGF2137
SHGF2150
SHGF2163
SHGF2176
SHGF2189
SHGF2202
SHGF2215

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,350.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		
All Inpatient Hospital Services (Inc. MHSA)	☐	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$70.00	☐	☐		
Specialist Visit	☐	☐		$70.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$70.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$70.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$70.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$70.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$70.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$70.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	90.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	71.0%		☐	☐		
Drugs	☑ All	☐ All			☐ All	☐ All		
Generics	☑	☐		$10.00	☐	☐		
Preferred Brand Drugs	☑	☐		$60.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$100.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$100.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.9%
Metal Tier:	Gold

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Captial District Physicians' Health Plan	HMO - 44	Not-for-Profit	95491
Company submitting the rate adjustment request	Company Type	Org. Type	Company NAIC Code

500 Patroon Creek Boulevard, Albany NY 12206

Company mailing address

B. Contact Person:

Rate filing contact person name, title	Contact phone number	Contact Email address

C. Actuarial Contact (If different from above):

Actuary name, title	Actuary phone number	Actuary Email address

D. New Rate Information (See Note #1):

January 1, 2014 - December 31, 2014	1/1/2014	CAPD-128989140
New rate applicability period	New rate effective date	SERFF Tracking Number

E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): Small Group- Off Exchange

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	Yes
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	No
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	NA
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	NA

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date.
It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date.
It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
* For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: SG

A. Complete a separate ROW each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only.
- Include riders that may be available with that policy form in each policy form response.
- Insert additional rows as needed to include all base medical policy forms included in a particular rating pool.
- Add a row with the aggregate values for that entire rating pool and enter an appropriate identifier in column 2. Skip a row between the different rating pools.

B. In Column 2 enter a Rating Pool Identifier for the rating pool the policy form belongs to, such as SG HMO, or SG HMO Upstate if rating pools vary by rating region.

C. In Column 4, market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healhty NY (HNY-IND), Small Group Healthy NY (HNY SG). Use the drop down list to enter the market segment.

D. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Health Plans and Base+Supplemental. Indicate appropriate designation for policy form, etc.

E. The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department). Include a region identifier in this column if needed.

F. Note that many cells include a drop down list. Use the drop down list for entries.

G. If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).

H. This form must be submitted as an Excel file and as a PDF file. Only use the first tab for data entry.

Data Item for Specified Base Medical Policy Form												Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	2. Rating Pool Identifier	3. Effective date of rate change (MM/DD/YY)	4. Market Segment [drop down menu]	5. Product type (see above for examples) [drop down menu]	6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	7. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	8. Number of policyholders affected by rate change. (For group business this is number of groups.)	9. Number of covered lives affected by rate change		14.1 Beginning Date of the experience period (MM/DD/YY)	14.2 Ending Date of the experience period (MM/DD/YY)	14.3 Member months for experience period	14.4 Earned premiums for experience period ($)	14.5 Standardized earned premiums for experience period ($)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
01-0006-2014	HMO	HMO	No	01/01/2014	SG, SP	HMO	Yes	Open	2,133	16,454	XX	01/01/12	12/31/12	217,560	81,999,812	92,441,505	62,800,730	67,888,059	2,949,160	70,837,219	11,538,979	XX
01-0006-2014	Healthy New York	Healthy New York	No	01/01/2014	HNY-SG, HNY-SP, HNY-IND	HMO	No	Open	3,965	7,419	XX	01/01/12	12/31/12	94,664	26,148,434	28,334,443	28,624,096	31,235,673	(6,372,090)	24,863,583	3,907,585	XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX
											XX											XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

			First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)											Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)										
1a. Base medical policy form number	1b. Product Name as in Rate Manual	1c. Product Street Name as indicated to consumers	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period ($)	15.5 Standardized earned premiums for experience period ($)	15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)		16.1 Beginning date of the experience period (MM/DD/YY)	16.2 Ending Date of the experience period (MM/DD/YY)	16.3 Member months for experience period	16.4 Earned premiums for experience period ($)	16.5 Standardized earned premiums for experience period ($)	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	
01-0006-2014	HMO	HMO	01/01/11	12/31/11	239,684	87,550,622	95,508,011	73,890,777	73,938,749		0	2,562,397	11,735,782	XX	01/01/10	12/31/10	269,284	91,552,035	100,754,042	71,379,842	71,725,837	0	2,962,651	12,803,441	XX
01-0006-2014	Healthy New York	Healthy New York	01/01/11	12/31/11	101,569	25,850,904	28,265,378	29,422,002	29,654,582		(7,192,579)	0	4,027,990	XX	01/01/10	12/31/10	110,599	25,562,874	27,735,718	35,842,705	28,904,576	(7,180,721)	0	4,153,980	XX
														XX											XX
														XX											XX
														XX											XX
														XX											XX
														XX											XX
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Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General	Separate column for each plan design (on or off Exchange)				Riders start here		
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.881	0.911	0.897	0.819	0.881	0.911	0.897
5	AV Pricing Value (total, risk pool experience based)*	0.893	0.924	0.910	0.831	0.893	0.924	0.910
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1009	SHPF1010	SHPF1011	SHGF2010	SHPF1023	SHPF1024	SHPF1025
8	Plan ID*	94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period	$61,185,800						
10B	Member-Months for Latest Experience Period	203810						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	$300.21						
11	Average Pricing Actuarial Value reflected in experience period	0.882						
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level	1.011						
14	Market wide adjustment for changes in provider network **	1.000						
15	Market wide adjustment for fee schedule changes **	1.000						
16	Market wide adjustment for utilization management changes **	1.000						
17	Impact on risk pool of changes in expected covered membership risk characteristics **	1.000						
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**						
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions	1.000						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)	1.06988						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.01531						
22	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.1087						
24	Other 1 (specify)	1.000						
25	Other 2 (specify)	1.000						
26	Other 3 (specify)	1.000						
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.881	0.911	0.897	0.819	0.881	0.911	0.897
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.037	1.015	1.037	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.004	1.004	1.004	1.004	1.029	1.029	1.029
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.084**	**1.121**	**1.104**	**0.987**	**1.110**	**1.148**	**1.130**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**449.00**	**464.41**	**457.33**	**408.86**	**459.78**	**475.55**	**468.30**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.819	0.881	0.911	0.897	0.819	0.881	0.911
5	AV Pricing Value (total, risk pool experience based)*	0.831	0.893	0.924	0.910	0.831	0.893	0.924
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHGF2023	SHPF1037	SHPF1038	SHPF1039	SHGF2036	SHPF1051	SHPF1052
8	Plan ID*	94788NY0260049	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.819	0.881	0.911	0.897	0.819	0.881	0.911
29	Pricing actuarial value (only the induced demand factor) #	1.015	1.037	1.037	1.037	1.015	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.029	0.997	0.997	0.997	0.997	1.004	1.004
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.010**	**1.076**	**1.113**	**1.096**	**0.980**	**1.084**	**1.121**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**418.67**	**445.88**	**461.17**	**454.14**	**406.01**	**449.00**	**464.41**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.897	0.819	0.881	0.911	0.897	0.819	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.910	0.831	0.893	0.924	0.910	0.831	0.893
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1053	SHGF2049	SHPF1065	SHPF1066	SHPF1067	SHGF2062	SHPF1079
8	Plan ID*	94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036	94788NY0260052	94788NY0260005
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.897	0.819	0.881	0.911	0.897	0.819	0.881
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.015	1.037	1.037	1.037	1.015	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.004	1.004	1.021	1.021	1.021	1.021	1.029
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.104**	**0.987**	**1.102**	**1.140**	**1.122**	**1.003**	**1.110**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**457.33**	**408.86**	**456.58**	**472.24**	**465.04**	**415.75**	**459.78**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
4	AV Metal Value (HHS Calculator)*	0.911	0.897	0.819	0.881	0.911	0.897	0.819
5	AV Pricing Value (total, risk pool experience based)*	0.924	0.910	0.831	0.893	0.924	0.910	0.831
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1080	SHPF1081	SHGF2075	SHPF1093	SHPF1094	SHPF1095	SHGF2088
8	Plan ID*	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.911	0.897	0.819	0.881	0.911	0.897	0.819
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.015	1.037	1.037	1.037	1.015
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.029	1.029	1.029	1.021	1.021	1.021	1.021
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.148**	**1.130**	**1.010**	**1.102**	**1.140**	**1.122**	**1.003**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**475.55**	**468.30**	**418.67**	**456.58**	**472.24**	**465.04**	**415.75**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.881	0.911	0.897	0.819	0.881	0.911	0.897
5	AV Pricing Value (total, risk pool experience based)*	0.893	0.924	0.910	0.831	0.893	0.924	0.910
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1107	SHPF1108	SHPF1109	SHGF2101	SHPF1121	SHPF1122	SHPF1123
8	Plan ID*	94788NY0260007	94788NY0260023	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.881	0.911	0.897	0.819	0.881	0.911	0.897
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.037	1.015	1.037	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	0.997	0.997	0.997	0.997	1.004	1.004	1.004
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.076**	**1.113**	**1.096**	**0.980**	**1.084**	**1.121**	**1.104**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**445.88**	**461.17**	**454.14**	**406.01**	**449.00**	**464.41**	**457.33**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.819	0.881	0.911	0.897	0.819	0.881	0.911
5	AV Pricing Value (total, risk pool experience based)*	0.831	0.893	0.924	0.910	0.831	0.893	0.924
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHGF2124	SHPF1135	SHPF1136	SHPF1137	SHGF2137	SHPF1149	SHPF1150
8	Plan ID*	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010	94788NY0260026
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.819	0.881	0.911	0.897	0.819	0.881	0.911
29	Pricing actuarial value (only the induced demand factor) #	1.015	1.037	1.037	1.037	1.015	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.004	1.029	1.029	1.029	1.029	0.997	0.997
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.987**	**1.110**	**1.148**	**1.130**	**1.010**	**1.076**	**1.113**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**408.86**	**459.78**	**475.55**	**468.30**	**418.67**	**445.88**	**461.17**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.897	0.819	0.881	0.911	0.897	0.819	0.881
5	AV Pricing Value (total, risk pool experience based)*	0.910	0.831	0.893	0.924	0.910	0.831	0.893
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1151	SHGF2150	SHPF1163	SHPF1164	SHPF1165	SHGF2163	SHPF1177
8	Plan ID*	94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.897	0.819	0.881	0.911	0.897	0.819	0.881
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.015	1.037	1.037	1.037	1.015	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	0.997	0.997	1.004	1.004	1.004	1.004	1.021
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.096**	**0.980**	**1.084**	**1.121**	**1.104**	**0.987**	**1.102**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**454.14**	**406.01**	**449.00**	**464.41**	**457.33**	**408.86**	**456.58**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
4	AV Metal Value (HHS Calculator)*	0.911	0.897	0.819	0.881	0.911	0.897	0.819
5	AV Pricing Value (total, risk pool experience based)*	0.924	0.910	0.831	0.893	0.924	0.910	0.831
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1178	SHPF1179	SHGF2176	SHPF1191	SHPF1192	SHPF1193	SHGF2189
8	Plan ID*	94788NY0260028	94788NY0260044	94788NY0260060	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.911	0.897	0.819	0.881	0.911	0.897	0.819
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.015	1.037	1.037	1.037	1.015
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.021	1.021	1.021	1.029	1.029	1.029	1.029
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.140**	**1.122**	**1.003**	**1.110**	**1.148**	**1.130**	**1.010**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**472.24**	**465.04**	**415.75**	**459.78**	**475.55**	**468.30**	**418.67**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.881	0.911	0.897	0.819	0.881	0.911	0.897
5	AV Pricing Value (total, risk pool experience based)*	0.893	0.924	0.910	0.831	0.893	0.924	0.910
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1205	SHPF1206	SHPF1207	SHGF2202	SHPF1219	SHPF1220	SHPF1221
8	Plan ID*	94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.881	0.911	0.897	0.819	0.881	0.911	0.897
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.037	1.015	1.037	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.021	1.021	1.021	1.021	0.997	0.997	0.997
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.102**	**1.140**	**1.122**	**1.003**	**1.076**	**1.113**	**1.096**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**456.58**	**472.24**	**465.04**	**415.75**	**445.88**	**461.17**	**454.14**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General	
1	Product*	94788NY
2	Product ID*	94788NY026
3	Metal Level (or catastrophic)*	Gold
4	AV Metal Value (HHS Calculator)*	0.819
5	AV Pricing Value (total, risk pool experience based)*	0.831
6	Plan Type*	HMO
7	Plan Name*	SHGF2215
8	Plan ID*	94788NY0260063
9	Exchange Plan?*	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate	
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period	
10B	Member-Months for Latest Experience Period	
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	
11	Average Pricing Actuarial Value reflected in experience period	
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate	
13	Impact of adjusting experience period data to EHB benefit level	
14	Market wide adjustment for changes in provider network **	
15	Market wide adjustment for fee schedule changes **	
16	Market wide adjustment for utilization management changes **	
17	Impact on risk pool of changes in expected covered membership risk characteristics **	
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions	
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)	
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	
22	Impact of adjustments due to experience period claim data not being sufficiently credible	
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	
24	Other 1 (specify)	
25	Other 2 (specify)	
26	Other 3 (specify)	
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments	
28	Pricing actuarial value (without induced demand factor) #	0.819
29	Pricing actuarial value (only the induced demand factor) #	1.015
30	Impact of provider network characteristics ##	1.000
31	Impact of delivery system characteristics ##	1.000
32	Impact of utilization management practices ##	1.000
33	Benefits in additional to EHB (greater than 1.00)	0.997
34	Administrative costs (excluding Exchange user fees and profits)	1.157
35	Profit/Contribution to surplus margins	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000
39	Other 1 (specify)	1.000
40	Other 2 (specify)	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.980**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**406.01**

EXHIBIT 9 - SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES AND PROFIT MARGIN AND INCLUDED IN CURRENT RATE APPLICATION

Company Name: Capital District Physicians' Health
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

A. Complete a separate ROW for Metal Level/Exchange product in the current new On/Off Exchange product filing.
- Information should be for all the benefits included in that plan design (medical, drugs, etc).
- Enter the Metal Tier the On/Off Exchange product belongs to using the drop down menu, or enter a value.
- Enter the On/Off Designation using the drop down menu.
- Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.

B. The average claim trend is the average annualized claim trend for that used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).

C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components and profit margin included in the proposed rates and the average annual claim trend assumed.

D. This form must be submitted as an Excel file and as a PDF file.

1. Metal Level [drop down menu]	2. On/Off Exchange Designation [drop down menu]	3. Exchange Product Name	4.1 Period assumed - beginning date (MM/DD/YY)	4.2 Period assumed - ending date (MM/DD/YY)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	12.3 Commissions and broker fees - as $pmpm	12.4 Premium Taxes - as $pmpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	12.6 Other administrative expenses - as $pmpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/contribution to surplus) - as $pmpm	14. State income tax component - as $pmpm	15. Federal income tax component - as $pmpm	16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
Platinum	Off Exchange	SHPF1009	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.35	$4.72 $19.	34 $6.	42	$7.38 $25.	26	66.47	8.02	$0.00	$0.00	$0.00	74.49
Platinum	Off Exchange	SHPF1010	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.78 $19.	60 $6.	50	$7.38 $25.	59	67.24	8.13	$0.00	$0.00	$0.00	75.37
Platinum	Off Exchange	SHPF1011	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.35	$4.72 $19.	35 $6.	42	$7.38 $25.	26	66.48	8.02	$0.00	$0.00	$0.00	74.50
Gold	Off Exchange	SHGF2010	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.74%	5.51%	14.63%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.38%	$2.98	$4.21 $17.	25 $5.	72	$7.11 $22.	53	59.80	7.15	$0.00	$0.00	$0.00	66.95
Platinum	Off Exchange	SHPF1023	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.43	$4.83 $19.	81 $6.	57	$7.42 $25.	86	67.92	8.21	$0.00	$0.00	$0.00	76.13
Platinum	Off Exchange	SHPF1024	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.56%	5.51%	14.45%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.20%	$3.47	$4.90 $20.	07 $6.	66	$7.42 $26.	20	68.72	8.32	$0.00	$0.00	$0.00	77.04
Platinum	Off Exchange	SHPF1025	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.42	$4.82 $19.	76 $6.	56	$7.40 $25.	80	67.78	8.20	$0.00	$0.00	$0.00	75.96
Gold	Off Exchange	SHGF2023	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.71%	5.51%	14.60%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.35%	$3.06	$4.31 $17.	67 $5.	86	$7.16 $23.	07	61.13	7.33	$0.00	$0.00	$0.00	68.46
Platinum	Off Exchange	SHPF1037	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.32	$4.69 $19.	21 $6.	37	$7.33 $25.	08	66.00	7.97	$0.00	$0.00	$0.00	73.97
Platinum	Off Exchange	SHPF1038	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.60%	5.51%	14.49%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.24%	$3.37	$4.75 $19.	46 $6.	46	$7.38 $25.	41	66.83	8.07	$0.00	$0.00	$0.00	74.90
Platinum	Off Exchange	SHPF1039	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.62%	5.51%	14.51%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.26%	$3.32	$4.68 $19.	16 $6.	36	$7.36 $25.	02	65.90	7.95	$0.00	$0.00	$0.00	73.85
Gold	Off Exchange	SHGF2036	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.75%	5.51%	14.64%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.39%	$2.96	$4.18 $17.	13 $5.	68	$7.11 $22.	37	59.43	7.11	$0.00	$0.00	$0.00	66.54
Platinum	Off Exchange	SHPF1051	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.35	$4.72 $19.	34 $6.	42	$7.38 $25.	26	66.47	8.02	$0.00	$0.00	$0.00	74.49
Platinum	Off Exchange	SHPF1052	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.78 $19.	60 $6.	50	$7.38 $25.	59	67.24	8.13	$0.00	$0.00	$0.00	75.37
Platinum	Off Exchange	SHPF1053	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.34	$4.71 $19.	30 $6.	40	$7.36 $25.	20	66.31	8.00	$0.00	$0.00	$0.00	74.31
Gold	Off Exchange	SHGF2049	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.74%	5.51%	14.63%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.38%	$2.98	$4.21 $17.	25 $5.	72	$7.11 $22.	53	59.80	7.15	$0.00	$0.00	$0.00	66.95
Platinum	Off Exchange	SHPF1065	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.40	$4.80 $19.	67 $6.	53	$7.41 $25.	68	67.49	8.16	$0.00	$0.00	$0.00	75.65
Platinum	Off Exchange	SHPF1066	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.57%	5.51%	14.46%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.21%	$3.45	$4.86 $19.	93 $6.	61	$7.41 $26.	02	68.28	8.26	$0.00	$0.00	$0.00	76.54
Platinum	Off Exchange	SHPF1067	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.79 $19.	62 $6.	51	$7.39 $25.	62	67.32	8.14	$0.00	$0.00	$0.00	75.46
Gold	Off Exchange	SHGF2062	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.72%	5.51%	14.61%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.36%	$3.03	$4.28 $17.	54 $5.	82	$7.15 $22.	91	60.73	7.28	$0.00	$0.00	$0.00	68.01
Platinum	Off Exchange	SHPF1079	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.43	$4.83 $19.	81 $6.	57	$7.42 $25.	86	67.92	8.21	$0.00	$0.00	$0.00	76.13
Platinum	Off Exchange	SHPF1080	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.56%	5.51%	14.45%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.20%	$3.47	$4.90 $20.	07 $6.	66	$7.42 $26.	20	68.72	8.32	$0.00	$0.00	$0.00	77.04
Platinum	Off Exchange	SHPF1081	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.42	$4.82 $19.	76 $6.	56	$7.40 $25.	80	67.76	8.20	$0.00	$0.00	$0.00	75.96
Gold	Off Exchange	SHGF2075	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.71%	5.51%	14.60%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.35%	$3.06	$4.31 $17.	67 $5.	86	$7.16 $23.	07	61.13	7.33	$0.00	$0.00	$0.00	68.46
Platinum	Off Exchange	SHPF1093	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.40	$4.80 $19.	67 $6.	53	$7.41 $25.	68	67.49	8.16	$0.00	$0.00	$0.00	75.65
Platinum	Off Exchange	SHPF1094	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.57%	5.51%	14.46%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.21%	$3.45	$4.86 $19.	93 $6.	61	$7.41 $26.	02	68.28	8.26	$0.00	$0.00	$0.00	76.54
Platinum	Off Exchange	SHPF1095	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.79 $19.	62 $6.	51	$7.39 $25.	62	67.32	8.14	$0.00	$0.00	$0.00	75.46
Gold	Off Exchange	SHGF2088	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.72%	5.51%	14.61%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.36%	$3.03	$4.28 $17.	54 $5.	82	$7.15 $22.	91	60.73	7.28	$0.00	$0.00	$0.00	68.01
Platinum	Off Exchange	SHPF1107	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.32	$4.69 $19.	21 $6.	37	$7.33 $25.	08	66.00	7.97	$0.00	$0.00	$0.00	73.97
Platinum	Off Exchange	SHPF1108	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.60%	5.51%	14.49%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.24%	$3.37	$4.75 $19.	46 $6.	46	$7.38 $25.	41	66.83	8.07	$0.00	$0.00	$0.00	74.90
Platinum	Off Exchange	SHPF1109	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.62%	5.51%	14.51%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.26%	$3.32	$4.68 $19.	16 $6.	36	$7.36 $25.	02	65.90	7.95	$0.00	$0.00	$0.00	73.85
Gold	Off Exchange	SHGF2101	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.75%	5.51%	14.64%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.39%	$2.96	$4.18 $17.	13 $5.	68	$7.11 $22.	37	59.43	7.11	$0.00	$0.00	$0.00	66.54
Platinum	Off Exchange	SHPF1121	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.35	$4.72 $19.	34 $6.	42	$7.38 $25.	26	66.47	8.02	$0.00	$0.00	$0.00	74.49
Platinum	Off Exchange	SHPF1122	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.78 $19.	60 $6.	50	$7.38 $25.	59	67.24	8.13	$0.00	$0.00	$0.00	75.37
Platinum	Off Exchange	SHPF1123	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.34	$4.71 $19.	30 $6.	40	$7.36 $25.	20	66.31	8.00	$0.00	$0.00	$0.00	74.31
Gold	Off Exchange	SHGF2124	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.74%	5.51%	14.63%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.38%	$2.98	$4.21 $17.	25 $5.	72	$7.11 $22.	53	59.80	7.15	$0.00	$0.00	$0.00	66.95
Platinum	Off Exchange	SHPF1135	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.43	$4.83 $19.	81 $6.	57	$7.42 $25.	86	67.92	8.21	$0.00	$0.00	$0.00	76.13
Platinum	Off Exchange	SHPF1136	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.56%	5.51%	14.45%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.20%	$3.47	$4.90 $20.	07 $6.	66	$7.42 $26.	20	68.72	8.32	$0.00	$0.00	$0.00	77.04
Platinum	Off Exchange	SHPF1137	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.42	$4.82 $19.	76 $6.	56	$7.40 $25.	80	67.76	8.20	$0.00	$0.00	$0.00	75.96
Gold	Off Exchange	SHGF2137	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.71%	5.51%	14.60%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.35%	$3.06	$4.31 $17.	67 $5.	86	$7.16 $23.	07	61.13	7.33	$0.00	$0.00	$0.00	68.46
Platinum	Off Exchange	SHPF1149	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.32	$4.69 $19.	21 $6.	37	$7.33 $25.	08	66.00	7.97	$0.00	$0.00	$0.00	73.97
Platinum	Off Exchange	SHPF1150	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.60%	5.51%	14.49%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.24%	$3.37	$4.75 $19.	46 $6.	46	$7.38 $25.	41	66.83	8.07	$0.00	$0.00	$0.00	74.90
Platinum	Off Exchange	SHPF1151	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.62%	5.51%	14.51%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.26%	$3.32	$4.68 $19.	16 $6.	36	$7.36 $25.	02	65.90	7.95	$0.00	$0.00	$0.00	73.85
Gold	Off Exchange	SHGF2150	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.75%	5.51%	14.64%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.39%	$2.96	$4.18 $17.	13 $5.	68	$7.11 $22.	37	59.43	7.11	$0.00	$0.00	$0.00	66.54
Platinum	Off Exchange	SHPF1163	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.35	$4.72 $19.	34 $6.	42	$7.38 $25.	26	66.47	8.02	$0.00	$0.00	$0.00	74.49
Platinum	Off Exchange	SHPF1164	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.78 $19.	60 $6.	50	$7.38 $25.	59	67.24	8.13	$0.00	$0.00	$0.00	75.37
Platinum	Off Exchange	SHPF1165	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.34	$4.71 $19.	30 $6.	40	$7.36 $25.	20	66.31	8.00	$0.00	$0.00	$0.00	74.31
Gold	Off Exchange	SHGF2163	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.74%	5.51%	14.63%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.38%	$2.98	$4.21 $17.	25 $5.	72	$7.11 $22.	53	59.80	7.15	$0.00	$0.00	$0.00	66.95
Platinum	Off Exchange	SHPF1177	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.40	$4.80 $19.	67 $6.	53	$7.41 $25.	68	67.49	8.16	$0.00	$0.00	$0.00	75.65
Platinum	Off Exchange	SHPF1178	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.57%	5.51%	14.46%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.21%	$3.45	$4.86 $19.	93 $6.	61	$7.41 $26.	02	68.28	8.26	$0.00	$0.00	$0.00	76.54
Platinum	Off Exchange	SHPF1179	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.79 $19.	62 $6.	51	$7.39 $25.	62	67.32	8.14	$0.00	$0.00	$0.00	75.46
Gold	Off Exchange	SHGF2176	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.72%	5.51%	14.61%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.36%	$3.03	$4.28 $17.	54 $5.	82	$7.15 $22.	91	60.73	7.28	$0.00	$0.00	$0.00	68.01
Platinum	Off Exchange	SHPF1191	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.43	$4.83 $19.	81 $6.	57	$7.42 $25.	86	67.92	8.21	$0.00	$0.00	$0.00	76.13
Platinum	Off Exchange	SHPF1192	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.56%	5.51%	14.45%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.20%	$3.47	$4.90 $20.	07 $6.	66	$7.42 $26.	20	68.72	8.32	$0.00	$0.00	$0.00	77.04
Platinum	Off Exchange	SHPF1193	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.58%	5.51%	14.47%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.22%	$3.42	$4.82 $19.	76 $6.	56	$7.40 $25.	80	67.76	8.20	$0.00	$0.00	$0.00	75.96
Gold	Off Exchange	SHGF2189	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.71%	5.51%	14.60%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.35%	$3.06	$4.31 $17.	67 $5.	86	$7.16 $23.	07	61.13	7.33	$0.00	$0.00	$0.00	68.46
Platinum	Off Exchange	SHPF1205	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.40	$4.80 $19.	67 $6.	53	$7.41 $25.	68	67.49	8.16	$0.00	$0.00	$0.00	75.65
Platinum	Off Exchange	SHPF1206	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.57%	5.51%	14.46%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.21%	$3.45	$4.86 $19.	93 $6.	61	$7.41 $26.	02	68.28	8.26	$0.00	$0.00	$0.00	76.54
Platinum	Off Exchange	SHPF1207	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.59%	5.51%	14.48%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.23%	$3.39	$4.79 $19.	62 $6.	51	$7.39 $25.	62	67.32	8.14	$0.00	$0.00	$0.00	75.46
Gold	Off Exchange	SHGF2202	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.72%	5.51%	14.61%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.36%	$3.03	$4.28 $17.	54 $5.	82	$7.15 $22.	91	60.73	7.28	$0.00	$0.00	$0.00	68.01
Platinum	Off Exchange	SHPF1219	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.61%	5.51%	14.50%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.25%	$3.32	$4.69 $19.	21 $6.	37	$7.33 $25.	08	66.00	7.97	$0.00	$0.00	$0.00	73.97
Platinum	Off Exchange	SHPF1220	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.60%	5.51%	14.49%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.24%	$3.37	$4.75 $19.	46 $6.	46	$7.38 $25.	41	66.83	8.07	$0.00	$0.00	$0.00	74.90
Platinum	Off Exchange	SHPF1221	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.62%	5.51%	14.51%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.26%	$3.32	$4.68 $19.	16 $6.	36	$7.36 $25.	02	65.90	7.95	$0.00	$0.00	$0.00	73.85
Gold	Off Exchange	SHGF2215	01/01/14	12/31/14	4.69%	0.73%	1.03%	4.22%	1.40%	1.75%	5.51%	14.64%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	16.39%	$2.96	$4.18 $17.	13 $5.	68	$7.11 $22.	37	59.43	7.11	$0.00	$0.00	$0.00	66.54

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Off-Exchange Plan Filing

General Information

Company Legal Name: Capital District Physicians' Health Plan, Inc.
State: New York
HIOS Issuer ID: 94788
QHP Template SERFF #: CAPD-128989140
Market: Small Group
Effective Date: January through December 2014
Primary Contact Name:
Primary Contact Telephone Number:
Primary Contact Email Address:

Overview

This document contains the Actuarial Memorandum for Capital District Physicians' Health Plan, Inc.'s ("CDPHP") small group comprehensive medical block of business, effective January 1, 2014. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated September 17, 2002. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CDPHP's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for CDPHP by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

Reliance

In performing this analysis, I relied on data and other information provided by CDPHP. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

Identification

I am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by CDPHP to assist in the development of premium rates for the Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all new Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

CDPHP is filing small group rates with effective dates beginning January 1, 2014 for plans to be marketed on the NYHBE. The plan designs included in this filing are new to the small group market and are compliant with the EHB in accordance with the ACA. The new plans design costs have been derived from the combined base claims experience for CDPHP's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2014. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Anticipated changes in morbidity for the covered population and new entrants into the market as well as the impact of the Federal Risk Adjustment Program and Federal Transitional Reinsurance program have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group HMO and small group Healthy NY pooled incurred claims and membership for all in-force plans, including grandfathered plans, for the 12 months ending September 2012, paid

through February 2013 for CDPHP's current Capital Area rating region. CDPHP's Capital Area rating region encompasses over 91% of the covered membership in the base period small group pool and mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from CDPHP's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 77% of incurred and allowed claims are processed on CDPHP's claims system, 15% are processed through CDPHP's Pharmacy Benefit Manager Caremark, and approximately 7% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to insure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 5 months of paid run-out and therefore, IBNR is less than 0.5% of the base period starting claim cost.

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

Projection Factors

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Changes in Benefits

- **Impact of compliance with Essential Health benefits:**

  The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is derived on Exhibit F and applied on Exhibit 8, Line 13 consistently for all plans in each metal tier.

  - Pediatric Vision – currently a non-covered benefit
  - Hearing Aids – currently a non-covered benefit
  - Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
  - Gym Reimbursement – Currently a non-covered benefit

- **Impact of compliance with NYS Mandates included in the NYS benchmark plan:**

  The NYS Autism mandate became effective for renewals beginning November 2012. Since the effective date was after the end of the base period, an estimate for the cost associated for this benefit has been added to the base period starting point.

- **Benefits for adult vision care have been added for non-standard plans.**

Additional Riders

Unique plan designs have been created to incorporate additional benefits available through a rider:

DFS Contract #	Description of Rider	Factor	
02-0003-2014	Dependent to Age 29	1.024	Currently Approved form HM29R RIDER-0909
02-0004-2014	Domestic Partner	1.000	No Cost
02-0005-2014	Contraceptive Carve Out	0.9930	Cost of contraceptives / Starting claim Expense

Dental

CDPHP has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. CDPHP will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract. Delta Dental has filed their stand alone products under SERFF # DDPA-128974006.

The premium rates included in the rate filing were developed by Delta Dental and are an add-on to the medical premium. The rates have been added to the Employee/Child(ren) and Family tiers only, for those plan designs which indicate dental as a rider. See Exhibit I.

Population/Demographic Change

No adjustment has been incorporated due to the uncertainty of the future demographic mix

Other Adjustments

Other Market-wide adjustments considered in the rate development include:

- **Impact of changes in the provider network, fee schedules levels, or utilization management that apply to the entire market-wide risk pool not included in the claim trend:** There are no changes planned for the composition of the provider network, fee schedules levels or utilization management in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

    - Adjustment to Federal Risk Adjustment Factor simulation as discussed further below.
    - Since the Individual plans will be offered under CDPHP line of business, an adjustment factor of 1.012 assumes a shift in membership of the sole proprietors from the existing small group market to the individual market.

- **Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions:** New regional factors have been developed based on the standardized rating regions determined by NYS DFS. The time period for the base data is October 1, 2011 – September 30, 2012; the same time period as used for the development of the claim expenses. CDPHP's current Capital Area rating region is equivalent to the standard rating Region 1 and was used as the starting point claims cost. The factors were calculated using the allowed claims per member per month, by county, for all commercial members (large, small, sole prop, and individual including HNY). The Capital region is considered the starting point (1.00) for which the other regions are compared. See Exhibit D.

Development of Conversion Factor

The conversion factor has been calculated based on membership enrolled in commercial small group, sole proprietor and individual products for October 2011 – September 2012. CDPHP currently offers three family tier structures: 2-tier, 3- tier, and 4- tier. Effective January 1, 2014, CDPHP will only offer a 4-tier structure in the small group market both on and off the Exchange. Required rate ratios as determined by the NYS Department of Financial Services were used in this calculation. See Exhibit C.

Comparison of changes to Tier Ratios:

	Single	Family 2T	Double	Family 3T	Emp/Spouse	Emp/Child(ren)	Family 4T

Current HMO	1.00	2.50	2.00	2.60	2.00	1.90	2.80
Current UBI	1.00	2.60	2.00	2.65	2.00	1.95	2.90
New (DFS)	1.00				2.00	1.70	2.85

Cost and Utilization Trend Factors

The average annual trend factor applied is 4.69%. The effective trend based on 27 months from the midpoint of the base period to the midpoint of the rate period is 10.87%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contract provider reimbursement rates, and input from CDPHP's medical utilization management team and the following assumptions.

- Service Mix Intensity: An intensity factor of -0.4 %, for the 3 months remaining for 2012 projection (-1.68% 12 month actual) has been included in the trends. This is based on the comparison of the actual experience increase compared to the implemented fee increase for 2012. The development of this factor includes Inpatient, Outpatient and Professional services, has been applied to the projected 2012 claim costs.

- Case Mix : No additional adjustment has been made since the current case mix is included in the underlying data used to develop the Service Mix Intensity.

- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated for small group.

- Deductible Leveraging: No explicit additional adjustments have been applied

- Inpatient: Ongoing medical management programs including an aggressive re-admission avoidance program, crisis hot-line, embedded model and diabetic depression program will decrease the number of admits.

- Outpatient: Increase in the number of outpatient procedures continues to see rebound of pent up demand (pre-ACA population) due to recent improvements in the local and national economic outlook. CDPHP's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.

- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services.

- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high technology program. Comprehensive program to address diabetics is scheduled for implementation in 2014. More aggressive post discharge management may necessitate more DME and prosthetics.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark.

Credibility Manual Rate Development

- None

Credibility of Experience

- Experience period is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Paid to Allowed Ratio

The Paid to Allowed Ratio was determined using the HHS AV Calculator for each standard and non-standard plan proposed and weighted by the projected membership.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

CDPHP relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting. CDPHP combined the simulation results for their two Small Group pools used in the base experience Index Rate development as shown below. CDPHP applied a 25% reduction to the estimated transfer payment in anticipation of an unfavorable the change in CDPHP's risk pool post-ACA.

Additionally, the anticipated change in risk pool considered the following:

- A 15.5% increase in average small group membership in the experience pool from the base period to the 12 month period ending March 2013.
- Emerging diagnoses information for the months following the base period that would have eligible HCCs for risk adjustment not included in the simulation
- The impact of newly insureds entering the market with pre-existing conditions

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP Small Group	242,173	($20.10)
CDPHP UBI Small Group	553,485	($37.13)
Weighted		($31.95)
Reduction for expected change for assumed population in 2014		25%
Projected RA PMPM 2014		($23.96)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Reinsurance Premium

CDPHP derived a factor based on a per capita contribution rate of $5.25/month divided by the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The administrative expense load is based on actual 2012 administrative expense in the current small group market. Broker commissions will be reduced from 2012.

Profit (Contribution to Surplus) & Risk Margin

A 1.75% contribution to surplus is included. There is no additional load for Risk Margin included.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2 PMPY
Risk Adjustment User Fee: $.96 PMPY
NYS Regulatory Authority license and fees: Based on a % of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**% of Premium Projected**	**% of Premium based on 2012 Actuals**
General Administrative Expense	5.51%	8.73%
Broker Commissions	4.22%	5.62%
Quality Improvement	1.03%	1.03%
NYS Regulatory Authority license and fees	0.73%	0.73%
Subtotal – Excluding ACA Taxes and Fees	**11.49%**	16.12%
ACA Insurers tax	1.40%	n/a
ACA Fees	0.46%	n/a
Total Administrative Expense Including ACA	**13.35%**	16.12%
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)
Total Retention including Profit	**15.10%**	16.12%

Projected Loss Ratio

The projected loss ratio based on the Federally prescribed MLR methodology is 85.2%

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS AV Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$300.21	**A**
Average AV Pricing Value	.8699	**B**
Induced Demand	1.014	**C**
Index Rate **(Exhibit 8, line 12)**	$340.29	**A / B / C**

General Overview of Proposed Rate Development

The general methodology used to develop the rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended pmpm to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:
- Gross trended starting pmpm (net in-force pmpm / in-force AV)
- Plan specific AV, using HHS Actuarial Value Calculator except as noted below for plans that did not fit into the AV calculator
- Metal Tier induced demand
- Impact of EHB not included in base data,
- Adult vision for non-standard plans (additional benefit)
- Applicable factors as outlined above for additional riders
- Risk Adjustment
- Impact of Reinsurance
- Administrative cost
- Contribution to surplus

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Subsequent quarterly rate trend are show in the following table

Projected Trend Factor 2014		5.09%
Projected Trend Factor 2015		5.91%
Effective Quarter	Annual	Quarterly
Q2 2014	5.29%	1.30%
Q3 2014	5.50%	1.35%
Q4 2014	5.71%	1.40%

AV Metal Values

The HHS AV Calculator was used to determine the AV for the plans designs submitted in this rate filing. See Exhibit G.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman *Health Cost Guidelines*™ were used to determine the weighted average cost share, (AV), and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator except as noted above. An assumed induced demand factor per metal tier was multiplied by the plan AV and divided by the reference plan AV. The assumptions for

induced demand per guidance provided by NYS Department of Financial Services, component was set consistently for each plan within metal tier. Furthermore, the variation in adopted induced demand adjustment factors between any two metal plans does not exceed the HHS induced demand adjustment factors set forth in the Notice of Benefit and Payment Parameters for 2014.

Induced Demand assumed by Metal Tier:

	Induced Demand
Platinum	1.037
Gold	1.015
Silver	0.965
Bronze	0.940

As a result, the maximum variation in premium between any two metal tiers was determined by the following combination of AV and induced demand.

Largest Spread	Lower bound	Upper bound	Impact of AV	Impact ID	Max Spread
Platinum and Gold		0.9200	1.1795	1.0648	1.2559
Gold and Silver	0.7800	0.8200	1.2059	1.0485	1.2644
Silver and Bronze	0.6800	0.7200	1.2414	1.0300	1.2786
Bronze and Catastrophic	0.58	0.62	1.0727	1.0000	1.0727
Catastrophic	0.5780				

Example Calculation:
Impact of AV = Upper bound of current Tier / Lower bound of one tier lower (Platinum and Gold = 0.92 / 0.78 = 1.1785)
Impact Induced Demand (ID) = Max HHS value of metal tier / Max HHS value of next lower tier (Platinum and Gold = 1.15 / 1.08 = 1.0648)
Max Spread = Impact of AV * Impact ID (Platinum and gold = 1.1798 * 1.0648 = 1.2559)

Membership Projections

The existing book of business was mapped to a metal tier using the following ranges AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The plans containing membership, for each metal tier, were then mapped to the standard plan design within the metal tier. As a final step the membership was redistributed under the assumption that 50%, 25%, and 25% of the Platinum, Gold and Silver tiers, respectively, would move into the Bronze metal tier. Based on this redistribution of the projected membership, Worksheet 2 does not balance to the projected costs on Worksheet 1 of the Unified Rate Review Template.

Terminated Products

The following products are being terminated for both small groups and sole proprietors:

Form # (Base plans)	**2013 Plan Code**
01-0001-2010	HA29S13
01-0001-2010	HA6S13
01-0001-2010	HA8S13
01-0001-2010	HA9S13
01-0001-2010	HM1S13
01-0001-2010	HM2S13
4221-2007	Non Group HMO
5284-2007	Non Group POS
Form # (Riders)	**2013 Plan Code**
01-0002-2010	HMRXS8[A,B]13
01-0002-2010	HMRXS19[A,B]13
01-0002-2010	HMRXS21[A,B]13
01-0002-2010	HMRXS22[A,B]13
01-0002-2010	HMRXS30[A,B]13
01-0002-2010	HMRXS35[A,B]13
01-0002-2010	HMRXS37[A,B]13
01-0002-2010	HMRXS38[A,B]13
01-0002-2010	HMRXS39[A,B]13
01-0002-2010	HMRXS44[A,B]13
01-0002-2010	HMRXS46[A,B]13
01-0002-2010	HMRXS47[A,B]13
01-0002-2010	HMRXS48[A,B]13
01-0002-2010	HMRXS66[A,B]13
01-0002-2010	HMRXS67[A,B]13
01-0002-2010	HMRXS68[A,B]13
01-0002-2010	HMRXS69[A,B]13
01-0002-2010	HMRXS70[A,B]13
01-0002-2010	HMRXS71[A,B]13
01-0002-2010	HMRXS72[A,B]13
01-0002-2010	HMRXS73[A,B]13
01-0002-2010	HMRXS74[A,B]13
01-0002-2010	HMRXS75[A,B]13
01-0002-2010	HMRXS15[A,B]13
01-0002-2010	HMRXS16[A,B]13
01-0002-2010	HMRXS17[A,B]13
01-0002-2010	HMRXS18[A,B]13
01-0002-2010	HMRXS59[A,B]13
01-0002-2010	HMRXS60[A,B]13

01-0002-2010	HMRXS61[A,B]13
01-0002-2010	HMRXS62[A,B]13
01-0002-2010	HMRXS63[A,B]13
01-0002-2010	HMRXS64[A,B]13
01-0002-2010	HMRXS65[A,B]13
HMBH[S]1-0110	HMBHS113
HMBH[S]2-0110	HMBHS213
HMSNF[L;S]-0107	HMSNFS113
HMVSN[L;S]-0110	HMVSNS113
HMVSN[L;S]-0110	HMVSNS213
HMVSN[L;S]-0110	HMVSNS313
HMVSN[L;S]-0110	HMVSNS613
HMTRAV[L;S]-0110	HMTRAVS113
HMTRAV[L;S]-0110	HMTRAVS213
HMTRAV[L;S]-0110	HMTRAVS313
HMWELS412	HMWELS413
AUTISMHMO2012	AUTISMSGHMO
HMOPPACA	WWSGHMO
HMOEXCONT	HMWWREMVESG
NGPPACA	NGPPACA
699	699
HDDIABAMENDSG-2013	HDDIABAMENDSG-2013

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit E.

April 29, 2013

RE: Data Reliance Statement for 2014 Rate Filing

Dear,

I, Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to. in support of the actuarial 2014 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2014.

Sincerely,

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO

Exhibit B

Trend Summary

Annualized trend from base period to 2014 projection period

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.37%		2.62%	-2.55%	2.85%
Outpatient Facility	3.66%		7.44%	1.46%	7.92%
Professional	0.77%		3.48%	1.21%	3.82%
Other Medical	2.48%		3.30%	1.23%	3.46%
Capitation			11.45%	0.00%	11.45%
Prescription Drug	2.50%		5.57%	2.50%	6.61%
Overall Trends			4.69%	1.61%	5.09%

Projected 2014

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.47%		3.16%	-2.73%	3.42%
Outpatient Facility	3.15%		7.20%	1.00%	7.68%
Professional	1.05%		3.10%	1.55%	3.32%
Other Medical	2.37%		3.13%	1.31%	3.27%
Capitation					
Prescription Drug	2.50%		5.57%	2.50%	6.58%
Overall Trends			4.69%	1.61%	5.09%

Projected 2015

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	0.00%		6.18%	0.00%	6.44%
Outpatient Facility	3.56%		7.80%	2.35%	8.20%
Professional	1.22%		3.29%	1.64%	3.52%
Other Medical	2.40%		3.14%	1.33%	3.27%
Capitation					
Prescription Drug	2.50%		5.58%	2.50%	6.56%
Overall Trends	2.10%		5.48%	1.98%	5.91%

Quarterly Trends	Annual	Quarterly
Q1 2014 - Q2 2014	5.29%	1.30%
Q2 2014 - Q3 2014	5.50%	1.35%
Q3 2014 - Q4 2014	5.71%	1.40%

Data Collection Template

Company Legal Name: **Capital District Physicians' Hea** State: **NY**
HIOS Issuer ID: **94788** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 10/1/2011 to 9/30/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$87,065,672	$364.67	100.00%
Incurred Claims in Experience Period	$73,199,960	306.59	84.07%
Allowed Claims:	$81,947,833	343.23	94.12%
Index Rate of Experience Period		$340.00	
Experience Period Member Months	238,752		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection: 27 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	273.50	$2,477.87	$56.47	1.012	1.018	1.057	1.000	276.74	$2,857.13	$65.89	0.00	$0.00	$0.00
Outpatient Hospital	Visits	1,793.30	406.71	60.78	1.012	1.075	1.058	1.037	1,967.37	496.47	81.39	0.00	0.00	0.00
Professional	Services	10,358.20	126.55	109.24	1.012	1.075	1.028	1.008	10,664.17	144.62	128.52	0.00	0.00	0.00
Other Medical	Services	4,815.50	66.15	26.54	1.012	1.075	1.023	1.025	5,148.27	74.79	32.09	0.00	0.00	0.00
Capitation	Benefit Period	12,000.00	31.37	31.37	1.012	1.075	1.000	1.000	12,142.15	33.72	34.12	0.00	0.00	0.00
Prescription Drug	Prescriptions	11,280.50	62.57	58.82	1.012	1.075	1.030	1.025	12,066.22	71.88	72.27	0.00	0.00	0.00
Total				$343.23							$414.28			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$414.28	$14,475,056
Paid to Allowed Average Factor in Projection Period			0.871	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$360.86	$12,608,393
Projected Risk Adjustments PMPM			23.96	837,250
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$336.90	$11,771,144
Projected ACA reinsurance recoveries, net of rein prem, PMPM				
Projected Incurred Claims			$336.90	$11,771,144
Administrative Expense Load		10.76%	41.94	1,465,417
Profit & Risk Load		1.75%	6.82	238,335
Taxes & Fees		1.06%	4.13	144,223
Single Risk Pool Gross Premium Avg. Rate, PMPM			$389.79	$13,619,119
Index Rate for Projection Period			$381.76	
% increase over Experience Period			6.89%	
% Increase, annualized:			3.00%	
Projected Member Months				34,940

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**Capital District Physicians' Health Plan**	State:
HIOS Issuer ID:	**94788**	Market:
Effective Date of Rate Change(s):	**1/1/2014**	

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		94788						94788			
Product ID:		94788NY024						94788NY018			
Metal:		Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Gold	Gold
AV Metal Value		1.000	1.000	1.000	1.000	1.000	1.000	0.959	0.766	0.790	0.790
AV Pricing Value		1.000	1.000	1.000	1.000	1.000	1.000	0.959	0.766	0.801	0.801
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		HA29S13	HA6S13	HA8S13	HA9S13	HM1S13	HM2S13	HNY	HDHNY	SHGXHNY1	SHGXHNY2
Plan ID (Standard Component ID):		94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Exchange Plan?		No	No	No	No	No	No	No	No	Yes	Yes
Historical Rate Increase - Calendar Year - 2		7.52%						7.52%			
Historical Rate Increase - Calendar Year - 1		9.02%						9.02%			
Historical Rate Increase - Calendar Year 0		5.43%						5.43%			
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!						#DIV/0!			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$337.92									$337.92	$346.03
Projected Member Months	34,940									34,925	1

:tion III: Experience Period Information

Plan ID (Standard Component ID):	Total	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Average Rate PMPM	$364.67	$398.21	$397.41	$435.12	$432.64	$363.49	$354.00	$272.64	$220.10		
Member Months	238,750	16,183	63,557	12,562	8,712	42,791	59,128	33,479	2,338		
Total Premium (TP)	$87,065,672	$6,444,301	$25,258,490	$5,466,013	$3,769,120	$15,553,977	$20,931,304	$9,127,880	$514,586	$0	$0
EHB basis or full portion of TP, [see instructions]	0.00%										
state mandated benefits portion of TP that are other than EHB	0.00%										
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$81,947,147	$5,554,558	$21,814,931	$4,311,707	$2,990,256	$14,687,331	$20,294,747	$11,491,135	$802,481		
EHB basis or full portion of TAC, [see instructions]	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:	$8,747,800	$592,945	$2,328,728	$460,272	$319,208	$1,567,862	$2,166,450	$1,226,671	$85,664		
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0									$0	$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$73,199,347	$4,961,613	$19,486,203	$3,851,435	$2,671,048	$13,119,469	$18,128,297	$10,264,465	$716,817	$0	$0
Net Amt of Rein	$0.00										
Net Amt of Risk Adj	$0.00										
Incurred Claims PMPM	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Average Rate PMPM	$337.92	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$337.92	$346.03
Member Months	34,940	-	-	-	-	-	-	-	-	34,925	1
Total Premium (TP)	$11,807,014	$0	$0	$0	$0	$0	$0	$0	$0	$11,801,899	$346
EHB basis or full portion of TP, [see instructions]	100.00%									100.00%	97.60%
state mandated benefits portion of TP that are other than EHB	0.00%									0.00%	2.40%
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$13,527,846									$13,522,038	$387
EHB basis or full portion of TAC, [see instructions]	100.00%									100.00%	97.60%
state mandated benefits portion of TAC that are other than EHB	0.00%									0.00%	2.40%
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$2,840,848									$2,839,628	$81
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0										
insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$10,686,998	$0	$0	$0	$0	$0	$0	$0	$0	$10,682,410	$306
Net Amt of Rein	$0										
Net Amt of Risk Adj	$0									$0	$0
Incurred Claims PMPM	$305.87	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$305.87	$305.87
Allowed Claims PMPM	$387.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$387.17	$387.17
EHB portion of Allowed Claims, PMPM	$387.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$387.17	$377.88

Product-Plan Data Collection

Company Legal Name: **NY**
HIOS Issuer ID: **Small Group**
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	94788										
Product ID:	94788NY026										
Metal:	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
AV Metal Value	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
AV Pricing Value	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHGXHNY3	SHGXHNY4	SHGXHNY5	SHGXHNY6	SHGXHNY7	SHGXHNY8	SHGXHNY9	SHGXHNY10	SHGXHNY11	SHGXHNY12	SHGXHNY13
Plan ID (Standard Component ID):	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Historical Rate Increase - Calendar Year - 2	0.00%										
Historical Rate Increase - Calendar Year - 1	0.00%										
Historical Rate Increase - Calendar Year 0	0.00%										
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	0.00%										

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$335.57	$337.92	$343.62	$346.03	$343.62	$335.57	$337.92	$346.03	$335.57	$337.92	$343.62
Projected Member Months	1	1	1	1	1	1	1	1	1	1	1

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077
Average Rate PMPM	$335.57	$337.92	$343.62	$346.03	$343.62	$335.57	$337.92	$346.03	$335.57	$337.92	$343.62
Member Months	1	1	1	1	1	1	1	1	1	1	1
Total Premium (TP)	$336	$338	$344	$346	$344	$336	$338	$346	$336	$338	$344
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	98.31%	97.60%	98.31%	100.00%	100.00%	97.60%	100.00%	100.00%	98.31%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	1.69%	2.40%	1.69%	0.00%	0.00%	2.40%	0.00%	0.00%	1.69%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$387	$387	$387	$387	$387	$387	$387	$387	$387	$387	$387
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	98.31%	97.60%	98.31%	100.00%	100.00%	97.60%	100.00%	100.00%	98.31%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	1.69%	2.40%	1.69%	0.00%	0.00%	2.40%	0.00%	0.00%	1.69%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$81	$81	$81	$81	$81	$81	$81	$81	$81	$81	$81
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	$306	$306	$306	$306	$306	$306	$306	$306	$306	$306	$306
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87
Allowed Claims PMPM	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17
EHB portion of Allowed Claims, PMPM	$387.17	$387.17	$380.64	$377.88	$380.64	$387.17	$387.17	$377.88	$387.17	$387.17	#VALUE!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product											
Product ID:											
Metal:	Gold	Gold	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
AV Metal Value	0.790	0.790	0.790	0.881	0.911	0.897	0.819	0.881	0.911	0.897	0.819
AV Pricing Value	0.801	0.801	0.801	0.893	0.924	0.910	0.831	0.893	0.924	0.910	0.831
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHGXHNY14	SHGXHNY15	SHGXHNY16	SHPF1009	SHPF1010	SHPF1011	SHGF2010	SHPF1023	SHPF1024	SHPF1025	SHGF2023
Plan ID (Standard Component ID):	94788NY0260078	94788NY0260079	94788NY0260080	94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049
Exchange Plan?	Yes	Yes	Yes	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2											
Historical Rate Increase - Calendar Year - 1											
Historical Rate Increase - Calendar Year 0											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260078	94788NY0260079	94788NY0260080	94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$346.03	$343.62	$335.57	$449.00	$464.41	$457.33	$408.86	$459.78	$475.55	$468.30	$418.67
Projected Member Months	1	1	1	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260078	94788NY0260079	94788NY0260080	94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260078	94788NY0260079	94788NY0260080	94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049
Average Rate PMPM	$346.03	$343.62	$335.57	$449.00	$464.41	$457.33	$408.86	$459.78	$475.55	$468.30	$418.67
Member Months	1	1	1	-	-	-	-	-	-	-	-
Total Premium (TP)	$346	$344	$336	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	97.60%	98.31%	100.00%	99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%
state mandated benefits portion of TP that are other than EHB	2.40%	1.69%	0.00%	0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$387	$387	$387	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TAC, [see instructions]	97.60%	98.31%	100.00%	99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%
state mandated benefits portion of TAC that are other than EHB	2.40%	1.69%	0.00%	0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$81	$81	$81	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$306	$306	$306	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	$305.87	$305.87	$305.87	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	$387.17	$387.17	$387.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	$377.88	$380.64	$387.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product											
Product ID:											
Metal:	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
AV Metal Value	0.881	0.911	0.897	0.819	0.881	0.911	0.897	0.819	0.881	0.911	0.897
AV Pricing Value	0.893	0.924	0.910	0.831	0.893	0.924	0.910	0.831	0.893	0.924	0.910
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHPF1037	SHPF1038	SHPF1039	SHGF2036	SHPF1051	SHPF1052	SHPF1053	SHGF2049	SHPF1065	SHPF1066	SHPF1067
Plan ID (Standard Component ID):	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019	94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2											
Historical Rate Increase - Calendar Year - 1											
Historical Rate Increase - Calendar Year 0											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019	94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$445.88	$461.17	$454.14	$406.01	$449.00	$464.41	$457.33	$408.86	$456.58	$472.24	$465.04
Projected Member Months	0	0	0	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019	94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019	94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036
Average Rate PMPM	$445.88	$461.17	$454.14	$406.01	$449.00	$464.41	$457.33	$408.86	$456.58	$472.24	$465.04
Member Months	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.86%	97.86%	97.86%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.14%	2.14%	2.14%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.86%	97.86%	97.86%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.14%	2.14%	2.14%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product											
Product ID:											
Metal:	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
AV Metal Value	0.819	0.881	0.911	0.897	0.819	0.881	0.911	0.897	0.819	0.881	0.911
AV Pricing Value	0.831	0.893	0.924	0.910	0.831	0.893	0.924	0.910	0.831	0.893	0.924
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHGF2062	SHPF1079	SHPF1080	SHPF1081	SHGF2075	SHPF1093	SHPF1094	SHPF1095	SHGF2088	SHPF1107	SHPF1108
Plan ID (Standard Component ID):	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054	94788NY0260007	94788NY0260023
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2											
Historical Rate Increase - Calendar Year - 1											
Historical Rate Increase - Calendar Year 0											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054	94788NY0260007	94788NY0260023
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$415.75	$459.78	$475.55	$468.30	$418.67	$456.58	$472.24	$465.04	$415.75	$445.88	$461.17
Projected Member Months	0	0	0	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054	94788NY0260007	94788NY0260023
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054	94788NY0260007	94788NY0260023
Average Rate PMPM	$415.75	$459.78	$475.55	$468.30	$418.67	$456.58	$472.24	$465.04	$415.75	$445.88	$461.17
Member Months	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	97.86%	97.14%	97.14%	97.14%	97.14%	97.86%	97.86%	97.86%	97.86%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	2.14%	2.86%	2.86%	2.86%	2.86%	2.14%	2.14%	2.14%	2.14%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TAC, [see instructions]	97.86%	97.14%	97.14%	97.14%	97.14%	97.86%	97.86%	97.86%	97.86%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	2.14%	2.86%	2.86%	2.86%	2.86%	2.14%	2.14%	2.14%	2.14%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	94788										
Product ID:	94788NY026										
Metal:	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum
AV Metal Value	0.897	0.819	0.881	0.911	0.897	0.819	0.881	0.911	0.897	0.819	0.881
AV Pricing Value	0.910	0.831	0.893	0.924	0.910	0.831	0.893	0.924	0.910	0.831	0.893
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHPF1109	SHGF2101	SHPF1121	SHPF1122	SHPF1123	SHGF2124	SHPF1135	SHPF1136	SHPF1137	SHGF2137	SHPF1149
Plan ID (Standard Component ID):	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2	0.00%										
Historical Rate Increase - Calendar Year - 1	0.00%										
Historical Rate Increase - Calendar Year 0	0.00%										
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %	#DIV/0!										

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$454.14	$406.01	$449.00	$464.41	$457.33	$408.86	$459.78	$475.55	$468.30	$418.67	$445.88
Projected Member Months	0	0	0	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010
Average Rate PMPM	$454.14	$406.01	$449.00	$464.41	$457.33	$408.86	$459.78	$475.55	$468.30	$418.67	$445.88
Member Months	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product											
Product ID:											
Metal:	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
AV Metal Value	0.911	0.897	0.819	0.881	0.911	0.897	0.819	0.881	0.911	0.897	0.819
AV Pricing Value	0.924	0.910	0.831	0.893	0.924	0.910	0.831	0.893	0.924	0.910	0.831
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHPF1150	SHPF1151	SHGF2150	SHPF1163	SHPF1164	SHPF1165	SHGF2163	SHPF1177	SHPF1178	SHPF1179	SHGF2176
Plan ID (Standard Component ID):	94788NY0260026	94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2											
Historical Rate Increase - Calendar Year - 1											
Historical Rate Increase - Calendar Year 0											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260026	94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$461.17	$454.14	$406.01	$449.00	$464.41	$457.33	$408.86	$456.58	$472.24	$465.04	$415.75
Projected Member Months	0	0	0	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260026	94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260026	94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060
Average Rate PMPM	$461.17	$454.14	$406.01	$449.00	$464.41	$457.33	$408.86	$456.58	$472.24	$465.04	$415.75
Member Months	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	100.00%	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.86%	97.86%	97.86%	97.86%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.14%	2.14%	2.14%	2.14%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TAC, [see instructions]	100.00%	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.86%	97.86%	97.86%	97.86%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.14%	2.14%	2.14%	2.14%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product											
Product ID:											
Metal:	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
AV Metal Value	0.881	0.911	0.897	0.819	0.881	0.911	0.897	0.819	0.881	0.911	0.897
AV Pricing Value	0.893	0.924	0.910	0.831	0.893	0.924	0.910	0.831	0.893	0.924	0.910
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name	SHPF1191	SHPF1192	SHPF1193	SHGF2189	SHPF1205	SHPF1206	SHPF1207	SHGF2202	SHPF1219	SHPF1220	SHPF1221
Plan ID (Standard Component ID):	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061	94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047
Exchange Plan?	No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2											
Historical Rate Increase - Calendar Year - 1											
Historical Rate Increase - Calendar Year 0											
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %											

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061	94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$459.78	$475.55	$468.30	$418.67	$456.58	$472.24	$465.04	$415.75	$445.88	$461.17	$454.14
Projected Member Months	0	0	0	0	0	0	0	0	0	0	0

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061	94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047
Average Rate PMPM											
Member Months											
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]											
state mandated benefits portion of TP that are other than EHB											
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)											
EHB basis or full portion of TAC, [see instructions]											
state mandated benefits portion of TAC that are other than EHB											
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:											
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj											

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061	94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047
Average Rate PMPM	$459.78	$475.55	$468.30	$418.67	$456.58	$472.24	$465.04	$415.75	$445.88	$461.17	$454.14
Member Months	-	-	-	-	-	-	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	97.14%	97.14%	97.14%	97.14%	97.86%	97.86%	97.86%	97.86%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	2.86%	2.86%	2.86%	2.86%	2.14%	2.14%	2.14%	2.14%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
EHB basis or full portion of TAC, [see instructions]	97.14%	97.14%	97.14%	97.14%	97.86%	97.86%	97.86%	97.86%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	2.86%	2.86%	2.86%	2.86%	2.14%	2.14%	2.14%	2.14%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars											
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Amt of Rein											
Net Amt of Risk Adj	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		94788	94788	94788	94788
Product ID:		94788NY013	94788NY014	94788NY019	94788NY019
Metal:	Gold	Catastrophic	Catastrophic	Catastrophic	Catastrophic
AV Metal Value	0.819	1.000	1.000	1.000	1.000
AV Pricing Value	0.831	1.000	1.000	1.000	1.000
Plan Type:	HMO	HMO	HMO	HMO	HMO
Plan Name	SHGF2215	HA29S13	HA29S13	HA29S13	HA29S13
Plan ID (Standard Component ID):	94788NY0260063	94788NY0130001	94788NY0140001	94788NY0190001	94788NY0190002
Exchange Plan?	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year - 1		0.00%	0.00%	0.00%	0.00%
Historical Rate Increase - Calendar Year 0		0.00%	0.00%	0.00%	0.00%
Effective Date of Proposed Rates	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#VALUE!	#VALUE!	#VALUE!	#VALUE!

Section II: Components of Premium Increase (PMPM D

Plan ID (Standard Component ID):	94788NY0260063	94788NY0130001	94788NY0140001	94788NY0190001	94788NY0190002
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$406.01				
Projected Member Months	0				

:tion III: Experience Period Information

Plan ID (Standard Component ID):	94788NY0260063	94788NY0130001	94788NY0140001	94788NY0190001	94788NY0190002
Average Rate PMPM					
Member Months					
Total Premium (TP)	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]					
state mandated benefits portion of TP that are other than EHB					
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)					
EHB basis or full portion of TAC, [see instructions]					
state mandated benefits portion of TAC that are other than EHB					
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation:					
Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0				
Portion of above payable by HHS on behalf of insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0
Net Amt of Rein					
Net Amt of Risk Adj					

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

:tion IV: Projected (12 months following effective date

Plan ID (Standard Component ID):	94788NY0260063	94788NY0130001	94788NY0140001	94788NY0190001	94788NY0190002
Average Rate PMPM	$406.01	$0.00	$0.00	$0.00	$0.00
Member Months	-	-	-	-	-
Total Premium (TP)	$0	$0	$0	$0	$0
EHB basis or full portion of TP, [see instructions]	100.00%				
state mandated benefits portion of TP that are other than EHB	0.00%				
Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	$0				
EHB basis or full portion of TAC, [see instructions]	100.00%				
state mandated benefits portion of TAC that are other than EHB	0.00%				
Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	$0				
Portion of above payable by HHS's funds on behalf of insured person, in dollars					
insured person, as %	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Incurred claims, payable with issuer funds	$0	$0	$0	$0	$0
Net Amt of Rein					
Net Amt of Risk Adj	$0				

Incurred Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Allowed Claims PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EHB portion of Allowed Claims, PMPM	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/22/2013		Rate	Manual	06/03/2013	15. Rate Manual - SG HMO Off Exchange TOC.pdf (Superceded) 15. Rate Manual - SG HMO Off Exchange v2m.pdf (Superceded)
05/21/2013		Supporting Document	Unified Rate Review Template	06/03/2013	Unified_Rate_Review_Template 20130416 (SG HMO) v3.xlsm (Superceded) Unified_Rate_Review_Template 20130416 (SG HMO) WORKSHEET 1 v3m.pdf (Superceded) Unified_Rate_Review_Template 20130416 (SG HMO) WORKSHEET 2 v3m.pdf (Superceded)
05/21/2013		Supporting Document	Actuarial Memorandum and Certifications	06/03/2013	2 Actuarial Certification - SG Off Exchange Plans (2).pdf 1 Actuarial Memorandum - SG HMO Off-Exchange.pdf 1 Actuarial Memorandum - SG HMO Off-Exchange - Redacted.pdf (Superceded) 1a. Act Memo SG HMO Exhibits - Off Exchange Exh C,D, E, F, I v2.pdf (Superceded) 1a. Act Memo SG HMO Exhibits - Off Exchange Exh B v2.pdf

State: *New York* **Filing Company:** *Capital District Physicians Health Plan Inc*
TOI/Sub-TOI: *H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*
Product Name: *CDPHP Small Group HMO Off Exchange*
Project Name/Number: */*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/21/2013		Supporting Document	Actuarial Value Calculations	06/03/2013	1a. AV Snapshots SG HMO Exhibits - Off Exchange v2.pdf (Superceded)
05/21/2013		Supporting Document	Exhibit 8-Adjustment Factors to Index Rate	06/03/2013	10. Exhibit 8 - SG HMO Off Exchange v2.pdf (Superceded) 10. Exhibit 8 SG HMO Off Exchange v2.xlsx (Superceded)
05/02/2013		Supporting Document	Unified Rate Review Template	05/21/2013	Unified_Rate_Review_Template 20130416 (SG HMO) v2.xlsm (Superceded) Unified_Rate_Review_Template 20130416 (SG HMO) v2 WORKSHEET 1.pdf (Superceded) Unified_Rate_Review_Template 20130416 (SG HMO) v2 WORKSHEET 2.pdf (Superceded)
04/26/2013		Rate	Manual	05/22/2013	15. Rate Manual - SG HMO Off Exchange TOC.pdf 15. Rate Manual - SG HMO Off Exchange.pdf (Superceded)

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/16/2013		Supporting Document	Actuarial Memorandum and Certifications	05/21/2013	1a. Act Memo SG HMO Exhibits - Off Exchange Exh B.pdf (Superceded) 1a. Act Memo SG HMO Exhibits - Off Exchange Exh C,D, E, F.pdf (Superceded) 1a. Act Memo SG HMO Exhibits - Off Exchange Exh I.pdf (Superceded) Data Reliance Cert .pdf (Superceded) 2 Actuarial Certification - SG Off Exchange Plans (2).pdf 1 Actuarial Memorandum - SG HMO Off-Exchange.pdf 1 Actuarial Memorandum - SG HMO Off-Exchange - Redacted.pdf
04/16/2013		Supporting Document	Actuarial Value Calculations	05/21/2013	1a. AV Snapshots SG HMO Exhibits - Off Exchange.pdf (Superceded)
04/16/2013		Supporting Document	Exhibit 8-Adjustment Factors to Index Rate	05/21/2013	10. Exhibit 8 - SG HMO Off Exchange.pdf (Superceded) 10. Exhibit 8 - SG HMO Off Exchange.xlsx (Superceded)

State: New York **Filing Company:** Capital District Physicians Health Plan Inc
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only
Product Name: CDPHP Small Group HMO Off Exchange
Project Name/Number: /

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/16/2013		Supporting Document	Exhibit 9-Summary of Administrative Expenses	05/21/2013	11. Required Exhibit 9 (4-2-13) SG HMO Off Exchange.pdf (Superceded) 11. Required Exhibit 9 (4-2-13) SG HMO Off Exchange.xlsx (Superceded)
04/16/2013		Supporting Document	Redacted Documents for Web Posting-NG Off Exchange	05/21/2013	1 Actuarial Memorandum - SG HMO Off-Exchange - Redacted.pdf 1a. Act Memo SG HMO Exhibits - Off Exchange Exh B Redacted.pdf (Superceded) 8a. Required Exhibit 1 (5-18-12) - Redacted.pdf 8a. Required Exhibit 1 (5-18-12) - Redacted.xls Data Reliance Cert - redacted.pdf
04/16/2013		Supporting Document	Unified Rate Review Template	05/02/2013	Unified_Rate_Review_Template (SG HMO) WORKSHEET 1.pdf (Superceded) Unified_Rate_Review_Template (SG HMO) WORKSHEET 2.pdf (Superceded) Unified_Rate_Review_Template (SG HMO).xlsm (Superceded)

Capital District Physicians' Health Plan

2014 Premium Rate Filing

SG HMO - Off Exchange Products

TABLE OF CONTENTS

I.	**Rate Pages**	
		Small Group
	Albany Region	1-5
	Mid-Hudson Region	6-10
	Syracuse Region	11-15
	Utica/Watertown Region	16-20
II.	**Benefit Summary**	21
III.	**Conversion Factor**	22
IV.	**Region Factors**	23
V.	**Tier Factors**	24
VI.	**Rate Calculation**	25
VII.	**Expected Loss Ratio**	26
VIII.	**Commission Schedule**	27

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$535.60	$ -	0.00%	N/A	$ 542.56	$ -	0.00%	N/A	$ 549.87	$ -	0.00%	N/A	$ 557.55	$ -	0.00%
			Double	N/A	$ 1,071.21	$ -	0.00%	N/A	$ 1,085.11	$ -	0.00%	N/A	$ 1,099.74	$ -	0.00%	N/A	$ 1,115.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.53	$ -	0.00%	N/A	$ 922.35	$ -	0.00%	N/A	$ 934.78	$ -	0.00%	N/A	$ 947.84	$ -	0.00%
			Family	N/A	$ 1,526.47	$ -	0.00%	N/A	$ 1,546.29	$ -	0.00%	N/A	$ 1,567.13	$ -	0.00%	N/A	$ 1,589.02	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.45	$ -	0.00%	N/A	$ 934.42	$ -	0.00%	N/A	$ 947.01	$ -	0.00%	N/A	$ 960.24	$ -	0.00%
			Family	N/A	$ 1,546.45	$ -	0.00%	N/A	$ 1,566.53	$ -	0.00%	N/A	$ 1,587.64	$ -	0.00%	N/A	$ 1,609.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 535.67	$ -	0.00%	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.93	$ -	0.00%	N/A	$ 557.62	$ -	0.00%
			Double	N/A	$ 1,071.34	$ -	0.00%	N/A	$ 1,085.24	$ -	0.00%	N/A	$ 1,099.87	$ -	0.00%	N/A	$ 1,115.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.64	$ -	0.00%	N/A	$ 922.46	$ -	0.00%	N/A	$ 934.89	$ -	0.00%	N/A	$ 947.95	$ -	0.00%
			Family	N/A	$ 1,526.65	$ -	0.00%	N/A	$ 1,546.47	$ -	0.00%	N/A	$ 1,567.31	$ -	0.00%	N/A	$ 1,589.21	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 812.10	$ -	0.00%	N/A	$ 822.65	$ -	0.00%	N/A	$ 833.73	$ -	0.00%	N/A	$ 845.38	$ -	0.00%
			Family	N/A	$ 1,361.47	$ -	0.00%	N/A	$ 1,379.14	$ -	0.00%	N/A	$ 1,397.73	$ -	0.00%	N/A	$ 1,417.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 548.46	$ -	0.00%	N/A	$ 555.58	$ -	0.00%	N/A	$ 563.07	$ -	0.00%	N/A	$ 570.93	$ -	0.00%
			Double	N/A	$ 1,096.92	$ -	0.00%	N/A	$ 1,111.16	$ -	0.00%	N/A	$ 1,126.13	$ -	0.00%	N/A	$ 1,141.86	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.38	$ -	0.00%	N/A	$ 944.48	$ -	0.00%	N/A	$ 957.21	$ -	0.00%	N/A	$ 970.58	$ -	0.00%
			Family	N/A	$ 1,563.11	$ -	0.00%	N/A	$ 1,583.40	$ -	0.00%	N/A	$ 1,604.74	$ -	0.00%	N/A	$ 1,627.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.58	$ -	0.00%	N/A	$ 956.85	$ -	0.00%	N/A	$ 969.74	$ -	0.00%	N/A	$ 983.29	$ -	0.00%
			Family	N/A	$ 1,583.57	$ -	0.00%	N/A	$ 1,604.13	$ -	0.00%	N/A	$ 1,625.74	$ -	0.00%	N/A	$ 1,648.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 547.16	$ -	0.00%	N/A	$ 554.27	$ -	0.00%	N/A	$ 561.74	$ -	0.00%	N/A	$ 569.58	$ -	0.00%
			Double	N/A	$ 1,094.33	$ -	0.00%	N/A	$ 1,108.54	$ -	0.00%	N/A	$ 1,123.47	$ -	0.00%	N/A	$ 1,139.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 930.18	$ -	0.00%	N/A	$ 942.26	$ -	0.00%	N/A	$ 954.95	$ -	0.00%	N/A	$ 968.29	$ -	0.00%
			Family	N/A	$ 1,559.42	$ -	0.00%	N/A	$ 1,579.66	$ -	0.00%	N/A	$ 1,600.95	$ -	0.00%	N/A	$ 1,623.31	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 831.59	$ -	0.00%	N/A	$ 842.39	$ -	0.00%	N/A	$ 853.74	$ -	0.00%	N/A	$ 865.67	$ -	0.00%
			Family	N/A	$ 1,394.14	$ -	0.00%	N/A	$ 1,412.24	$ -	0.00%	N/A	$ 1,431.27	$ -	0.00%	N/A	$ 1,451.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 531.87	$ -	0.00%	N/A	$ 538.78	$ -	0.00%	N/A	$ 546.04	$ -	0.00%	N/A	$ 553.66	$ -	0.00%
			Double	N/A	$ 1,063.74	$ -	0.00%	N/A	$ 1,077.55	$ -	0.00%	N/A	$ 1,092.07	$ -	0.00%	N/A	$ 1,107.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.18	$ -	0.00%	N/A	$ 915.92	$ -	0.00%	N/A	$ 928.26	$ -	0.00%	N/A	$ 941.23	$ -	0.00%
			Family	N/A	$ 1,515.83	$ -	0.00%	N/A	$ 1,535.51	$ -	0.00%	N/A	$ 1,556.20	$ -	0.00%	N/A	$ 1,577.94	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 916.02	$ -	0.00%	N/A	$ 927.91	$ -	0.00%	N/A	$ 940.41	$ -	0.00%	N/A	$ 953.55	$ -	0.00%
			Family	N/A	$ 1,535.67	$ -	0.00%	N/A	$ 1,555.61	$ -	0.00%	N/A	$ 1,576.57	$ -	0.00%	N/A	$ 1,598.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 530.62	$ -	0.00%	N/A	$ 537.50	$ -	0.00%	N/A	$ 544.75	$ -	0.00%	N/A	$ 552.36	$ -	0.00%
			Double	N/A	$ 1,061.23	$ -	0.00%	N/A	$ 1,075.01	$ -	0.00%	N/A	$ 1,089.49	$ -	0.00%	N/A	$ 1,104.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 902.05	$ -	0.00%	N/A	$ 913.76	$ -	0.00%	N/A	$ 926.07	$ -	0.00%	N/A	$ 939.01	$ -	0.00%
			Family	N/A	$ 1,512.26	$ -	0.00%	N/A	$ 1,531.89	$ -	0.00%	N/A	$ 1,552.53	$ -	0.00%	N/A	$ 1,574.22	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 806.44	$ -	0.00%	N/A	$ 816.91	$ -	0.00%	N/A	$ 827.92	$ -	0.00%	N/A	$ 839.49	$ -	0.00%
			Family	N/A	$ 1,351.98	$ -	0.00%	N/A	$ 1,369.53	$ -	0.00%	N/A	$ 1,387.99	$ -	0.00%	N/A	$ 1,407.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 535.60	$ -	0.00%	N/A	$ 542.56	$ -	0.00%	N/A	$ 549.87	$ -	0.00%	N/A	$ 557.55	$ -	0.00%
			Double	N/A	$ 1,071.21	$ -	0.00%	N/A	$ 1,085.11	$ -	0.00%	N/A	$ 1,099.74	$ -	0.00%	N/A	$ 1,115.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.53	$ -	0.00%	N/A	$ 922.35	$ -	0.00%	N/A	$ 934.78	$ -	0.00%	N/A	$ 947.84	$ -	0.00%
			Family	N/A	$ 1,526.47	$ -	0.00%	N/A	$ 1,546.29	$ -	0.00%	N/A	$ 1,567.13	$ -	0.00%	N/A	$ 1,589.02	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.45	$ -	0.00%	N/A	$ 934.42	$ -	0.00%	N/A	$ 947.01	$ -	0.00%	N/A	$ 960.24	$ -	0.00%
			Family	N/A	$ 1,546.45	$ -	0.00%	N/A	$ 1,566.53	$ -	0.00%	N/A	$ 1,587.64	$ -	0.00%	N/A	$ 1,609.82	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 534.34	$ -	0.00%	N/A	$ 541.28	$ -	0.00%	N/A	$ 548.57	$ -	0.00%	N/A	$ 556.23	$ -	0.00%
			Double	N/A	$ 1,068.68	$ -	0.00%	N/A	$ 1,082.55	$ -	0.00%	N/A	$ 1,097.14	$ -	0.00%	N/A	$ 1,112.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 908.38	$ -	0.00%	N/A	$ 920.17	$ -	0.00%	N/A	$ 932.57	$ -	0.00%	N/A	$ 945.60	$ -	0.00%
			Family	N/A	$ 1,522.87	$ -	0.00%	N/A	$ 1,542.64	$ -	0.00%	N/A	$ 1,563.43	$ -	0.00%	N/A	$ 1,585.27	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 812.10	$ -	0.00%	N/A	$ 822.65	$ -	0.00%	N/A	$ 833.73	$ -	0.00%	N/A	$ 845.38	$ -	0.00%
			Family	N/A	$ 1,361.47	$ -	0.00%	N/A	$ 1,379.14	$ -	0.00%	N/A	$ 1,397.73	$ -	0.00%	N/A	$ 1,417.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 544.64	$ -	0.00%	N/A	$ 551.71	$ -	0.00%	N/A	$ 559.14	$ -	0.00%	N/A	$ 566.95	$ -	0.00%
			Double	N/A	$ 1,089.27	$ -	0.00%	N/A	$ 1,103.41	$ -	0.00%	N/A	$ 1,118.28	$ -	0.00%	N/A	$ 1,133.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.88	$ -	0.00%	N/A	$ 937.90	$ -	0.00%	N/A	$ 950.54	$ -	0.00%	N/A	$ 963.82	$ -	0.00%
			Family	N/A	$ 1,552.21	$ -	0.00%	N/A	$ 1,572.36	$ -	0.00%	N/A	$ 1,593.55	$ -	0.00%	N/A	$ 1,615.81	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.00	$ -	0.00%	N/A	$ 950.18	$ -	0.00%	N/A	$ 962.98	$ -	0.00%	N/A	$ 976.43	$ -	0.00%
			Family	N/A	$ 1,572.53	$ -	0.00%	N/A	$ 1,592.94	$ -	0.00%	N/A	$ 1,614.41	$ -	0.00%	N/A	$ 1,636.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 543.35	$ -	0.00%	N/A	$ 550.40	$ -	0.00%	N/A	$ 557.82	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,086.70	$ -	0.00%	N/A	$ 1,100.81	$ -	0.00%	N/A	$ 1,115.64	$ -	0.00%	N/A	$ 1,131.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 923.70	$ -	0.00%	N/A	$ 935.69	$ -	0.00%	N/A	$ 948.30	$ -	0.00%	N/A	$ 961.54	$ -	0.00%
			Family	N/A	$ 1,548.55	$ -	0.00%	N/A	$ 1,568.65	$ -	0.00%	N/A	$ 1,589.79	$ -	0.00%	N/A	$ 1,612.00	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 825.80	$ -	0.00%	N/A	$ 836.52	$ -	0.00%	N/A	$ 847.79	$ -	0.00%	N/A	$ 859.63	$ -	0.00%
			Family	N/A	$ 1,384.43	$ -	0.00%	N/A	$ 1,402.40	$ -	0.00%	N/A	$ 1,421.30	$ -	0.00%	N/A	$ 1,441.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 548.46	$ -	0.00%	N/A	$ 555.58	$ -	0.00%	N/A	$ 563.07	$ -	0.00%	N/A	$ 570.93	$ -	0.00%
			Double	N/A	$ 1,096.92	$ -	0.00%	N/A	$ 1,111.16	$ -	0.00%	N/A	$ 1,126.13	$ -	0.00%	N/A	$ 1,141.86	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.38	$ -	0.00%	N/A	$ 944.48	$ -	0.00%	N/A	$ 957.21	$ -	0.00%	N/A	$ 970.58	$ -	0.00%
			Family	N/A	$ 1,563.11	$ -	0.00%	N/A	$ 1,583.40	$ -	0.00%	N/A	$ 1,604.74	$ -	0.00%	N/A	$ 1,627.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.58	$ -	0.00%	N/A	$ 956.85	$ -	0.00%	N/A	$ 969.74	$ -	0.00%	N/A	$ 983.29	$ -	0.00%
			Family	N/A	$ 1,583.57	$ -	0.00%	N/A	$ 1,604.13	$ -	0.00%	N/A	$ 1,625.74	$ -	0.00%	N/A	$ 1,648.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 547.16	$ -	0.00%	N/A	$ 554.27	$ -	0.00%	N/A	$ 561.74	$ -	0.00%	N/A	$ 569.58	$ -	0.00%
			Double	N/A	$ 1,094.33	$ -	0.00%	N/A	$ 1,108.54	$ -	0.00%	N/A	$ 1,123.47	$ -	0.00%	N/A	$ 1,139.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 930.18	$ -	0.00%	N/A	$ 942.26	$ -	0.00%	N/A	$ 954.95	$ -	0.00%	N/A	$ 968.29	$ -	0.00%
			Family	N/A	$ 1,559.42	$ -	0.00%	N/A	$ 1,579.66	$ -	0.00%	N/A	$ 1,600.95	$ -	0.00%	N/A	$ 1,623.31	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 831.59	$ -	0.00%	N/A	$ 842.39	$ -	0.00%	N/A	$ 853.74	$ -	0.00%	N/A	$ 865.67	$ -	0.00%
			Family	N/A	$ 1,394.14	$ -	0.00%	N/A	$ 1,412.24	$ -	0.00%	N/A	$ 1,431.27	$ -	0.00%	N/A	$ 1,451.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 544.64	$ -	0.00%	N/A	$ 551.71	$ -	0.00%	N/A	$ 559.14	$ -	0.00%	N/A	$ 566.95	$ -	0.00%
			Double	N/A	$ 1,089.27	$ -	0.00%	N/A	$ 1,103.41	$ -	0.00%	N/A	$ 1,118.28	$ -	0.00%	N/A	$ 1,133.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.88	$ -	0.00%	N/A	$ 937.90	$ -	0.00%	N/A	$ 950.54	$ -	0.00%	N/A	$ 963.82	$ -	0.00%
			Family	N/A	$ 1,552.21	$ -	0.00%	N/A	$ 1,572.36	$ -	0.00%	N/A	$ 1,593.55	$ -	0.00%	N/A	$ 1,615.81	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.00	$ -	0.00%	N/A	$ 950.18	$ -	0.00%	N/A	$ 962.98	$ -	0.00%	N/A	$ 976.43	$ -	0.00%
			Family	N/A	$ 1,572.53	$ -	0.00%	N/A	$ 1,592.94	$ -	0.00%	N/A	$ 1,614.41	$ -	0.00%	N/A	$ 1,636.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 543.35	$ -	0.00%	N/A	$ 550.40	$ -	0.00%	N/A	$ 557.82	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,086.70	$ -	0.00%	N/A	$ 1,100.81	$ -	0.00%	N/A	$ 1,115.64	$ -	0.00%	N/A	$ 1,131.23	$ -	0.00%
			Emp/Child(ren)	N/A	$ 923.70	$ -	0.00%	N/A	$ 935.69	$ -	0.00%	N/A	$ 948.30	$ -	0.00%	N/A	$ 961.54	$ -	0.00%
			Family	N/A	$ 1,548.55	$ -	0.00%	N/A	$ 1,568.65	$ -	0.00%	N/A	$ 1,589.79	$ -	0.00%	N/A	$ 1,612.00	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 825.80	$ -	0.00%	N/A	$ 836.52	$ -	0.00%	N/A	$ 847.79	$ -	0.00%	N/A	$ 859.63	$ -	0.00%
			Family	N/A	$ 1,384.43	$ -	0.00%	N/A	$ 1,402.40	$ -	0.00%	N/A	$ 1,421.30	$ -	0.00%	N/A	$ 1,441.15	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 531.87	$ -	0.00%	N/A	$ 538.78	$ -	0.00%	N/A	$ 546.04	$ -	0.00%	N/A	$ 553.66	$ -	0.00%
			Double	N/A	$ 1,063.74	$ -	0.00%	N/A	$ 1,077.55	$ -	0.00%	N/A	$ 1,092.07	$ -	0.00%	N/A	$ 1,107.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.18	$ -	0.00%	N/A	$ 915.92	$ -	0.00%	N/A	$ 928.26	$ -	0.00%	N/A	$ 941.23	$ -	0.00%
			Family	N/A	$ 1,515.83	$ -	0.00%	N/A	$ 1,535.51	$ -	0.00%	N/A	$ 1,556.20	$ -	0.00%	N/A	$ 1,577.94	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 916.02	$ -	0.00%	N/A	$ 927.91	$ -	0.00%	N/A	$ 940.41	$ -	0.00%	N/A	$ 953.55	$ -	0.00%
			Family	N/A	$ 1,535.67	$ -	0.00%	N/A	$ 1,555.61	$ -	0.00%	N/A	$ 1,576.57	$ -	0.00%	N/A	$ 1,598.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 530.62	$ -	0.00%	N/A	$ 537.50	$ -	0.00%	N/A	$ 544.75	$ -	0.00%	N/A	$ 552.36	$ -	0.00%
			Double	N/A	$ 1,061.23	$ -	0.00%	N/A	$ 1,075.01	$ -	0.00%	N/A	$ 1,089.49	$ -	0.00%	N/A	$ 1,104.71	$ -	0.00%
			Emp/Child(ren)	N/A	$ 902.05	$ -	0.00%	N/A	$ 913.76	$ -	0.00%	N/A	$ 926.07	$ -	0.00%	N/A	$ 939.01	$ -	0.00%
			Family	N/A	$ 1,512.26	$ -	0.00%	N/A	$ 1,531.89	$ -	0.00%	N/A	$ 1,552.53	$ -	0.00%	N/A	$ 1,574.22	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 806.44	$ -	0.00%	N/A	$ 816.91	$ -	0.00%	N/A	$ 827.92	$ -	0.00%	N/A	$ 839.49	$ -	0.00%
			Family	N/A	$ 1,351.98	$ -	0.00%	N/A	$ 1,369.53	$ -	0.00%	N/A	$ 1,387.99	$ -	0.00%	N/A	$ 1,407.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 571.52	$ -	0.00%	N/A	$ 578.48	$ -	0.00%	N/A	$ 585.79	$ -	0.00%	N/A	$ 593.47	$ -	0.00%
			Double	N/A	$ 1,143.05	$ -	0.00%	N/A	$ 1,156.95	$ -	0.00%	N/A	$ 1,171.58	$ -	0.00%	N/A	$ 1,186.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 971.59	$ -	0.00%	N/A	$ 983.41	$ -	0.00%	N/A	$ 995.84	$ -	0.00%	N/A	$ 1,008.90	$ -	0.00%
			Family	N/A	$ 1,628.84	$ -	0.00%	N/A	$ 1,648.66	$ -	0.00%	N/A	$ 1,669.50	$ -	0.00%	N/A	$ 1,691.39	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 578.54	$ -	0.00%	N/A	$ 585.58	$ -	0.00%	N/A	$ 592.99	$ -	0.00%	N/A	$ 600.77	$ -	0.00%
			Double	N/A	$ 1,157.07	$ -	0.00%	N/A	$ 1,171.16	$ -	0.00%	N/A	$ 1,185.97	$ -	0.00%	N/A	$ 1,201.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.51	$ -	0.00%	N/A	$ 995.48	$ -	0.00%	N/A	$ 1,008.07	$ -	0.00%	N/A	$ 1,021.30	$ -	0.00%
			Family	N/A	$ 1,648.82	$ -	0.00%	N/A	$ 1,668.90	$ -	0.00%	N/A	$ 1,690.01	$ -	0.00%	N/A	$ 1,712.19	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 570.26	$ -	0.00%	N/A	$ 577.20	$ -	0.00%	N/A	$ 584.49	$ -	0.00%	N/A	$ 592.15	$ -	0.00%
			Double	N/A	$ 1,140.52	$ -	0.00%	N/A	$ 1,154.39	$ -	0.00%	N/A	$ 1,168.98	$ -	0.00%	N/A	$ 1,184.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.44	$ -	0.00%	N/A	$ 981.23	$ -	0.00%	N/A	$ 993.63	$ -	0.00%	N/A	$ 1,006.66	$ -	0.00%
			Family	N/A	$ 1,625.24	$ -	0.00%	N/A	$ 1,645.01	$ -	0.00%	N/A	$ 1,665.80	$ -	0.00%	N/A	$ 1,687.64	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 513.63	$ -	0.00%	N/A	$ 519.83	$ -	0.00%	N/A	$ 526.35	$ -	0.00%	N/A	$ 533.20	$ -	0.00%
			Double	N/A	$ 1,027.26	$ -	0.00%	N/A	$ 1,039.66	$ -	0.00%	N/A	$ 1,052.70	$ -	0.00%	N/A	$ 1,066.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 873.16	$ -	0.00%	N/A	$ 883.71	$ -	0.00%	N/A	$ 894.79	$ -	0.00%	N/A	$ 906.44	$ -	0.00%
			Family	N/A	$ 1,463.84	$ -	0.00%	N/A	$ 1,481.51	$ -	0.00%	N/A	$ 1,500.10	$ -	0.00%	N/A	$ 1,519.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 584.38	$ -	0.00%	N/A	$ 591.50	$ -	0.00%	N/A	$ 598.99	$ -	0.00%	N/A	$ 606.85	$ -	0.00%
			Double	N/A	$ 1,168.76	$ -	0.00%	N/A	$ 1,183.00	$ -	0.00%	N/A	$ 1,197.97	$ -	0.00%	N/A	$ 1,213.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.44	$ -	0.00%	N/A	$ 1,005.54	$ -	0.00%	N/A	$ 1,018.27	$ -	0.00%	N/A	$ 1,031.64	$ -	0.00%
			Family	N/A	$ 1,665.48	$ -	0.00%	N/A	$ 1,685.77	$ -	0.00%	N/A	$ 1,707.11	$ -	0.00%	N/A	$ 1,729.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 591.56	$ -	0.00%	N/A	$ 598.77	$ -	0.00%	N/A	$ 606.36	$ -	0.00%	N/A	$ 614.32	$ -	0.00%
			Double	N/A	$ 1,183.12	$ -	0.00%	N/A	$ 1,197.54	$ -	0.00%	N/A	$ 1,212.71	$ -	0.00%	N/A	$ 1,228.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.64	$ -	0.00%	N/A	$ 1,017.91	$ -	0.00%	N/A	$ 1,030.80	$ -	0.00%	N/A	$ 1,044.35	$ -	0.00%
			Family	N/A	$ 1,685.94	$ -	0.00%	N/A	$ 1,706.50	$ -	0.00%	N/A	$ 1,728.11	$ -	0.00%	N/A	$ 1,750.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 583.08	$ -	0.00%	N/A	$ 590.19	$ -	0.00%	N/A	$ 597.66	$ -	0.00%	N/A	$ 605.50	$ -	0.00%
			Double	N/A	$ 1,166.17	$ -	0.00%	N/A	$ 1,180.38	$ -	0.00%	N/A	$ 1,195.31	$ -	0.00%	N/A	$ 1,211.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.24	$ -	0.00%	N/A	$ 1,003.32	$ -	0.00%	N/A	$ 1,016.01	$ -	0.00%	N/A	$ 1,029.35	$ -	0.00%
			Family	N/A	$ 1,661.79	$ -	0.00%	N/A	$ 1,682.03	$ -	0.00%	N/A	$ 1,703.32	$ -	0.00%	N/A	$ 1,725.68	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 525.09	$ -	0.00%	N/A	$ 531.44	$ -	0.00%	N/A	$ 538.12	$ -	0.00%	N/A	$ 545.14	$ -	0.00%
			Double	N/A	$ 1,050.19	$ -	0.00%	N/A	$ 1,062.89	$ -	0.00%	N/A	$ 1,076.24	$ -	0.00%	N/A	$ 1,090.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 892.65	$ -	0.00%	N/A	$ 903.45	$ -	0.00%	N/A	$ 914.80	$ -	0.00%	N/A	$ 926.73	$ -	0.00%
			Family	N/A	$ 1,496.51	$ -	0.00%	N/A	$ 1,514.61	$ -	0.00%	N/A	$ 1,533.64	$ -	0.00%	N/A	$ 1,553.64	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 567.79	$ -	0.00%	N/A	$ 574.70	$ -	0.00%	N/A	$ 581.96	$ -	0.00%	N/A	$ 589.58	$ -	0.00%
			Double	N/A	$ 1,135.58	$ -	0.00%	N/A	$ 1,149.39	$ -	0.00%	N/A	$ 1,163.91	$ -	0.00%	N/A	$ 1,179.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 965.24	$ -	0.00%	N/A	$ 976.98	$ -	0.00%	N/A	$ 989.32	$ -	0.00%	N/A	$ 1,002.29	$ -	0.00%
			Family	N/A	$ 1,618.20	$ -	0.00%	N/A	$ 1,637.88	$ -	0.00%	N/A	$ 1,658.57	$ -	0.00%	N/A	$ 1,680.31	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 574.75	$ -	0.00%	N/A	$ 581.75	$ -	0.00%	N/A	$ 589.10	$ -	0.00%	N/A	$ 596.83	$ -	0.00%
			Double	N/A	$ 1,149.51	$ -	0.00%	N/A	$ 1,163.50	$ -	0.00%	N/A	$ 1,178.21	$ -	0.00%	N/A	$ 1,193.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.08	$ -	0.00%	N/A	$ 988.97	$ -	0.00%	N/A	$ 1,001.47	$ -	0.00%	N/A	$ 1,014.61	$ -	0.00%
			Family	N/A	$ 1,638.04	$ -	0.00%	N/A	$ 1,657.98	$ -	0.00%	N/A	$ 1,678.94	$ -	0.00%	N/A	$ 1,700.97	$ -	0.00%

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Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 566.54	$ -	0.00%	N/A	$ 573.42	$ -	0.00%	N/A	$ 580.67	$ -	0.00%	N/A	$ 588.28	$ -	0.00%
			Double	N/A	$ 1,133.07	$ -	0.00%	N/A	$ 1,146.85	$ -	0.00%	N/A	$ 1,161.33	$ -	0.00%	N/A	$ 1,176.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.11	$ -	0.00%	N/A	$ 974.82	$ -	0.00%	N/A	$ 987.13	$ -	0.00%	N/A	$ 1,000.07	$ -	0.00%
			Family	N/A	$ 1,614.63	$ -	0.00%	N/A	$ 1,634.26	$ -	0.00%	N/A	$ 1,654.90	$ -	0.00%	N/A	$ 1,676.59	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 510.30	$ -	0.00%	N/A	$ 516.46	$ -	0.00%	N/A	$ 522.93	$ -	0.00%	N/A	$ 529.74	$ -	0.00%
			Double	N/A	$ 1,020.60	$ -	0.00%	N/A	$ 1,032.91	$ -	0.00%	N/A	$ 1,045.86	$ -	0.00%	N/A	$ 1,059.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 867.50	$ -	0.00%	N/A	$ 877.97	$ -	0.00%	N/A	$ 888.98	$ -	0.00%	N/A	$ 900.55	$ -	0.00%
			Family	N/A	$ 1,454.35	$ -	0.00%	N/A	$ 1,471.90	$ -	0.00%	N/A	$ 1,490.36	$ -	0.00%	N/A	$ 1,509.75	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 571.52	$ -	0.00%	N/A	$ 578.48	$ -	0.00%	N/A	$ 585.79	$ -	0.00%	N/A	$ 593.47	$ -	0.00%
			Double	N/A	$ 1,143.05	$ -	0.00%	N/A	$ 1,156.95	$ -	0.00%	N/A	$ 1,171.58	$ -	0.00%	N/A	$ 1,186.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 971.59	$ -	0.00%	N/A	$ 983.41	$ -	0.00%	N/A	$ 995.84	$ -	0.00%	N/A	$ 1,008.90	$ -	0.00%
			Family	N/A	$ 1,628.84	$ -	0.00%	N/A	$ 1,648.66	$ -	0.00%	N/A	$ 1,669.50	$ -	0.00%	N/A	$ 1,691.39	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 578.54	$ -	0.00%	N/A	$ 585.58	$ -	0.00%	N/A	$ 592.99	$ -	0.00%	N/A	$ 600.77	$ -	0.00%
			Double	N/A	$ 1,157.07	$ -	0.00%	N/A	$ 1,171.16	$ -	0.00%	N/A	$ 1,185.97	$ -	0.00%	N/A	$ 1,201.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.51	$ -	0.00%	N/A	$ 995.48	$ -	0.00%	N/A	$ 1,008.07	$ -	0.00%	N/A	$ 1,021.30	$ -	0.00%
			Family	N/A	$ 1,648.82	$ -	0.00%	N/A	$ 1,668.90	$ -	0.00%	N/A	$ 1,690.01	$ -	0.00%	N/A	$ 1,712.19	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 570.26	$ -	0.00%	N/A	$ 577.20	$ -	0.00%	N/A	$ 584.49	$ -	0.00%	N/A	$ 592.15	$ -	0.00%
			Double	N/A	$ 1,140.52	$ -	0.00%	N/A	$ 1,154.39	$ -	0.00%	N/A	$ 1,168.98	$ -	0.00%	N/A	$ 1,184.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.44	$ -	0.00%	N/A	$ 981.23	$ -	0.00%	N/A	$ 993.63	$ -	0.00%	N/A	$ 1,006.66	$ -	0.00%
			Family	N/A	$ 1,625.24	$ -	0.00%	N/A	$ 1,645.01	$ -	0.00%	N/A	$ 1,665.80	$ -	0.00%	N/A	$ 1,687.64	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 513.63	$ -	0.00%	N/A	$ 519.83	$ -	0.00%	N/A	$ 526.35	$ -	0.00%	N/A	$ 533.20	$ -	0.00%
			Double	N/A	$ 1,027.26	$ -	0.00%	N/A	$ 1,039.66	$ -	0.00%	N/A	$ 1,052.70	$ -	0.00%	N/A	$ 1,066.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 873.16	$ -	0.00%	N/A	$ 883.71	$ -	0.00%	N/A	$ 894.79	$ -	0.00%	N/A	$ 906.44	$ -	0.00%
			Family	N/A	$ 1,463.84	$ -	0.00%	N/A	$ 1,481.51	$ -	0.00%	N/A	$ 1,500.10	$ -	0.00%	N/A	$ 1,519.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 580.56	$ -	0.00%	N/A	$ 587.63	$ -	0.00%	N/A	$ 595.06	$ -	0.00%	N/A	$ 602.87	$ -	0.00%
			Double	N/A	$ 1,161.11	$ -	0.00%	N/A	$ 1,175.25	$ -	0.00%	N/A	$ 1,190.12	$ -	0.00%	N/A	$ 1,205.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.94	$ -	0.00%	N/A	$ 998.96	$ -	0.00%	N/A	$ 1,011.60	$ -	0.00%	N/A	$ 1,024.88	$ -	0.00%
			Family	N/A	$ 1,654.58	$ -	0.00%	N/A	$ 1,674.73	$ -	0.00%	N/A	$ 1,695.92	$ -	0.00%	N/A	$ 1,718.18	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 587.69	$ -	0.00%	N/A	$ 594.85	$ -	0.00%	N/A	$ 602.38	$ -	0.00%	N/A	$ 610.29	$ -	0.00%
			Double	N/A	$ 1,175.37	$ -	0.00%	N/A	$ 1,189.70	$ -	0.00%	N/A	$ 1,204.76	$ -	0.00%	N/A	$ 1,220.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 999.06	$ -	0.00%	N/A	$ 1,011.24	$ -	0.00%	N/A	$ 1,024.04	$ -	0.00%	N/A	$ 1,037.49	$ -	0.00%
			Family	N/A	$ 1,674.90	$ -	0.00%	N/A	$ 1,695.31	$ -	0.00%	N/A	$ 1,716.78	$ -	0.00%	N/A	$ 1,739.33	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 579.27	$ -	0.00%	N/A	$ 586.32	$ -	0.00%	N/A	$ 593.74	$ -	0.00%	N/A	$ 601.53	$ -	0.00%
			Double	N/A	$ 1,158.54	$ -	0.00%	N/A	$ 1,172.65	$ -	0.00%	N/A	$ 1,187.48	$ -	0.00%	N/A	$ 1,203.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 984.76	$ -	0.00%	N/A	$ 996.75	$ -	0.00%	N/A	$ 1,009.36	$ -	0.00%	N/A	$ 1,022.60	$ -	0.00%
			Family	N/A	$ 1,650.92	$ -	0.00%	N/A	$ 1,671.02	$ -	0.00%	N/A	$ 1,692.16	$ -	0.00%	N/A	$ 1,714.37	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 521.68	$ -	0.00%	N/A	$ 527.99	$ -	0.00%	N/A	$ 534.62	$ -	0.00%	N/A	$ 541.59	$ -	0.00%
			Double	N/A	$ 1,043.37	$ -	0.00%	N/A	$ 1,055.98	$ -	0.00%	N/A	$ 1,069.24	$ -	0.00%	N/A	$ 1,083.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 886.86	$ -	0.00%	N/A	$ 897.58	$ -	0.00%	N/A	$ 908.85	$ -	0.00%	N/A	$ 920.69	$ -	0.00%
			Family	N/A	$ 1,486.80	$ -	0.00%	N/A	$ 1,504.77	$ -	0.00%	N/A	$ 1,523.67	$ -	0.00%	N/A	$ 1,543.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 584.38	$ -	0.00%	N/A	$ 591.50	$ -	0.00%	N/A	$ 598.99	$ -	0.00%	N/A	$ 606.85	$ -	0.00%
			Double	N/A	$ 1,168.76	$ -	0.00%	N/A	$ 1,183.00	$ -	0.00%	N/A	$ 1,197.97	$ -	0.00%	N/A	$ 1,213.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.44	$ -	0.00%	N/A	$ 1,005.54	$ -	0.00%	N/A	$ 1,018.27	$ -	0.00%	N/A	$ 1,031.64	$ -	0.00%
			Family	N/A	$ 1,665.48	$ -	0.00%	N/A	$ 1,685.77	$ -	0.00%	N/A	$ 1,707.11	$ -	0.00%	N/A	$ 1,729.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 591.56	$ -	0.00%	N/A	$ 598.77	$ -	0.00%	N/A	$ 606.36	$ -	0.00%	N/A	$ 614.32	$ -	0.00%
			Double	N/A	$ 1,183.12	$ -	0.00%	N/A	$ 1,197.54	$ -	0.00%	N/A	$ 1,212.71	$ -	0.00%	N/A	$ 1,228.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.64	$ -	0.00%	N/A	$ 1,017.91	$ -	0.00%	N/A	$ 1,030.80	$ -	0.00%	N/A	$ 1,044.35	$ -	0.00%
			Family	N/A	$ 1,685.94	$ -	0.00%	N/A	$ 1,706.50	$ -	0.00%	N/A	$ 1,728.11	$ -	0.00%	N/A	$ 1,750.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 583.08	$ -	0.00%	N/A	$ 590.19	$ -	0.00%	N/A	$ 597.66	$ -	0.00%	N/A	$ 605.50	$ -	0.00%
			Double	N/A	$ 1,166.17	$ -	0.00%	N/A	$ 1,180.38	$ -	0.00%	N/A	$ 1,195.31	$ -	0.00%	N/A	$ 1,211.01	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.24	$ -	0.00%	N/A	$ 1,003.32	$ -	0.00%	N/A	$ 1,016.01	$ -	0.00%	N/A	$ 1,029.35	$ -	0.00%
			Family	N/A	$ 1,661.79	$ -	0.00%	N/A	$ 1,682.03	$ -	0.00%	N/A	$ 1,703.32	$ -	0.00%	N/A	$ 1,725.68	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 525.09	$ -	0.00%	N/A	$ 531.44	$ -	0.00%	N/A	$ 538.12	$ -	0.00%	N/A	$ 545.14	$ -	0.00%
			Double	N/A	$ 1,050.19	$ -	0.00%	N/A	$ 1,062.89	$ -	0.00%	N/A	$ 1,076.24	$ -	0.00%	N/A	$ 1,090.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 892.65	$ -	0.00%	N/A	$ 903.45	$ -	0.00%	N/A	$ 914.80	$ -	0.00%	N/A	$ 926.73	$ -	0.00%
			Family	N/A	$ 1,496.51	$ -	0.00%	N/A	$ 1,514.61	$ -	0.00%	N/A	$ 1,533.64	$ -	0.00%	N/A	$ 1,553.64	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 580.56	$ -	0.00%	N/A	$ 587.63	$ -	0.00%	N/A	$ 595.06	$ -	0.00%	N/A	$ 602.87	$ -	0.00%
			Double	N/A	$ 1,161.11	$ -	0.00%	N/A	$ 1,175.25	$ -	0.00%	N/A	$ 1,190.12	$ -	0.00%	N/A	$ 1,205.74	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.94	$ -	0.00%	N/A	$ 998.96	$ -	0.00%	N/A	$ 1,011.60	$ -	0.00%	N/A	$ 1,024.88	$ -	0.00%
			Family	N/A	$ 1,654.58	$ -	0.00%	N/A	$ 1,674.73	$ -	0.00%	N/A	$ 1,695.92	$ -	0.00%	N/A	$ 1,718.18	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 587.69	$ -	0.00%	N/A	$ 594.85	$ -	0.00%	N/A	$ 602.38	$ -	0.00%	N/A	$ 610.29	$ -	0.00%
			Double	N/A	$ 1,175.37	$ -	0.00%	N/A	$ 1,189.70	$ -	0.00%	N/A	$ 1,204.76	$ -	0.00%	N/A	$ 1,220.59	$ -	0.00%
			Emp/Child(ren)	N/A	$ 999.06	$ -	0.00%	N/A	$ 1,011.24	$ -	0.00%	N/A	$ 1,024.04	$ -	0.00%	N/A	$ 1,037.49	$ -	0.00%
			Family	N/A	$ 1,674.90	$ -	0.00%	N/A	$ 1,695.31	$ -	0.00%	N/A	$ 1,716.78	$ -	0.00%	N/A	$ 1,739.33	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 579.27	$ -	0.00%	N/A	$ 586.32	$ -	0.00%	N/A	$ 593.74	$ -	0.00%	N/A	$ 601.53	$ -	0.00%
			Double	N/A	$ 1,158.54	$ -	0.00%	N/A	$ 1,172.65	$ -	0.00%	N/A	$ 1,187.48	$ -	0.00%	N/A	$ 1,203.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 984.76	$ -	0.00%	N/A	$ 996.75	$ -	0.00%	N/A	$ 1,009.36	$ -	0.00%	N/A	$ 1,022.60	$ -	0.00%
			Family	N/A	$ 1,650.92	$ -	0.00%	N/A	$ 1,671.02	$ -	0.00%	N/A	$ 1,692.16	$ -	0.00%	N/A	$ 1,714.37	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 521.68	$ -	0.00%	N/A	$ 527.99	$ -	0.00%	N/A	$ 534.62	$ -	0.00%	N/A	$ 541.59	$ -	0.00%
			Double	N/A	$ 1,043.37	$ -	0.00%	N/A	$ 1,055.98	$ -	0.00%	N/A	$ 1,069.24	$ -	0.00%	N/A	$ 1,083.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 886.86	$ -	0.00%	N/A	$ 897.58	$ -	0.00%	N/A	$ 908.85	$ -	0.00%	N/A	$ 920.69	$ -	0.00%
			Family	N/A	$ 1,486.80	$ -	0.00%	N/A	$ 1,504.77	$ -	0.00%	N/A	$ 1,523.67	$ -	0.00%	N/A	$ 1,543.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 567.79	$ -	0.00%	N/A	$ 574.70	$ -	0.00%	N/A	$ 581.96	$ -	0.00%	N/A	$ 589.58	$ -	0.00%
			Double	N/A	$ 1,135.58	$ -	0.00%	N/A	$ 1,149.39	$ -	0.00%	N/A	$ 1,163.91	$ -	0.00%	N/A	$ 1,179.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 965.24	$ -	0.00%	N/A	$ 976.98	$ -	0.00%	N/A	$ 989.32	$ -	0.00%	N/A	$ 1,002.29	$ -	0.00%
			Family	N/A	$ 1,618.20	$ -	0.00%	N/A	$ 1,637.88	$ -	0.00%	N/A	$ 1,658.57	$ -	0.00%	N/A	$ 1,680.31	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 574.75	$ -	0.00%	N/A	$ 581.75	$ -	0.00%	N/A	$ 589.10	$ -	0.00%	N/A	$ 596.83	$ -	0.00%
			Double	N/A	$ 1,149.51	$ -	0.00%	N/A	$ 1,163.50	$ -	0.00%	N/A	$ 1,178.21	$ -	0.00%	N/A	$ 1,193.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.08	$ -	0.00%	N/A	$ 988.97	$ -	0.00%	N/A	$ 1,001.47	$ -	0.00%	N/A	$ 1,014.61	$ -	0.00%
			Family	N/A	$ 1,638.04	$ -	0.00%	N/A	$ 1,657.98	$ -	0.00%	N/A	$ 1,678.94	$ -	0.00%	N/A	$ 1,700.97	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 566.54	$ -	0.00%	N/A	$ 573.42	$ -	0.00%	N/A	$ 580.67	$ -	0.00%	N/A	$ 588.28	$ -	0.00%
			Double	N/A	$ 1,133.07	$ -	0.00%	N/A	$ 1,146.85	$ -	0.00%	N/A	$ 1,161.33	$ -	0.00%	N/A	$ 1,176.55	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.11	$ -	0.00%	N/A	$ 974.82	$ -	0.00%	N/A	$ 987.13	$ -	0.00%	N/A	$ 1,000.07	$ -	0.00%
			Family	N/A	$ 1,614.63	$ -	0.00%	N/A	$ 1,634.26	$ -	0.00%	N/A	$ 1,654.90	$ -	0.00%	N/A	$ 1,676.59	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 510.30	$ -	0.00%	N/A	$ 516.46	$ -	0.00%	N/A	$ 522.93	$ -	0.00%	N/A	$ 529.74	$ -	0.00%
			Double	N/A	$ 1,020.60	$ -	0.00%	N/A	$ 1,032.91	$ -	0.00%	N/A	$ 1,045.86	$ -	0.00%	N/A	$ 1,059.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 867.50	$ -	0.00%	N/A	$ 877.97	$ -	0.00%	N/A	$ 888.98	$ -	0.00%	N/A	$ 900.55	$ -	0.00%
			Family	N/A	$ 1,454.35	$ -	0.00%	N/A	$ 1,471.90	$ -	0.00%	N/A	$ 1,490.36	$ -	0.00%	N/A	$ 1,509.75	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$605.50	$ -	0.00%	N/A	$613.36	$ -	0.00%	N/A	$ 621.63	$ -	0.00%	N/A	$ 630.31	$ -	0.00%
			Double	N/A	$ 1,211.00	$ -	0.00%	N/A	$ 1,226.72	$ -	0.00%	N/A	$ 1,243.25	$ -	0.00%	N/A	$ 1,260.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,029.35	$ -	0.00%	N/A	$ 1,042.71	$ -	0.00%	N/A	$ 1,056.77	$ -	0.00%	N/A	$ 1,071.53	$ -	0.00%
			Family	N/A	$ 1,725.68	$ -	0.00%	N/A	$ 1,748.08	$ -	0.00%	N/A	$ 1,771.64	$ -	0.00%	N/A	$ 1,796.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,042.83	$ -	0.00%	N/A	$ 1,056.36	$ -	0.00%	N/A	$ 1,070.60	$ -	0.00%	N/A	$ 1,085.55	$ -	0.00%
			Family	N/A	$ 1,748.27	$ -	0.00%	N/A	$ 1,770.96	$ -	0.00%	N/A	$ 1,794.83	$ -	0.00%	N/A	$ 1,819.90	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 605.57	$ -	0.00%	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.70	$ -	0.00%	N/A	$ 630.39	$ -	0.00%
			Double	N/A	$ 1,211.15	$ -	0.00%	N/A	$ 1,226.87	$ -	0.00%	N/A	$ 1,243.40	$ -	0.00%	N/A	$ 1,260.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,029.47	$ -	0.00%	N/A	$ 1,042.84	$ -	0.00%	N/A	$ 1,056.89	$ -	0.00%	N/A	$ 1,071.66	$ -	0.00%
			Family	N/A	$ 1,725.88	$ -	0.00%	N/A	$ 1,748.29	$ -	0.00%	N/A	$ 1,771.85	$ -	0.00%	N/A	$ 1,796.60	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.08	$ -	0.00%	N/A	$ 930.00	$ -	0.00%	N/A	$ 942.53	$ -	0.00%	N/A	$ 955.70	$ -	0.00%
			Family	N/A	$ 1,539.14	$ -	0.00%	N/A	$ 1,559.12	$ -	0.00%	N/A	$ 1,580.13	$ -	0.00%	N/A	$ 1,602.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 620.03	$ -	0.00%	N/A	$ 628.08	$ -	0.00%	N/A	$ 636.55	$ -	0.00%	N/A	$ 645.44	$ -	0.00%
			Double	N/A	$ 1,240.07	$ -	0.00%	N/A	$ 1,256.16	$ -	0.00%	N/A	$ 1,273.09	$ -	0.00%	N/A	$ 1,290.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,054.06	$ -	0.00%	N/A	$ 1,067.74	$ -	0.00%	N/A	$ 1,082.13	$ -	0.00%	N/A	$ 1,097.24	$ -	0.00%
			Family	N/A	$ 1,767.09	$ -	0.00%	N/A	$ 1,790.03	$ -	0.00%	N/A	$ 1,814.15	$ -	0.00%	N/A	$ 1,839.50	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.85	$ -	0.00%	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,096.29	$ -	0.00%	N/A	$ 1,111.61	$ -	0.00%
			Family	N/A	$ 1,790.22	$ -	0.00%	N/A	$ 1,813.46	$ -	0.00%	N/A	$ 1,837.90	$ -	0.00%	N/A	$ 1,863.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 618.57	$ -	0.00%	N/A	$ 626.60	$ -	0.00%	N/A	$ 635.04	$ -	0.00%	N/A	$ 643.91	$ -	0.00%
			Double	N/A	$ 1,237.14	$ -	0.00%	N/A	$ 1,253.20	$ -	0.00%	N/A	$ 1,270.09	$ -	0.00%	N/A	$ 1,287.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.57	$ -	0.00%	N/A	$ 1,065.22	$ -	0.00%	N/A	$ 1,079.57	$ -	0.00%	N/A	$ 1,094.66	$ -	0.00%
			Family	N/A	$ 1,762.92	$ -	0.00%	N/A	$ 1,785.81	$ -	0.00%	N/A	$ 1,809.87	$ -	0.00%	N/A	$ 1,835.16	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.12	$ -	0.00%	N/A	$ 952.32	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 978.64	$ -	0.00%
			Family	N/A	$ 1,576.08	$ -	0.00%	N/A	$ 1,596.54	$ -	0.00%	N/A	$ 1,618.05	$ -	0.00%	N/A	$ 1,640.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 601.28	$ -	0.00%	N/A	$ 609.09	$ -	0.00%	N/A	$ 617.29	$ -	0.00%	N/A	$ 625.92	$ -	0.00%
			Double	N/A	$ 1,202.56	$ -	0.00%	N/A	$ 1,218.17	$ -	0.00%	N/A	$ 1,234.59	$ -	0.00%	N/A	$ 1,251.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,022.18	$ -	0.00%	N/A	$ 1,035.45	$ -	0.00%	N/A	$ 1,049.40	$ -	0.00%	N/A	$ 1,064.06	$ -	0.00%
			Family	N/A	$ 1,713.65	$ -	0.00%	N/A	$ 1,735.89	$ -	0.00%	N/A	$ 1,759.29	$ -	0.00%	N/A	$ 1,783.86	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.56	$ -	0.00%	N/A	$ 1,049.00	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%	N/A	$ 1,077.99	$ -	0.00%
			Family	N/A	$ 1,736.08	$ -	0.00%	N/A	$ 1,758.62	$ -	0.00%	N/A	$ 1,782.32	$ -	0.00%	N/A	$ 1,807.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 599.86	$ -	0.00%	N/A	$ 607.65	$ -	0.00%	N/A	$ 615.84	$ -	0.00%	N/A	$ 624.44	$ -	0.00%
			Double	N/A	$ 1,199.72	$ -	0.00%	N/A	$ 1,215.30	$ -	0.00%	N/A	$ 1,231.67	$ -	0.00%	N/A	$ 1,248.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,019.76	$ -	0.00%	N/A	$ 1,033.00	$ -	0.00%	N/A	$ 1,046.92	$ -	0.00%	N/A	$ 1,061.55	$ -	0.00%
			Family	N/A	$ 1,709.60	$ -	0.00%	N/A	$ 1,731.80	$ -	0.00%	N/A	$ 1,755.14	$ -	0.00%	N/A	$ 1,779.65	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.68	$ -	0.00%	N/A	$ 923.52	$ -	0.00%	N/A	$ 935.96	$ -	0.00%	N/A	$ 949.04	$ -	0.00%
			Family	N/A	$ 1,528.41	$ -	0.00%	N/A	$ 1,548.25	$ -	0.00%	N/A	$ 1,569.12	$ -	0.00%	N/A	$ 1,591.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 605.50	$ -	0.00%	N/A	$ 613.36	$ -	0.00%	N/A	$ 621.63	$ -	0.00%	N/A	$ 630.31	$ -	0.00%
			Double	N/A	$ 1,211.00	$ -	0.00%	N/A	$ 1,226.72	$ -	0.00%	N/A	$ 1,243.25	$ -	0.00%	N/A	$ 1,260.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,029.35	$ -	0.00%	N/A	$ 1,042.71	$ -	0.00%	N/A	$ 1,056.77	$ -	0.00%	N/A	$ 1,071.53	$ -	0.00%
			Family	N/A	$ 1,725.68	$ -	0.00%	N/A	$ 1,748.08	$ -	0.00%	N/A	$ 1,771.64	$ -	0.00%	N/A	$ 1,796.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,042.83	$ -	0.00%	N/A	$ 1,056.36	$ -	0.00%	N/A	$ 1,070.60	$ -	0.00%	N/A	$ 1,085.55	$ -	0.00%
			Family	N/A	$ 1,748.27	$ -	0.00%	N/A	$ 1,770.96	$ -	0.00%	N/A	$ 1,794.83	$ -	0.00%	N/A	$ 1,819.90	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 604.07	$ -	0.00%	N/A	$ 611.91	$ -	0.00%	N/A	$ 620.16	$ -	0.00%	N/A	$ 628.82	$ -	0.00%
			Double	N/A	$ 1,208.14	$ -	0.00%	N/A	$ 1,223.83	$ -	0.00%	N/A	$ 1,240.32	$ -	0.00%	N/A	$ 1,257.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,026.92	$ -	0.00%	N/A	$ 1,040.25	$ -	0.00%	N/A	$ 1,054.27	$ -	0.00%	N/A	$ 1,069.00	$ -	0.00%
			Family	N/A	$ 1,721.60	$ -	0.00%	N/A	$ 1,743.95	$ -	0.00%	N/A	$ 1,767.46	$ -	0.00%	N/A	$ 1,792.15	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.08	$ -	0.00%	N/A	$ 930.00	$ -	0.00%	N/A	$ 942.53	$ -	0.00%	N/A	$ 955.70	$ -	0.00%
			Family	N/A	$ 1,539.14	$ -	0.00%	N/A	$ 1,559.12	$ -	0.00%	N/A	$ 1,580.13	$ -	0.00%	N/A	$ 1,602.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 615.71	$ -	0.00%	N/A	$ 623.70	$ -	0.00%	N/A	$ 632.11	$ -	0.00%	N/A	$ 640.94	$ -	0.00%
			Double	N/A	$ 1,231.42	$ -	0.00%	N/A	$ 1,247.41	$ -	0.00%	N/A	$ 1,264.22	$ -	0.00%	N/A	$ 1,281.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,046.71	$ -	0.00%	N/A	$ 1,060.30	$ -	0.00%	N/A	$ 1,074.58	$ -	0.00%	N/A	$ 1,089.60	$ -	0.00%
			Family	N/A	$ 1,754.78	$ -	0.00%	N/A	$ 1,777.56	$ -	0.00%	N/A	$ 1,801.51	$ -	0.00%	N/A	$ 1,826.68	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,060.41	$ -	0.00%	N/A	$ 1,074.18	$ -	0.00%	N/A	$ 1,088.65	$ -	0.00%	N/A	$ 1,103.86	$ -	0.00%
			Family	N/A	$ 1,777.75	$ -	0.00%	N/A	$ 1,800.82	$ -	0.00%	N/A	$ 1,825.09	$ -	0.00%	N/A	$ 1,850.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 614.26	$ -	0.00%	N/A	$ 622.23	$ -	0.00%	N/A	$ 630.62	$ -	0.00%	N/A	$ 639.43	$ -	0.00%
			Double	N/A	$ 1,228.52	$ -	0.00%	N/A	$ 1,244.46	$ -	0.00%	N/A	$ 1,261.23	$ -	0.00%	N/A	$ 1,278.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,044.24	$ -	0.00%	N/A	$ 1,057.79	$ -	0.00%	N/A	$ 1,072.05	$ -	0.00%	N/A	$ 1,087.03	$ -	0.00%
			Family	N/A	$ 1,750.64	$ -	0.00%	N/A	$ 1,773.36	$ -	0.00%	N/A	$ 1,797.26	$ -	0.00%	N/A	$ 1,822.37	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.57	$ -	0.00%	N/A	$ 945.68	$ -	0.00%	N/A	$ 958.43	$ -	0.00%	N/A	$ 971.82	$ -	0.00%
			Family	N/A	$ 1,565.09	$ -	0.00%	N/A	$ 1,585.41	$ -	0.00%	N/A	$ 1,606.78	$ -	0.00%	N/A	$ 1,629.22	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 620.03	$ -	0.00%	N/A	$ 628.08	$ -	0.00%	N/A	$ 636.55	$ -	0.00%	N/A	$ 645.44	$ -	0.00%
			Double	N/A	$ 1,240.07	$ -	0.00%	N/A	$ 1,256.16	$ -	0.00%	N/A	$ 1,273.09	$ -	0.00%	N/A	$ 1,290.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,054.06	$ -	0.00%	N/A	$ 1,067.74	$ -	0.00%	N/A	$ 1,082.13	$ -	0.00%	N/A	$ 1,097.24	$ -	0.00%
			Family	N/A	$ 1,767.09	$ -	0.00%	N/A	$ 1,790.03	$ -	0.00%	N/A	$ 1,814.15	$ -	0.00%	N/A	$ 1,839.50	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.85	$ -	0.00%	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,096.29	$ -	0.00%	N/A	$ 1,111.61	$ -	0.00%
			Family	N/A	$ 1,790.22	$ -	0.00%	N/A	$ 1,813.46	$ -	0.00%	N/A	$ 1,837.90	$ -	0.00%	N/A	$ 1,863.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 618.57	$ -	0.00%	N/A	$ 626.60	$ -	0.00%	N/A	$ 635.04	$ -	0.00%	N/A	$ 643.91	$ -	0.00%
			Double	N/A	$ 1,237.14	$ -	0.00%	N/A	$ 1,253.20	$ -	0.00%	N/A	$ 1,270.09	$ -	0.00%	N/A	$ 1,287.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.57	$ -	0.00%	N/A	$ 1,065.22	$ -	0.00%	N/A	$ 1,079.57	$ -	0.00%	N/A	$ 1,094.66	$ -	0.00%
			Family	N/A	$ 1,762.92	$ -	0.00%	N/A	$ 1,785.81	$ -	0.00%	N/A	$ 1,809.87	$ -	0.00%	N/A	$ 1,835.16	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.12	$ -	0.00%	N/A	$ 952.32	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 978.64	$ -	0.00%
			Family	N/A	$ 1,576.08	$ -	0.00%	N/A	$ 1,596.54	$ -	0.00%	N/A	$ 1,618.05	$ -	0.00%	N/A	$ 1,640.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 615.71	$ -	0.00%	N/A	$ 623.70	$ -	0.00%	N/A	$ 632.11	$ -	0.00%	N/A	$ 640.94	$ -	0.00%
			Double	N/A	$ 1,231.42	$ -	0.00%	N/A	$ 1,247.41	$ -	0.00%	N/A	$ 1,264.22	$ -	0.00%	N/A	$ 1,281.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,046.71	$ -	0.00%	N/A	$ 1,060.30	$ -	0.00%	N/A	$ 1,074.58	$ -	0.00%	N/A	$ 1,089.60	$ -	0.00%
			Family	N/A	$ 1,754.78	$ -	0.00%	N/A	$ 1,777.56	$ -	0.00%	N/A	$ 1,801.51	$ -	0.00%	N/A	$ 1,826.68	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,060.41	$ -	0.00%	N/A	$ 1,074.18	$ -	0.00%	N/A	$ 1,088.65	$ -	0.00%	N/A	$ 1,103.86	$ -	0.00%
			Family	N/A	$ 1,777.75	$ -	0.00%	N/A	$ 1,800.82	$ -	0.00%	N/A	$ 1,825.09	$ -	0.00%	N/A	$ 1,850.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 614.26	$ -	0.00%	N/A	$ 622.23	$ -	0.00%	N/A	$ 630.62	$ -	0.00%	N/A	$ 639.43	$ -	0.00%
			Double	N/A	$ 1,228.52	$ -	0.00%	N/A	$ 1,244.46	$ -	0.00%	N/A	$ 1,261.23	$ -	0.00%	N/A	$ 1,278.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,044.24	$ -	0.00%	N/A	$ 1,057.79	$ -	0.00%	N/A	$ 1,072.05	$ -	0.00%	N/A	$ 1,087.03	$ -	0.00%
			Family	N/A	$ 1,750.64	$ -	0.00%	N/A	$ 1,773.36	$ -	0.00%	N/A	$ 1,797.26	$ -	0.00%	N/A	$ 1,822.37	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.57	$ -	0.00%	N/A	$ 945.68	$ -	0.00%	N/A	$ 958.43	$ -	0.00%	N/A	$ 971.82	$ -	0.00%
			Family	N/A	$ 1,565.09	$ -	0.00%	N/A	$ 1,585.41	$ -	0.00%	N/A	$ 1,606.78	$ -	0.00%	N/A	$ 1,629.22	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 601.28	$ -	0.00%	N/A	$ 609.09	$ -	0.00%	N/A	$ 617.29	$ -	0.00%	N/A	$ 625.92	$ -	0.00%
			Double	N/A	$ 1,202.56	$ -	0.00%	N/A	$ 1,218.17	$ -	0.00%	N/A	$ 1,234.59	$ -	0.00%	N/A	$ 1,251.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,022.18	$ -	0.00%	N/A	$ 1,035.45	$ -	0.00%	N/A	$ 1,049.40	$ -	0.00%	N/A	$ 1,064.06	$ -	0.00%
			Family	N/A	$ 1,713.65	$ -	0.00%	N/A	$ 1,735.89	$ -	0.00%	N/A	$ 1,759.29	$ -	0.00%	N/A	$ 1,783.86	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.56	$ -	0.00%	N/A	$ 1,049.00	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%	N/A	$ 1,077.99	$ -	0.00%
			Family	N/A	$ 1,736.08	$ -	0.00%	N/A	$ 1,758.62	$ -	0.00%	N/A	$ 1,782.32	$ -	0.00%	N/A	$ 1,807.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 599.86	$ -	0.00%	N/A	$ 607.65	$ -	0.00%	N/A	$ 615.84	$ -	0.00%	N/A	$ 624.44	$ -	0.00%
			Double	N/A	$ 1,199.72	$ -	0.00%	N/A	$ 1,215.30	$ -	0.00%	N/A	$ 1,231.67	$ -	0.00%	N/A	$ 1,248.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,019.76	$ -	0.00%	N/A	$ 1,033.00	$ -	0.00%	N/A	$ 1,046.92	$ -	0.00%	N/A	$ 1,061.55	$ -	0.00%
			Family	N/A	$ 1,709.60	$ -	0.00%	N/A	$ 1,731.80	$ -	0.00%	N/A	$ 1,755.14	$ -	0.00%	N/A	$ 1,779.65	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.68	$ -	0.00%	N/A	$ 923.52	$ -	0.00%	N/A	$ 935.96	$ -	0.00%	N/A	$ 949.04	$ -	0.00%
			Family	N/A	$ 1,528.41	$ -	0.00%	N/A	$ 1,548.25	$ -	0.00%	N/A	$ 1,569.12	$ -	0.00%	N/A	$ 1,591.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 643.98	$ -	0.00%	N/A	$ 651.84	$ -	0.00%	N/A	$ 660.11	$ -	0.00%	N/A	$ 668.79	$ -	0.00%
			Double	N/A	$ 1,287.96	$ -	0.00%	N/A	$ 1,303.68	$ -	0.00%	N/A	$ 1,320.21	$ -	0.00%	N/A	$ 1,337.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,094.77	$ -	0.00%	N/A	$ 1,108.13	$ -	0.00%	N/A	$ 1,122.19	$ -	0.00%	N/A	$ 1,136.95	$ -	0.00%
			Family	N/A	$ 1,835.35	$ -	0.00%	N/A	$ 1,857.75	$ -	0.00%	N/A	$ 1,881.31	$ -	0.00%	N/A	$ 1,906.05	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 651.91	$ -	0.00%	N/A	$ 659.87	$ -	0.00%	N/A	$ 668.24	$ -	0.00%	N/A	$ 677.04	$ -	0.00%
			Double	N/A	$ 1,303.81	$ -	0.00%	N/A	$ 1,319.74	$ -	0.00%	N/A	$ 1,336.49	$ -	0.00%	N/A	$ 1,354.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,108.25	$ -	0.00%	N/A	$ 1,121.78	$ -	0.00%	N/A	$ 1,136.02	$ -	0.00%	N/A	$ 1,150.97	$ -	0.00%
			Family	N/A	$ 1,857.94	$ -	0.00%	N/A	$ 1,880.63	$ -	0.00%	N/A	$ 1,904.50	$ -	0.00%	N/A	$ 1,929.57	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 642.55	$ -	0.00%	N/A	$ 650.39	$ -	0.00%	N/A	$ 658.64	$ -	0.00%	N/A	$ 667.30	$ -	0.00%
			Double	N/A	$ 1,285.10	$ -	0.00%	N/A	$ 1,300.79	$ -	0.00%	N/A	$ 1,317.28	$ -	0.00%	N/A	$ 1,334.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,092.34	$ -	0.00%	N/A	$ 1,105.67	$ -	0.00%	N/A	$ 1,119.69	$ -	0.00%	N/A	$ 1,134.42	$ -	0.00%
			Family	N/A	$ 1,831.27	$ -	0.00%	N/A	$ 1,853.62	$ -	0.00%	N/A	$ 1,877.13	$ -	0.00%	N/A	$ 1,901.82	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 578.53	$ -	0.00%	N/A	$ 585.54	$ -	0.00%	N/A	$ 592.91	$ -	0.00%	N/A	$ 600.66	$ -	0.00%
			Double	N/A	$ 1,157.06	$ -	0.00%	N/A	$ 1,171.08	$ -	0.00%	N/A	$ 1,185.82	$ -	0.00%	N/A	$ 1,201.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.50	$ -	0.00%	N/A	$ 995.42	$ -	0.00%	N/A	$ 1,007.95	$ -	0.00%	N/A	$ 1,021.12	$ -	0.00%
			Family	N/A	$ 1,648.81	$ -	0.00%	N/A	$ 1,668.79	$ -	0.00%	N/A	$ 1,689.80	$ -	0.00%	N/A	$ 1,711.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 658.51	$ -	0.00%	N/A	$ 666.56	$ -	0.00%	N/A	$ 675.03	$ -	0.00%	N/A	$ 683.92	$ -	0.00%
			Double	N/A	$ 1,317.03	$ -	0.00%	N/A	$ 1,333.12	$ -	0.00%	N/A	$ 1,350.05	$ -	0.00%	N/A	$ 1,367.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,119.48	$ -	0.00%	N/A	$ 1,133.16	$ -	0.00%	N/A	$ 1,147.55	$ -	0.00%	N/A	$ 1,162.66	$ -	0.00%
			Family	N/A	$ 1,876.76	$ -	0.00%	N/A	$ 1,899.70	$ -	0.00%	N/A	$ 1,923.82	$ -	0.00%	N/A	$ 1,949.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 666.63	$ -	0.00%	N/A	$ 674.78	$ -	0.00%	N/A	$ 683.36	$ -	0.00%	N/A	$ 692.37	$ -	0.00%
			Double	N/A	$ 1,333.26	$ -	0.00%	N/A	$ 1,349.57	$ -	0.00%	N/A	$ 1,366.72	$ -	0.00%	N/A	$ 1,384.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,133.27	$ -	0.00%	N/A	$ 1,147.14	$ -	0.00%	N/A	$ 1,161.71	$ -	0.00%	N/A	$ 1,177.03	$ -	0.00%
			Family	N/A	$ 1,899.89	$ -	0.00%	N/A	$ 1,923.13	$ -	0.00%	N/A	$ 1,947.57	$ -	0.00%	N/A	$ 1,973.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 657.05	$ -	0.00%	N/A	$ 665.08	$ -	0.00%	N/A	$ 673.52	$ -	0.00%	N/A	$ 682.39	$ -	0.00%
			Double	N/A	$ 1,314.10	$ -	0.00%	N/A	$ 1,330.16	$ -	0.00%	N/A	$ 1,347.05	$ -	0.00%	N/A	$ 1,364.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,116.99	$ -	0.00%	N/A	$ 1,130.64	$ -	0.00%	N/A	$ 1,144.99	$ -	0.00%	N/A	$ 1,160.08	$ -	0.00%
			Family	N/A	$ 1,872.59	$ -	0.00%	N/A	$ 1,895.48	$ -	0.00%	N/A	$ 1,919.54	$ -	0.00%	N/A	$ 1,944.83	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 591.49	$ -	0.00%	N/A	$ 598.67	$ -	0.00%	N/A	$ 606.22	$ -	0.00%	N/A	$ 614.15	$ -	0.00%
			Double	N/A	$ 1,182.98	$ -	0.00%	N/A	$ 1,197.34	$ -	0.00%	N/A	$ 1,212.44	$ -	0.00%	N/A	$ 1,228.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.54	$ -	0.00%	N/A	$ 1,017.74	$ -	0.00%	N/A	$ 1,030.58	$ -	0.00%	N/A	$ 1,044.06	$ -	0.00%
			Family	N/A	$ 1,685.75	$ -	0.00%	N/A	$ 1,706.21	$ -	0.00%	N/A	$ 1,727.72	$ -	0.00%	N/A	$ 1,750.33	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 639.76	$ -	0.00%	N/A	$ 647.57	$ -	0.00%	N/A	$ 655.77	$ -	0.00%	N/A	$ 664.40	$ -	0.00%
			Double	N/A	$ 1,279.52	$ -	0.00%	N/A	$ 1,295.13	$ -	0.00%	N/A	$ 1,311.55	$ -	0.00%	N/A	$ 1,328.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,087.60	$ -	0.00%	N/A	$ 1,100.87	$ -	0.00%	N/A	$ 1,114.82	$ -	0.00%	N/A	$ 1,129.48	$ -	0.00%
			Family	N/A	$ 1,823.32	$ -	0.00%	N/A	$ 1,845.56	$ -	0.00%	N/A	$ 1,868.96	$ -	0.00%	N/A	$ 1,893.53	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 647.63	$ -	0.00%	N/A	$ 655.54	$ -	0.00%	N/A	$ 663.85	$ -	0.00%	N/A	$ 672.59	$ -	0.00%
			Double	N/A	$ 1,295.26	$ -	0.00%	N/A	$ 1,311.08	$ -	0.00%	N/A	$ 1,327.71	$ -	0.00%	N/A	$ 1,345.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,100.98	$ -	0.00%	N/A	$ 1,114.42	$ -	0.00%	N/A	$ 1,128.56	$ -	0.00%	N/A	$ 1,143.41	$ -	0.00%
			Family	N/A	$ 1,845.75	$ -	0.00%	N/A	$ 1,868.29	$ -	0.00%	N/A	$ 1,891.99	$ -	0.00%	N/A	$ 1,916.88	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 638.34	$ -	0.00%	N/A	$ 646.13	$ -	0.00%	N/A	$ 654.32	$ -	0.00%	N/A	$ 662.92	$ -	0.00%
			Double	N/A	$ 1,276.68	$ -	0.00%	N/A	$ 1,292.26	$ -	0.00%	N/A	$ 1,308.63	$ -	0.00%	N/A	$ 1,325.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,085.18	$ -	0.00%	N/A	$ 1,098.42	$ -	0.00%	N/A	$ 1,112.34	$ -	0.00%	N/A	$ 1,126.97	$ -	0.00%
			Family	N/A	$ 1,819.27	$ -	0.00%	N/A	$ 1,841.47	$ -	0.00%	N/A	$ 1,864.81	$ -	0.00%	N/A	$ 1,889.32	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 574.77	$ -	0.00%	N/A	$ 581.73	$ -	0.00%	N/A	$ 589.05	$ -	0.00%	N/A	$ 596.74	$ -	0.00%
			Double	N/A	$ 1,149.53	$ -	0.00%	N/A	$ 1,163.45	$ -	0.00%	N/A	$ 1,178.10	$ -	0.00%	N/A	$ 1,193.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.10	$ -	0.00%	N/A	$ 988.94	$ -	0.00%	N/A	$ 1,001.38	$ -	0.00%	N/A	$ 1,014.46	$ -	0.00%
			Family	N/A	$ 1,638.08	$ -	0.00%	N/A	$ 1,657.92	$ -	0.00%	N/A	$ 1,678.79	$ -	0.00%	N/A	$ 1,700.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 643.98	$ -	0.00%	N/A	$ 651.84	$ -	0.00%	N/A	$ 660.11	$ -	0.00%	N/A	$ 668.79	$ -	0.00%
			Double	N/A	$ 1,287.96	$ -	0.00%	N/A	$ 1,303.68	$ -	0.00%	N/A	$ 1,320.21	$ -	0.00%	N/A	$ 1,337.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,094.77	$ -	0.00%	N/A	$ 1,108.13	$ -	0.00%	N/A	$ 1,122.19	$ -	0.00%	N/A	$ 1,136.95	$ -	0.00%
			Family	N/A	$ 1,835.35	$ -	0.00%	N/A	$ 1,857.75	$ -	0.00%	N/A	$ 1,881.31	$ -	0.00%	N/A	$ 1,906.05	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 651.91	$ -	0.00%	N/A	$ 659.87	$ -	0.00%	N/A	$ 668.24	$ -	0.00%	N/A	$ 677.04	$ -	0.00%
			Double	N/A	$ 1,303.81	$ -	0.00%	N/A	$ 1,319.74	$ -	0.00%	N/A	$ 1,336.49	$ -	0.00%	N/A	$ 1,354.08	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,108.25	$ -	0.00%	N/A	$ 1,121.78	$ -	0.00%	N/A	$ 1,136.02	$ -	0.00%	N/A	$ 1,150.97	$ -	0.00%
			Family	N/A	$ 1,857.94	$ -	0.00%	N/A	$ 1,880.63	$ -	0.00%	N/A	$ 1,904.50	$ -	0.00%	N/A	$ 1,929.57	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 642.55	$ -	0.00%	N/A	$ 650.39	$ -	0.00%	N/A	$ 658.64	$ -	0.00%	N/A	$ 667.30	$ -	0.00%
			Double	N/A	$ 1,285.10	$ -	0.00%	N/A	$ 1,300.79	$ -	0.00%	N/A	$ 1,317.28	$ -	0.00%	N/A	$ 1,334.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,092.34	$ -	0.00%	N/A	$ 1,105.67	$ -	0.00%	N/A	$ 1,119.69	$ -	0.00%	N/A	$ 1,134.42	$ -	0.00%
			Family	N/A	$ 1,831.27	$ -	0.00%	N/A	$ 1,853.62	$ -	0.00%	N/A	$ 1,877.13	$ -	0.00%	N/A	$ 1,901.82	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 578.53	$ -	0.00%	N/A	$ 585.54	$ -	0.00%	N/A	$ 592.91	$ -	0.00%	N/A	$ 600.66	$ -	0.00%
			Double	N/A	$ 1,157.06	$ -	0.00%	N/A	$ 1,171.08	$ -	0.00%	N/A	$ 1,185.82	$ -	0.00%	N/A	$ 1,201.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 983.50	$ -	0.00%	N/A	$ 995.42	$ -	0.00%	N/A	$ 1,007.95	$ -	0.00%	N/A	$ 1,021.12	$ -	0.00%
			Family	N/A	$ 1,648.81	$ -	0.00%	N/A	$ 1,668.79	$ -	0.00%	N/A	$ 1,689.80	$ -	0.00%	N/A	$ 1,711.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 654.19	$ -	0.00%	N/A	$ 662.18	$ -	0.00%	N/A	$ 670.59	$ -	0.00%	N/A	$ 679.42	$ -	0.00%
			Double	N/A	$ 1,308.38	$ -	0.00%	N/A	$ 1,324.37	$ -	0.00%	N/A	$ 1,341.18	$ -	0.00%	N/A	$ 1,358.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,112.13	$ -	0.00%	N/A	$ 1,125.72	$ -	0.00%	N/A	$ 1,140.00	$ -	0.00%	N/A	$ 1,155.02	$ -	0.00%
			Family	N/A	$ 1,864.45	$ -	0.00%	N/A	$ 1,887.23	$ -	0.00%	N/A	$ 1,911.18	$ -	0.00%	N/A	$ 1,936.35	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 662.25	$ -	0.00%	N/A	$ 670.35	$ -	0.00%	N/A	$ 678.86	$ -	0.00%	N/A	$ 687.81	$ -	0.00%
			Double	N/A	$ 1,324.50	$ -	0.00%	N/A	$ 1,340.70	$ -	0.00%	N/A	$ 1,357.73	$ -	0.00%	N/A	$ 1,375.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,125.83	$ -	0.00%	N/A	$ 1,139.60	$ -	0.00%	N/A	$ 1,154.07	$ -	0.00%	N/A	$ 1,169.28	$ -	0.00%
			Family	N/A	$ 1,887.42	$ -	0.00%	N/A	$ 1,910.49	$ -	0.00%	N/A	$ 1,934.76	$ -	0.00%	N/A	$ 1,960.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 652.74	$ -	0.00%	N/A	$ 660.71	$ -	0.00%	N/A	$ 669.10	$ -	0.00%	N/A	$ 677.91	$ -	0.00%
			Double	N/A	$ 1,305.48	$ -	0.00%	N/A	$ 1,321.42	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%	N/A	$ 1,355.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,109.66	$ -	0.00%	N/A	$ 1,123.21	$ -	0.00%	N/A	$ 1,137.47	$ -	0.00%	N/A	$ 1,152.45	$ -	0.00%
			Family	N/A	$ 1,860.31	$ -	0.00%	N/A	$ 1,883.03	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%	N/A	$ 1,932.04	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 587.64	$ -	0.00%	N/A	$ 594.76	$ -	0.00%	N/A	$ 602.26	$ -	0.00%	N/A	$ 610.14	$ -	0.00%
			Double	N/A	$ 1,175.27	$ -	0.00%	N/A	$ 1,189.53	$ -	0.00%	N/A	$ 1,204.52	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 998.99	$ -	0.00%	N/A	$ 1,011.10	$ -	0.00%	N/A	$ 1,023.85	$ -	0.00%	N/A	$ 1,037.24	$ -	0.00%
			Family	N/A	$ 1,674.76	$ -	0.00%	N/A	$ 1,695.08	$ -	0.00%	N/A	$ 1,716.45	$ -	0.00%	N/A	$ 1,738.89	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 658.51	$ -	0.00%	N/A	$ 666.56	$ -	0.00%	N/A	$ 675.03	$ -	0.00%	N/A	$ 683.92	$ -	0.00%
			Double	N/A	$ 1,317.03	$ -	0.00%	N/A	$ 1,333.12	$ -	0.00%	N/A	$ 1,350.05	$ -	0.00%	N/A	$ 1,367.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,119.48	$ -	0.00%	N/A	$ 1,133.16	$ -	0.00%	N/A	$ 1,147.55	$ -	0.00%	N/A	$ 1,162.66	$ -	0.00%
			Family	N/A	$ 1,876.76	$ -	0.00%	N/A	$ 1,899.70	$ -	0.00%	N/A	$ 1,923.82	$ -	0.00%	N/A	$ 1,949.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 666.63	$ -	0.00%	N/A	$ 674.78	$ -	0.00%	N/A	$ 683.36	$ -	0.00%	N/A	$ 692.37	$ -	0.00%
			Double	N/A	$ 1,333.26	$ -	0.00%	N/A	$ 1,349.57	$ -	0.00%	N/A	$ 1,366.72	$ -	0.00%	N/A	$ 1,384.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,133.27	$ -	0.00%	N/A	$ 1,147.14	$ -	0.00%	N/A	$ 1,161.71	$ -	0.00%	N/A	$ 1,177.03	$ -	0.00%
			Family	N/A	$ 1,899.89	$ -	0.00%	N/A	$ 1,923.13	$ -	0.00%	N/A	$ 1,947.57	$ -	0.00%	N/A	$ 1,973.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 657.05	$ -	0.00%	N/A	$ 665.08	$ -	0.00%	N/A	$ 673.52	$ -	0.00%	N/A	$ 682.39	$ -	0.00%
			Double	N/A	$ 1,314.10	$ -	0.00%	N/A	$ 1,330.16	$ -	0.00%	N/A	$ 1,347.05	$ -	0.00%	N/A	$ 1,364.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,116.99	$ -	0.00%	N/A	$ 1,130.64	$ -	0.00%	N/A	$ 1,144.99	$ -	0.00%	N/A	$ 1,160.08	$ -	0.00%
			Family	N/A	$ 1,872.59	$ -	0.00%	N/A	$ 1,895.48	$ -	0.00%	N/A	$ 1,919.54	$ -	0.00%	N/A	$ 1,944.83	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 591.49	$ -	0.00%	N/A	$ 598.67	$ -	0.00%	N/A	$ 606.22	$ -	0.00%	N/A	$ 614.15	$ -	0.00%
			Double	N/A	$ 1,182.98	$ -	0.00%	N/A	$ 1,197.34	$ -	0.00%	N/A	$ 1,212.44	$ -	0.00%	N/A	$ 1,228.30	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.54	$ -	0.00%	N/A	$ 1,017.74	$ -	0.00%	N/A	$ 1,030.58	$ -	0.00%	N/A	$ 1,044.06	$ -	0.00%
			Family	N/A	$ 1,685.75	$ -	0.00%	N/A	$ 1,706.21	$ -	0.00%	N/A	$ 1,727.72	$ -	0.00%	N/A	$ 1,750.33	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 654.19	$ -	0.00%	N/A	$ 662.18	$ -	0.00%	N/A	$ 670.59	$ -	0.00%	N/A	$ 679.42	$ -	0.00%
			Double	N/A	$ 1,308.38	$ -	0.00%	N/A	$ 1,324.37	$ -	0.00%	N/A	$ 1,341.18	$ -	0.00%	N/A	$ 1,358.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,112.13	$ -	0.00%	N/A	$ 1,125.72	$ -	0.00%	N/A	$ 1,140.00	$ -	0.00%	N/A	$ 1,155.02	$ -	0.00%
			Family	N/A	$ 1,864.45	$ -	0.00%	N/A	$ 1,887.23	$ -	0.00%	N/A	$ 1,911.18	$ -	0.00%	N/A	$ 1,936.35	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 662.25	$ -	0.00%	N/A	$ 670.35	$ -	0.00%	N/A	$ 678.86	$ -	0.00%	N/A	$ 687.81	$ -	0.00%
			Double	N/A	$ 1,324.50	$ -	0.00%	N/A	$ 1,340.70	$ -	0.00%	N/A	$ 1,357.73	$ -	0.00%	N/A	$ 1,375.62	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,125.83	$ -	0.00%	N/A	$ 1,139.60	$ -	0.00%	N/A	$ 1,154.07	$ -	0.00%	N/A	$ 1,169.28	$ -	0.00%
			Family	N/A	$ 1,887.42	$ -	0.00%	N/A	$ 1,910.49	$ -	0.00%	N/A	$ 1,934.76	$ -	0.00%	N/A	$ 1,960.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 652.74	$ -	0.00%	N/A	$ 660.71	$ -	0.00%	N/A	$ 669.10	$ -	0.00%	N/A	$ 677.91	$ -	0.00%
			Double	N/A	$ 1,305.48	$ -	0.00%	N/A	$ 1,321.42	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%	N/A	$ 1,355.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,109.66	$ -	0.00%	N/A	$ 1,123.21	$ -	0.00%	N/A	$ 1,137.47	$ -	0.00%	N/A	$ 1,152.45	$ -	0.00%
			Family	N/A	$ 1,860.31	$ -	0.00%	N/A	$ 1,883.03	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%	N/A	$ 1,932.04	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 587.64	$ -	0.00%	N/A	$ 594.76	$ -	0.00%	N/A	$ 602.26	$ -	0.00%	N/A	$ 610.14	$ -	0.00%
			Double	N/A	$ 1,175.27	$ -	0.00%	N/A	$ 1,189.53	$ -	0.00%	N/A	$ 1,204.52	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%
			Emp/Child(ren)	N/A	$ 998.99	$ -	0.00%	N/A	$ 1,011.10	$ -	0.00%	N/A	$ 1,023.85	$ -	0.00%	N/A	$ 1,037.24	$ -	0.00%
			Family	N/A	$ 1,674.76	$ -	0.00%	N/A	$ 1,695.08	$ -	0.00%	N/A	$ 1,716.45	$ -	0.00%	N/A	$ 1,738.89	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 639.76	$ -	0.00%	N/A	$ 647.57	$ -	0.00%	N/A	$ 655.77	$ -	0.00%	N/A	$ 664.40	$ -	0.00%
			Double	N/A	$ 1,279.52	$ -	0.00%	N/A	$ 1,295.13	$ -	0.00%	N/A	$ 1,311.55	$ -	0.00%	N/A	$ 1,328.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,087.60	$ -	0.00%	N/A	$ 1,100.87	$ -	0.00%	N/A	$ 1,114.82	$ -	0.00%	N/A	$ 1,129.48	$ -	0.00%
			Family	N/A	$ 1,823.32	$ -	0.00%	N/A	$ 1,845.56	$ -	0.00%	N/A	$ 1,868.96	$ -	0.00%	N/A	$ 1,893.53	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 647.63	$ -	0.00%	N/A	$ 655.54	$ -	0.00%	N/A	$ 663.85	$ -	0.00%	N/A	$ 672.59	$ -	0.00%
			Double	N/A	$ 1,295.26	$ -	0.00%	N/A	$ 1,311.08	$ -	0.00%	N/A	$ 1,327.71	$ -	0.00%	N/A	$ 1,345.18	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,100.98	$ -	0.00%	N/A	$ 1,114.42	$ -	0.00%	N/A	$ 1,128.56	$ -	0.00%	N/A	$ 1,143.41	$ -	0.00%
			Family	N/A	$ 1,845.75	$ -	0.00%	N/A	$ 1,868.29	$ -	0.00%	N/A	$ 1,891.99	$ -	0.00%	N/A	$ 1,916.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 638.34	$ -	0.00%	N/A	$ 646.13	$ -	0.00%	N/A	$ 654.32	$ -	0.00%	N/A	$ 662.92	$ -	0.00%
			Double	N/A	$ 1,276.68	$ -	0.00%	N/A	$ 1,292.26	$ -	0.00%	N/A	$ 1,308.63	$ -	0.00%	N/A	$ 1,325.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,085.18	$ -	0.00%	N/A	$ 1,098.42	$ -	0.00%	N/A	$ 1,112.34	$ -	0.00%	N/A	$ 1,126.97	$ -	0.00%
			Family	N/A	$ 1,819.27	$ -	0.00%	N/A	$ 1,841.47	$ -	0.00%	N/A	$ 1,864.81	$ -	0.00%	N/A	$ 1,889.32	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 574.77	$ -	0.00%	N/A	$ 581.73	$ -	0.00%	N/A	$ 589.05	$ -	0.00%	N/A	$ 596.74	$ -	0.00%
			Double	N/A	$ 1,149.53	$ -	0.00%	N/A	$ 1,163.45	$ -	0.00%	N/A	$ 1,178.10	$ -	0.00%	N/A	$ 1,193.48	$ -	0.00%
			Emp/Child(ren)	N/A	$ 977.10	$ -	0.00%	N/A	$ 988.94	$ -	0.00%	N/A	$ 1,001.38	$ -	0.00%	N/A	$ 1,014.46	$ -	0.00%
			Family	N/A	$ 1,638.08	$ -	0.00%	N/A	$ 1,657.92	$ -	0.00%	N/A	$ 1,678.79	$ -	0.00%	N/A	$ 1,700.71	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$600.68	$ -	0.00%	N/A	$608.48	$ -	0.00%	N/A	$ 616.68	$ -	0.00%	N/A	$ 625.29	$ -	0.00%
			Double	N/A	$ 1,201.36	$ -	0.00%	N/A	$ 1,216.96	$ -	0.00%	N/A	$ 1,233.36	$ -	0.00%	N/A	$ 1,250.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,021.16	$ -	0.00%	N/A	$ 1,034.41	$ -	0.00%	N/A	$ 1,048.35	$ -	0.00%	N/A	$ 1,063.00	$ -	0.00%
			Family	N/A	$ 1,711.94	$ -	0.00%	N/A	$ 1,734.16	$ -	0.00%	N/A	$ 1,757.53	$ -	0.00%	N/A	$ 1,782.08	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.52	$ -	0.00%	N/A	$ 1,047.95	$ -	0.00%	N/A	$ 1,062.07	$ -	0.00%	N/A	$ 1,076.91	$ -	0.00%
			Family	N/A	$ 1,734.35	$ -	0.00%	N/A	$ 1,756.86	$ -	0.00%	N/A	$ 1,780.54	$ -	0.00%	N/A	$ 1,805.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 600.75	$ -	0.00%	N/A	$ 608.55	$ -	0.00%	N/A	$ 616.75	$ -	0.00%	N/A	$ 625.37	$ -	0.00%
			Double	N/A	$ 1,201.50	$ -	0.00%	N/A	$ 1,217.10	$ -	0.00%	N/A	$ 1,233.50	$ -	0.00%	N/A	$ 1,250.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,021.28	$ -	0.00%	N/A	$ 1,034.54	$ -	0.00%	N/A	$ 1,048.48	$ -	0.00%	N/A	$ 1,063.12	$ -	0.00%
			Family	N/A	$ 1,712.14	$ -	0.00%	N/A	$ 1,734.37	$ -	0.00%	N/A	$ 1,757.74	$ -	0.00%	N/A	$ 1,782.30	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.78	$ -	0.00%	N/A	$ 922.60	$ -	0.00%	N/A	$ 935.03	$ -	0.00%	N/A	$ 948.09	$ -	0.00%
			Family	N/A	$ 1,526.89	$ -	0.00%	N/A	$ 1,546.71	$ -	0.00%	N/A	$ 1,567.55	$ -	0.00%	N/A	$ 1,589.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 615.10	$ -	0.00%	N/A	$ 623.08	$ -	0.00%	N/A	$ 631.48	$ -	0.00%	N/A	$ 640.30	$ -	0.00%
			Double	N/A	$ 1,230.19	$ -	0.00%	N/A	$ 1,246.16	$ -	0.00%	N/A	$ 1,262.96	$ -	0.00%	N/A	$ 1,280.60	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,045.66	$ -	0.00%	N/A	$ 1,059.24	$ -	0.00%	N/A	$ 1,073.51	$ -	0.00%	N/A	$ 1,088.51	$ -	0.00%
			Family	N/A	$ 1,753.03	$ -	0.00%	N/A	$ 1,775.78	$ -	0.00%	N/A	$ 1,799.71	$ -	0.00%	N/A	$ 1,824.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.35	$ -	0.00%	N/A	$ 1,073.10	$ -	0.00%	N/A	$ 1,087.56	$ -	0.00%	N/A	$ 1,102.76	$ -	0.00%
			Family	N/A	$ 1,775.97	$ -	0.00%	N/A	$ 1,799.03	$ -	0.00%	N/A	$ 1,823.27	$ -	0.00%	N/A	$ 1,848.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 613.65	$ -	0.00%	N/A	$ 621.61	$ -	0.00%	N/A	$ 629.99	$ -	0.00%	N/A	$ 638.79	$ -	0.00%
			Double	N/A	$ 1,227.29	$ -	0.00%	N/A	$ 1,243.22	$ -	0.00%	N/A	$ 1,259.98	$ -	0.00%	N/A	$ 1,277.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.20	$ -	0.00%	N/A	$ 1,056.74	$ -	0.00%	N/A	$ 1,070.98	$ -	0.00%	N/A	$ 1,085.94	$ -	0.00%
			Family	N/A	$ 1,748.89	$ -	0.00%	N/A	$ 1,771.59	$ -	0.00%	N/A	$ 1,795.47	$ -	0.00%	N/A	$ 1,820.55	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.63	$ -	0.00%	N/A	$ 944.74	$ -	0.00%	N/A	$ 957.47	$ -	0.00%	N/A	$ 970.85	$ -	0.00%
			Family	N/A	$ 1,563.53	$ -	0.00%	N/A	$ 1,583.83	$ -	0.00%	N/A	$ 1,605.17	$ -	0.00%	N/A	$ 1,627.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 596.49	$ -	0.00%	N/A	$ 604.24	$ -	0.00%	N/A	$ 612.38	$ -	0.00%	N/A	$ 620.93	$ -	0.00%
			Double	N/A	$ 1,192.99	$ -	0.00%	N/A	$ 1,208.47	$ -	0.00%	N/A	$ 1,224.76	$ -	0.00%	N/A	$ 1,241.87	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,014.04	$ -	0.00%	N/A	$ 1,027.20	$ -	0.00%	N/A	$ 1,041.04	$ -	0.00%	N/A	$ 1,055.59	$ -	0.00%
			Family	N/A	$ 1,700.01	$ -	0.00%	N/A	$ 1,722.08	$ -	0.00%	N/A	$ 1,745.28	$ -	0.00%	N/A	$ 1,769.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.31	$ -	0.00%	N/A	$ 1,040.65	$ -	0.00%	N/A	$ 1,054.67	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%
			Family	N/A	$ 1,722.26	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,768.13	$ -	0.00%	N/A	$ 1,792.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 595.09	$ -	0.00%	N/A	$ 602.81	$ -	0.00%	N/A	$ 610.93	$ -	0.00%	N/A	$ 619.47	$ -	0.00%
			Double	N/A	$ 1,190.17	$ -	0.00%	N/A	$ 1,205.62	$ -	0.00%	N/A	$ 1,221.87	$ -	0.00%	N/A	$ 1,238.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.65	$ -	0.00%	N/A	$ 1,024.78	$ -	0.00%	N/A	$ 1,038.59	$ -	0.00%	N/A	$ 1,053.10	$ -	0.00%
			Family	N/A	$ 1,695.99	$ -	0.00%	N/A	$ 1,718.01	$ -	0.00%	N/A	$ 1,741.16	$ -	0.00%	N/A	$ 1,765.49	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.43	$ -	0.00%	N/A	$ 916.17	$ -	0.00%	N/A	$ 928.51	$ -	0.00%	N/A	$ 941.48	$ -	0.00%
			Family	N/A	$ 1,516.24	$ -	0.00%	N/A	$ 1,535.93	$ -	0.00%	N/A	$ 1,556.63	$ -	0.00%	N/A	$ 1,578.37	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 600.68	$ -	0.00%	N/A	$ 608.48	$ -	0.00%	N/A	$ 616.68	$ -	0.00%	N/A	$ 625.29	$ -	0.00%
			Double	N/A	$ 1,201.36	$ -	0.00%	N/A	$ 1,216.96	$ -	0.00%	N/A	$ 1,233.36	$ -	0.00%	N/A	$ 1,250.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,021.16	$ -	0.00%	N/A	$ 1,034.41	$ -	0.00%	N/A	$ 1,048.35	$ -	0.00%	N/A	$ 1,063.00	$ -	0.00%
			Family	N/A	$ 1,711.94	$ -	0.00%	N/A	$ 1,734.16	$ -	0.00%	N/A	$ 1,757.53	$ -	0.00%	N/A	$ 1,782.08	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.52	$ -	0.00%	N/A	$ 1,047.95	$ -	0.00%	N/A	$ 1,062.07	$ -	0.00%	N/A	$ 1,076.91	$ -	0.00%
			Family	N/A	$ 1,734.35	$ -	0.00%	N/A	$ 1,756.86	$ -	0.00%	N/A	$ 1,780.54	$ -	0.00%	N/A	$ 1,805.41	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 599.26	$ -	0.00%	N/A	$ 607.04	$ -	0.00%	N/A	$ 615.22	$ -	0.00%	N/A	$ 623.82	$ -	0.00%
			Double	N/A	$ 1,198.53	$ -	0.00%	N/A	$ 1,214.08	$ -	0.00%	N/A	$ 1,230.45	$ -	0.00%	N/A	$ 1,247.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,018.75	$ -	0.00%	N/A	$ 1,031.97	$ -	0.00%	N/A	$ 1,045.88	$ -	0.00%	N/A	$ 1,060.49	$ -	0.00%
			Family	N/A	$ 1,707.90	$ -	0.00%	N/A	$ 1,730.07	$ -	0.00%	N/A	$ 1,753.38	$ -	0.00%	N/A	$ 1,777.88	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.78	$ -	0.00%	N/A	$ 922.60	$ -	0.00%	N/A	$ 935.03	$ -	0.00%	N/A	$ 948.09	$ -	0.00%
			Family	N/A	$ 1,526.89	$ -	0.00%	N/A	$ 1,546.71	$ -	0.00%	N/A	$ 1,567.55	$ -	0.00%	N/A	$ 1,589.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 610.81	$ -	0.00%	N/A	$ 618.74	$ -	0.00%	N/A	$ 627.08	$ -	0.00%	N/A	$ 635.84	$ -	0.00%
			Double	N/A	$ 1,221.62	$ -	0.00%	N/A	$ 1,237.48	$ -	0.00%	N/A	$ 1,254.15	$ -	0.00%	N/A	$ 1,271.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,038.38	$ -	0.00%	N/A	$ 1,051.86	$ -	0.00%	N/A	$ 1,066.03	$ -	0.00%	N/A	$ 1,080.92	$ -	0.00%
			Family	N/A	$ 1,740.81	$ -	0.00%	N/A	$ 1,763.40	$ -	0.00%	N/A	$ 1,787.17	$ -	0.00%	N/A	$ 1,812.13	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.97	$ -	0.00%	N/A	$ 1,065.62	$ -	0.00%	N/A	$ 1,079.98	$ -	0.00%	N/A	$ 1,095.07	$ -	0.00%
			Family	N/A	$ 1,763.59	$ -	0.00%	N/A	$ 1,786.49	$ -	0.00%	N/A	$ 1,810.56	$ -	0.00%	N/A	$ 1,835.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 609.37	$ -	0.00%	N/A	$ 617.28	$ -	0.00%	N/A	$ 625.60	$ -	0.00%	N/A	$ 634.34	$ -	0.00%
			Double	N/A	$ 1,218.74	$ -	0.00%	N/A	$ 1,234.56	$ -	0.00%	N/A	$ 1,251.19	$ -	0.00%	N/A	$ 1,268.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.93	$ -	0.00%	N/A	$ 1,049.37	$ -	0.00%	N/A	$ 1,063.51	$ -	0.00%	N/A	$ 1,078.37	$ -	0.00%
			Family	N/A	$ 1,736.70	$ -	0.00%	N/A	$ 1,759.24	$ -	0.00%	N/A	$ 1,782.95	$ -	0.00%	N/A	$ 1,807.86	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 926.13	$ -	0.00%	N/A	$ 938.16	$ -	0.00%	N/A	$ 950.80	$ -	0.00%	N/A	$ 964.08	$ -	0.00%
			Family	N/A	$ 1,552.63	$ -	0.00%	N/A	$ 1,572.79	$ -	0.00%	N/A	$ 1,593.98	$ -	0.00%	N/A	$ 1,616.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 615.10	$ -	0.00%	N/A	$ 623.08	$ -	0.00%	N/A	$ 631.48	$ -	0.00%	N/A	$ 640.30	$ -	0.00%
			Double	N/A	$ 1,230.19	$ -	0.00%	N/A	$ 1,246.16	$ -	0.00%	N/A	$ 1,262.96	$ -	0.00%	N/A	$ 1,280.60	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,045.66	$ -	0.00%	N/A	$ 1,059.24	$ -	0.00%	N/A	$ 1,073.51	$ -	0.00%	N/A	$ 1,088.51	$ -	0.00%
			Family	N/A	$ 1,753.03	$ -	0.00%	N/A	$ 1,775.78	$ -	0.00%	N/A	$ 1,799.71	$ -	0.00%	N/A	$ 1,824.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.35	$ -	0.00%	N/A	$ 1,073.10	$ -	0.00%	N/A	$ 1,087.56	$ -	0.00%	N/A	$ 1,102.76	$ -	0.00%
			Family	N/A	$ 1,775.97	$ -	0.00%	N/A	$ 1,799.03	$ -	0.00%	N/A	$ 1,823.27	$ -	0.00%	N/A	$ 1,848.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 613.65	$ -	0.00%	N/A	$ 621.61	$ -	0.00%	N/A	$ 629.99	$ -	0.00%	N/A	$ 638.79	$ -	0.00%
			Double	N/A	$ 1,227.29	$ -	0.00%	N/A	$ 1,243.22	$ -	0.00%	N/A	$ 1,259.98	$ -	0.00%	N/A	$ 1,277.58	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.20	$ -	0.00%	N/A	$ 1,056.74	$ -	0.00%	N/A	$ 1,070.98	$ -	0.00%	N/A	$ 1,085.94	$ -	0.00%
			Family	N/A	$ 1,748.89	$ -	0.00%	N/A	$ 1,771.59	$ -	0.00%	N/A	$ 1,795.47	$ -	0.00%	N/A	$ 1,820.55	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.63	$ -	0.00%	N/A	$ 944.74	$ -	0.00%	N/A	$ 957.47	$ -	0.00%	N/A	$ 970.85	$ -	0.00%
			Family	N/A	$ 1,563.53	$ -	0.00%	N/A	$ 1,583.83	$ -	0.00%	N/A	$ 1,605.17	$ -	0.00%	N/A	$ 1,627.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 610.81	$ -	0.00%	N/A	$ 618.74	$ -	0.00%	N/A	$ 627.08	$ -	0.00%	N/A	$ 635.84	$ -	0.00%
			Double	N/A	$ 1,221.62	$ -	0.00%	N/A	$ 1,237.48	$ -	0.00%	N/A	$ 1,254.15	$ -	0.00%	N/A	$ 1,271.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,038.38	$ -	0.00%	N/A	$ 1,051.86	$ -	0.00%	N/A	$ 1,066.03	$ -	0.00%	N/A	$ 1,080.92	$ -	0.00%
			Family	N/A	$ 1,740.81	$ -	0.00%	N/A	$ 1,763.40	$ -	0.00%	N/A	$ 1,787.17	$ -	0.00%	N/A	$ 1,812.13	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.97	$ -	0.00%	N/A	$ 1,065.62	$ -	0.00%	N/A	$ 1,079.98	$ -	0.00%	N/A	$ 1,095.07	$ -	0.00%
			Family	N/A	$ 1,763.59	$ -	0.00%	N/A	$ 1,786.49	$ -	0.00%	N/A	$ 1,810.56	$ -	0.00%	N/A	$ 1,835.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 609.37	$ -	0.00%	N/A	$ 617.28	$ -	0.00%	N/A	$ 625.60	$ -	0.00%	N/A	$ 634.34	$ -	0.00%
			Double	N/A	$ 1,218.74	$ -	0.00%	N/A	$ 1,234.56	$ -	0.00%	N/A	$ 1,251.19	$ -	0.00%	N/A	$ 1,268.67	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.93	$ -	0.00%	N/A	$ 1,049.37	$ -	0.00%	N/A	$ 1,063.51	$ -	0.00%	N/A	$ 1,078.37	$ -	0.00%
			Family	N/A	$ 1,736.70	$ -	0.00%	N/A	$ 1,759.24	$ -	0.00%	N/A	$ 1,782.95	$ -	0.00%	N/A	$ 1,807.86	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 926.13	$ -	0.00%	N/A	$ 938.16	$ -	0.00%	N/A	$ 950.80	$ -	0.00%	N/A	$ 964.08	$ -	0.00%
			Family	N/A	$ 1,552.63	$ -	0.00%	N/A	$ 1,572.79	$ -	0.00%	N/A	$ 1,593.98	$ -	0.00%	N/A	$ 1,616.25	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 596.49	$ -	0.00%	N/A	$ 604.24	$ -	0.00%	N/A	$ 612.38	$ -	0.00%	N/A	$ 620.93	$ -	0.00%
			Double	N/A	$ 1,192.99	$ -	0.00%	N/A	$ 1,208.47	$ -	0.00%	N/A	$ 1,224.76	$ -	0.00%	N/A	$ 1,241.87	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,014.04	$ -	0.00%	N/A	$ 1,027.20	$ -	0.00%	N/A	$ 1,041.04	$ -	0.00%	N/A	$ 1,055.59	$ -	0.00%
			Family	N/A	$ 1,700.01	$ -	0.00%	N/A	$ 1,722.08	$ -	0.00%	N/A	$ 1,745.28	$ -	0.00%	N/A	$ 1,769.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.31	$ -	0.00%	N/A	$ 1,040.65	$ -	0.00%	N/A	$ 1,054.67	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%
			Family	N/A	$ 1,722.26	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,768.13	$ -	0.00%	N/A	$ 1,792.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 595.09	$ -	0.00%	N/A	$ 602.81	$ -	0.00%	N/A	$ 610.93	$ -	0.00%	N/A	$ 619.47	$ -	0.00%
			Double	N/A	$ 1,190.17	$ -	0.00%	N/A	$ 1,205.62	$ -	0.00%	N/A	$ 1,221.87	$ -	0.00%	N/A	$ 1,238.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.65	$ -	0.00%	N/A	$ 1,024.78	$ -	0.00%	N/A	$ 1,038.59	$ -	0.00%	N/A	$ 1,053.10	$ -	0.00%
			Family	N/A	$ 1,695.99	$ -	0.00%	N/A	$ 1,718.01	$ -	0.00%	N/A	$ 1,741.16	$ -	0.00%	N/A	$ 1,765.49	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.43	$ -	0.00%	N/A	$ 916.17	$ -	0.00%	N/A	$ 928.51	$ -	0.00%	N/A	$ 941.48	$ -	0.00%
			Family	N/A	$ 1,516.24	$ -	0.00%	N/A	$ 1,535.93	$ -	0.00%	N/A	$ 1,556.63	$ -	0.00%	N/A	$ 1,578.37	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 635.44	$ -	0.00%	N/A	$ 643.24	$ -	0.00%	N/A	$ 651.44	$ -	0.00%	N/A	$ 660.05	$ -	0.00%
			Double	N/A	$ 1,270.88	$ -	0.00%	N/A	$ 1,286.48	$ -	0.00%	N/A	$ 1,302.88	$ -	0.00%	N/A	$ 1,320.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,080.25	$ -	0.00%	N/A	$ 1,093.50	$ -	0.00%	N/A	$ 1,107.44	$ -	0.00%	N/A	$ 1,122.09	$ -	0.00%
			Family	N/A	$ 1,811.01	$ -	0.00%	N/A	$ 1,833.23	$ -	0.00%	N/A	$ 1,856.60	$ -	0.00%	N/A	$ 1,881.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 643.30	$ -	0.00%	N/A	$ 651.20	$ -	0.00%	N/A	$ 659.51	$ -	0.00%	N/A	$ 668.24	$ -	0.00%
			Double	N/A	$ 1,286.61	$ -	0.00%	N/A	$ 1,302.41	$ -	0.00%	N/A	$ 1,319.02	$ -	0.00%	N/A	$ 1,336.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,093.61	$ -	0.00%	N/A	$ 1,107.04	$ -	0.00%	N/A	$ 1,121.16	$ -	0.00%	N/A	$ 1,136.00	$ -	0.00%
			Family	N/A	$ 1,833.42	$ -	0.00%	N/A	$ 1,855.93	$ -	0.00%	N/A	$ 1,879.61	$ -	0.00%	N/A	$ 1,904.48	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 634.02	$ -	0.00%	N/A	$ 641.80	$ -	0.00%	N/A	$ 649.98	$ -	0.00%	N/A	$ 658.58	$ -	0.00%
			Double	N/A	$ 1,268.05	$ -	0.00%	N/A	$ 1,283.60	$ -	0.00%	N/A	$ 1,299.97	$ -	0.00%	N/A	$ 1,317.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,091.06	$ -	0.00%	N/A	$ 1,104.97	$ -	0.00%	N/A	$ 1,119.58	$ -	0.00%
			Family	N/A	$ 1,806.97	$ -	0.00%	N/A	$ 1,829.14	$ -	0.00%	N/A	$ 1,852.45	$ -	0.00%	N/A	$ 1,876.95	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 570.51	$ -	0.00%	N/A	$ 577.47	$ -	0.00%	N/A	$ 584.78	$ -	0.00%	N/A	$ 592.46	$ -	0.00%
			Double	N/A	$ 1,141.02	$ -	0.00%	N/A	$ 1,154.93	$ -	0.00%	N/A	$ 1,169.56	$ -	0.00%	N/A	$ 1,184.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.87	$ -	0.00%	N/A	$ 981.69	$ -	0.00%	N/A	$ 994.12	$ -	0.00%	N/A	$ 1,007.18	$ -	0.00%
			Family	N/A	$ 1,625.96	$ -	0.00%	N/A	$ 1,645.78	$ -	0.00%	N/A	$ 1,666.62	$ -	0.00%	N/A	$ 1,688.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 649.86	$ -	0.00%	N/A	$ 657.84	$ -	0.00%	N/A	$ 666.24	$ -	0.00%	N/A	$ 675.06	$ -	0.00%
			Double	N/A	$ 1,299.71	$ -	0.00%	N/A	$ 1,315.68	$ -	0.00%	N/A	$ 1,332.48	$ -	0.00%	N/A	$ 1,350.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,104.75	$ -	0.00%	N/A	$ 1,118.33	$ -	0.00%	N/A	$ 1,132.60	$ -	0.00%	N/A	$ 1,147.60	$ -	0.00%
			Family	N/A	$ 1,852.10	$ -	0.00%	N/A	$ 1,874.85	$ -	0.00%	N/A	$ 1,898.78	$ -	0.00%	N/A	$ 1,923.92	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 657.91	$ -	0.00%	N/A	$ 666.00	$ -	0.00%	N/A	$ 674.50	$ -	0.00%	N/A	$ 683.44	$ -	0.00%
			Double	N/A	$ 1,315.82	$ -	0.00%	N/A	$ 1,332.00	$ -	0.00%	N/A	$ 1,349.01	$ -	0.00%	N/A	$ 1,366.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,118.44	$ -	0.00%	N/A	$ 1,132.19	$ -	0.00%	N/A	$ 1,146.65	$ -	0.00%	N/A	$ 1,161.85	$ -	0.00%
			Family	N/A	$ 1,875.04	$ -	0.00%	N/A	$ 1,898.10	$ -	0.00%	N/A	$ 1,922.34	$ -	0.00%	N/A	$ 1,947.81	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 648.41	$ -	0.00%	N/A	$ 656.37	$ -	0.00%	N/A	$ 664.75	$ -	0.00%	N/A	$ 673.55	$ -	0.00%
			Double	N/A	$ 1,296.81	$ -	0.00%	N/A	$ 1,312.74	$ -	0.00%	N/A	$ 1,329.50	$ -	0.00%	N/A	$ 1,347.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,102.29	$ -	0.00%	N/A	$ 1,115.83	$ -	0.00%	N/A	$ 1,130.07	$ -	0.00%	N/A	$ 1,145.03	$ -	0.00%
			Family	N/A	$ 1,847.96	$ -	0.00%	N/A	$ 1,870.66	$ -	0.00%	N/A	$ 1,894.54	$ -	0.00%	N/A	$ 1,919.62	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 583.37	$ -	0.00%	N/A	$ 590.49	$ -	0.00%	N/A	$ 597.98	$ -	0.00%	N/A	$ 605.85	$ -	0.00%
			Double	N/A	$ 1,166.74	$ -	0.00%	N/A	$ 1,180.98	$ -	0.00%	N/A	$ 1,195.96	$ -	0.00%	N/A	$ 1,211.69	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.72	$ -	0.00%	N/A	$ 1,003.83	$ -	0.00%	N/A	$ 1,016.56	$ -	0.00%	N/A	$ 1,029.94	$ -	0.00%
			Family	N/A	$ 1,662.60	$ -	0.00%	N/A	$ 1,682.90	$ -	0.00%	N/A	$ 1,704.24	$ -	0.00%	N/A	$ 1,726.67	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 631.25	$ -	0.00%	N/A	$ 639.00	$ -	0.00%	N/A	$ 647.14	$ -	0.00%	N/A	$ 655.69	$ -	0.00%
			Double	N/A	$ 1,262.51	$ -	0.00%	N/A	$ 1,277.99	$ -	0.00%	N/A	$ 1,294.28	$ -	0.00%	N/A	$ 1,311.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,073.13	$ -	0.00%	N/A	$ 1,086.29	$ -	0.00%	N/A	$ 1,100.13	$ -	0.00%	N/A	$ 1,114.68	$ -	0.00%
			Family	N/A	$ 1,799.08	$ -	0.00%	N/A	$ 1,821.15	$ -	0.00%	N/A	$ 1,844.35	$ -	0.00%	N/A	$ 1,868.73	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 639.06	$ -	0.00%	N/A	$ 646.91	$ -	0.00%	N/A	$ 655.16	$ -	0.00%	N/A	$ 663.82	$ -	0.00%
			Double	N/A	$ 1,278.12	$ -	0.00%	N/A	$ 1,293.81	$ -	0.00%	N/A	$ 1,310.31	$ -	0.00%	N/A	$ 1,327.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,086.40	$ -	0.00%	N/A	$ 1,099.74	$ -	0.00%	N/A	$ 1,113.76	$ -	0.00%	N/A	$ 1,128.50	$ -	0.00%
			Family	N/A	$ 1,821.33	$ -	0.00%	N/A	$ 1,843.69	$ -	0.00%	N/A	$ 1,867.20	$ -	0.00%	N/A	$ 1,891.90	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 629.85	$ -	0.00%	N/A	$ 637.57	$ -	0.00%	N/A	$ 645.69	$ -	0.00%	N/A	$ 654.23	$ -	0.00%
			Double	N/A	$ 1,259.69	$ -	0.00%	N/A	$ 1,275.14	$ -	0.00%	N/A	$ 1,291.39	$ -	0.00%	N/A	$ 1,308.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,070.74	$ -	0.00%	N/A	$ 1,083.87	$ -	0.00%	N/A	$ 1,097.68	$ -	0.00%	N/A	$ 1,112.19	$ -	0.00%
			Family	N/A	$ 1,795.06	$ -	0.00%	N/A	$ 1,817.08	$ -	0.00%	N/A	$ 1,840.23	$ -	0.00%	N/A	$ 1,864.56	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 566.78	$ -	0.00%	N/A	$ 573.68	$ -	0.00%	N/A	$ 580.94	$ -	0.00%	N/A	$ 588.57	$ -	0.00%
			Double	N/A	$ 1,133.55	$ -	0.00%	N/A	$ 1,147.36	$ -	0.00%	N/A	$ 1,161.89	$ -	0.00%	N/A	$ 1,177.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.52	$ -	0.00%	N/A	$ 975.26	$ -	0.00%	N/A	$ 987.60	$ -	0.00%	N/A	$ 1,000.57	$ -	0.00%
			Family	N/A	$ 1,615.31	$ -	0.00%	N/A	$ 1,635.00	$ -	0.00%	N/A	$ 1,655.70	$ -	0.00%	N/A	$ 1,677.44	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 635.44	$ -	0.00%	N/A	$ 643.24	$ -	0.00%	N/A	$ 651.44	$ -	0.00%	N/A	$ 660.05	$ -	0.00%
			Double	N/A	$ 1,270.88	$ -	0.00%	N/A	$ 1,286.48	$ -	0.00%	N/A	$ 1,302.88	$ -	0.00%	N/A	$ 1,320.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,080.25	$ -	0.00%	N/A	$ 1,093.50	$ -	0.00%	N/A	$ 1,107.44	$ -	0.00%	N/A	$ 1,122.09	$ -	0.00%
			Family	N/A	$ 1,811.01	$ -	0.00%	N/A	$ 1,833.23	$ -	0.00%	N/A	$ 1,856.60	$ -	0.00%	N/A	$ 1,881.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 643.30	$ -	0.00%	N/A	$ 651.20	$ -	0.00%	N/A	$ 659.51	$ -	0.00%	N/A	$ 668.24	$ -	0.00%
			Double	N/A	$ 1,286.61	$ -	0.00%	N/A	$ 1,302.41	$ -	0.00%	N/A	$ 1,319.02	$ -	0.00%	N/A	$ 1,336.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,093.61	$ -	0.00%	N/A	$ 1,107.04	$ -	0.00%	N/A	$ 1,121.16	$ -	0.00%	N/A	$ 1,136.00	$ -	0.00%
			Family	N/A	$ 1,833.42	$ -	0.00%	N/A	$ 1,855.93	$ -	0.00%	N/A	$ 1,879.61	$ -	0.00%	N/A	$ 1,904.48	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 634.02	$ -	0.00%	N/A	$ 641.80	$ -	0.00%	N/A	$ 649.98	$ -	0.00%	N/A	$ 658.58	$ -	0.00%
			Double	N/A	$ 1,268.05	$ -	0.00%	N/A	$ 1,283.60	$ -	0.00%	N/A	$ 1,299.97	$ -	0.00%	N/A	$ 1,317.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,091.06	$ -	0.00%	N/A	$ 1,104.97	$ -	0.00%	N/A	$ 1,119.58	$ -	0.00%
			Family	N/A	$ 1,806.97	$ -	0.00%	N/A	$ 1,829.14	$ -	0.00%	N/A	$ 1,852.45	$ -	0.00%	N/A	$ 1,876.95	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 570.51	$ -	0.00%	N/A	$ 577.47	$ -	0.00%	N/A	$ 584.78	$ -	0.00%	N/A	$ 592.46	$ -	0.00%
			Double	N/A	$ 1,141.02	$ -	0.00%	N/A	$ 1,154.93	$ -	0.00%	N/A	$ 1,169.56	$ -	0.00%	N/A	$ 1,184.92	$ -	0.00%
			Emp/Child(ren)	N/A	$ 969.87	$ -	0.00%	N/A	$ 981.69	$ -	0.00%	N/A	$ 994.12	$ -	0.00%	N/A	$ 1,007.18	$ -	0.00%
			Family	N/A	$ 1,625.96	$ -	0.00%	N/A	$ 1,645.78	$ -	0.00%	N/A	$ 1,666.62	$ -	0.00%	N/A	$ 1,688.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 645.57	$ -	0.00%	N/A	$ 653.50	$ -	0.00%	N/A	$ 661.84	$ -	0.00%	N/A	$ 670.60	$ -	0.00%
			Double	N/A	$ 1,291.14	$ -	0.00%	N/A	$ 1,307.00	$ -	0.00%	N/A	$ 1,323.67	$ -	0.00%	N/A	$ 1,341.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,097.47	$ -	0.00%	N/A	$ 1,110.95	$ -	0.00%	N/A	$ 1,125.12	$ -	0.00%	N/A	$ 1,140.01	$ -	0.00%
			Family	N/A	$ 1,839.88	$ -	0.00%	N/A	$ 1,862.47	$ -	0.00%	N/A	$ 1,886.24	$ -	0.00%	N/A	$ 1,911.20	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 653.56	$ -	0.00%	N/A	$ 661.60	$ -	0.00%	N/A	$ 670.04	$ -	0.00%	N/A	$ 678.92	$ -	0.00%
			Double	N/A	$ 1,307.13	$ -	0.00%	N/A	$ 1,323.20	$ -	0.00%	N/A	$ 1,340.09	$ -	0.00%	N/A	$ 1,357.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,111.06	$ -	0.00%	N/A	$ 1,124.71	$ -	0.00%	N/A	$ 1,139.07	$ -	0.00%	N/A	$ 1,154.16	$ -	0.00%
			Family	N/A	$ 1,862.66	$ -	0.00%	N/A	$ 1,885.56	$ -	0.00%	N/A	$ 1,909.63	$ -	0.00%	N/A	$ 1,934.92	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 644.13	$ -	0.00%	N/A	$ 652.04	$ -	0.00%	N/A	$ 660.36	$ -	0.00%	N/A	$ 669.10	$ -	0.00%
			Double	N/A	$ 1,288.26	$ -	0.00%	N/A	$ 1,304.08	$ -	0.00%	N/A	$ 1,320.71	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,095.02	$ -	0.00%	N/A	$ 1,108.46	$ -	0.00%	N/A	$ 1,122.60	$ -	0.00%	N/A	$ 1,137.46	$ -	0.00%
			Family	N/A	$ 1,835.77	$ -	0.00%	N/A	$ 1,858.31	$ -	0.00%	N/A	$ 1,882.02	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 579.54	$ -	0.00%	N/A	$ 586.62	$ -	0.00%	N/A	$ 594.05	$ -	0.00%	N/A	$ 601.87	$ -	0.00%
			Double	N/A	$ 1,159.09	$ -	0.00%	N/A	$ 1,173.23	$ -	0.00%	N/A	$ 1,188.11	$ -	0.00%	N/A	$ 1,203.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 985.22	$ -	0.00%	N/A	$ 997.25	$ -	0.00%	N/A	$ 1,009.89	$ -	0.00%	N/A	$ 1,023.17	$ -	0.00%
			Family	N/A	$ 1,651.70	$ -	0.00%	N/A	$ 1,671.86	$ -	0.00%	N/A	$ 1,693.05	$ -	0.00%	N/A	$ 1,715.32	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 649.86	$ -	0.00%	N/A	$ 657.84	$ -	0.00%	N/A	$ 666.24	$ -	0.00%	N/A	$ 675.06	$ -	0.00%
			Double	N/A	$ 1,299.71	$ -	0.00%	N/A	$ 1,315.68	$ -	0.00%	N/A	$ 1,332.48	$ -	0.00%	N/A	$ 1,350.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,104.75	$ -	0.00%	N/A	$ 1,118.33	$ -	0.00%	N/A	$ 1,132.60	$ -	0.00%	N/A	$ 1,147.60	$ -	0.00%
			Family	N/A	$ 1,852.10	$ -	0.00%	N/A	$ 1,874.85	$ -	0.00%	N/A	$ 1,898.78	$ -	0.00%	N/A	$ 1,923.92	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 657.91	$ -	0.00%	N/A	$ 666.00	$ -	0.00%	N/A	$ 674.50	$ -	0.00%	N/A	$ 683.44	$ -	0.00%
			Double	N/A	$ 1,315.82	$ -	0.00%	N/A	$ 1,332.00	$ -	0.00%	N/A	$ 1,349.01	$ -	0.00%	N/A	$ 1,366.88	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,118.44	$ -	0.00%	N/A	$ 1,132.19	$ -	0.00%	N/A	$ 1,146.65	$ -	0.00%	N/A	$ 1,161.85	$ -	0.00%
			Family	N/A	$ 1,875.04	$ -	0.00%	N/A	$ 1,898.10	$ -	0.00%	N/A	$ 1,922.34	$ -	0.00%	N/A	$ 1,947.81	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 648.41	$ -	0.00%	N/A	$ 656.37	$ -	0.00%	N/A	$ 664.75	$ -	0.00%	N/A	$ 673.55	$ -	0.00%
			Double	N/A	$ 1,296.81	$ -	0.00%	N/A	$ 1,312.74	$ -	0.00%	N/A	$ 1,329.50	$ -	0.00%	N/A	$ 1,347.10	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,102.29	$ -	0.00%	N/A	$ 1,115.83	$ -	0.00%	N/A	$ 1,130.07	$ -	0.00%	N/A	$ 1,145.03	$ -	0.00%
			Family	N/A	$ 1,847.96	$ -	0.00%	N/A	$ 1,870.66	$ -	0.00%	N/A	$ 1,894.54	$ -	0.00%	N/A	$ 1,919.62	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 583.37	$ -	0.00%	N/A	$ 590.49	$ -	0.00%	N/A	$ 597.98	$ -	0.00%	N/A	$ 605.85	$ -	0.00%
			Double	N/A	$ 1,166.74	$ -	0.00%	N/A	$ 1,180.98	$ -	0.00%	N/A	$ 1,195.96	$ -	0.00%	N/A	$ 1,211.69	$ -	0.00%
			Emp/Child(ren)	N/A	$ 991.72	$ -	0.00%	N/A	$ 1,003.83	$ -	0.00%	N/A	$ 1,016.56	$ -	0.00%	N/A	$ 1,029.94	$ -	0.00%
			Family	N/A	$ 1,662.60	$ -	0.00%	N/A	$ 1,682.90	$ -	0.00%	N/A	$ 1,704.24	$ -	0.00%	N/A	$ 1,726.67	$ -	0.00%

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Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 645.57	$ -	0.00%	N/A	$ 653.50	$ -	0.00%	N/A	$ 661.84	$ -	0.00%	N/A	$ 670.60	$ -	0.00%
			Double	N/A	$ 1,291.14	$ -	0.00%	N/A	$ 1,307.00	$ -	0.00%	N/A	$ 1,323.67	$ -	0.00%	N/A	$ 1,341.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,097.47	$ -	0.00%	N/A	$ 1,110.95	$ -	0.00%	N/A	$ 1,125.12	$ -	0.00%	N/A	$ 1,140.01	$ -	0.00%
			Family	N/A	$ 1,839.88	$ -	0.00%	N/A	$ 1,862.47	$ -	0.00%	N/A	$ 1,886.24	$ -	0.00%	N/A	$ 1,911.20	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 653.56	$ -	0.00%	N/A	$ 661.60	$ -	0.00%	N/A	$ 670.04	$ -	0.00%	N/A	$ 678.92	$ -	0.00%
			Double	N/A	$ 1,307.13	$ -	0.00%	N/A	$ 1,323.20	$ -	0.00%	N/A	$ 1,340.09	$ -	0.00%	N/A	$ 1,357.84	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,111.06	$ -	0.00%	N/A	$ 1,124.71	$ -	0.00%	N/A	$ 1,139.07	$ -	0.00%	N/A	$ 1,154.16	$ -	0.00%
			Family	N/A	$ 1,862.66	$ -	0.00%	N/A	$ 1,885.56	$ -	0.00%	N/A	$ 1,909.63	$ -	0.00%	N/A	$ 1,934.92	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 644.13	$ -	0.00%	N/A	$ 652.04	$ -	0.00%	N/A	$ 660.36	$ -	0.00%	N/A	$ 669.10	$ -	0.00%
			Double	N/A	$ 1,288.26	$ -	0.00%	N/A	$ 1,304.08	$ -	0.00%	N/A	$ 1,320.71	$ -	0.00%	N/A	$ 1,338.19	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,095.02	$ -	0.00%	N/A	$ 1,108.46	$ -	0.00%	N/A	$ 1,122.60	$ -	0.00%	N/A	$ 1,137.46	$ -	0.00%
			Family	N/A	$ 1,835.77	$ -	0.00%	N/A	$ 1,858.31	$ -	0.00%	N/A	$ 1,882.02	$ -	0.00%	N/A	$ 1,906.93	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 579.54	$ -	0.00%	N/A	$ 586.62	$ -	0.00%	N/A	$ 594.05	$ -	0.00%	N/A	$ 601.87	$ -	0.00%
			Double	N/A	$ 1,159.09	$ -	0.00%	N/A	$ 1,173.23	$ -	0.00%	N/A	$ 1,188.11	$ -	0.00%	N/A	$ 1,203.73	$ -	0.00%
			Emp/Child(ren)	N/A	$ 985.22	$ -	0.00%	N/A	$ 997.25	$ -	0.00%	N/A	$ 1,009.89	$ -	0.00%	N/A	$ 1,023.17	$ -	0.00%
			Family	N/A	$ 1,651.70	$ -	0.00%	N/A	$ 1,671.86	$ -	0.00%	N/A	$ 1,693.05	$ -	0.00%	N/A	$ 1,715.32	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 631.25	$ -	0.00%	N/A	$ 639.00	$ -	0.00%	N/A	$ 647.14	$ -	0.00%	N/A	$ 655.69	$ -	0.00%
			Double	N/A	$ 1,262.51	$ -	0.00%	N/A	$ 1,277.99	$ -	0.00%	N/A	$ 1,294.28	$ -	0.00%	N/A	$ 1,311.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,073.13	$ -	0.00%	N/A	$ 1,086.29	$ -	0.00%	N/A	$ 1,100.13	$ -	0.00%	N/A	$ 1,114.68	$ -	0.00%
			Family	N/A	$ 1,799.08	$ -	0.00%	N/A	$ 1,821.15	$ -	0.00%	N/A	$ 1,844.35	$ -	0.00%	N/A	$ 1,868.73	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 639.06	$ -	0.00%	N/A	$ 646.91	$ -	0.00%	N/A	$ 655.16	$ -	0.00%	N/A	$ 663.82	$ -	0.00%
			Double	N/A	$ 1,278.12	$ -	0.00%	N/A	$ 1,293.81	$ -	0.00%	N/A	$ 1,310.31	$ -	0.00%	N/A	$ 1,327.64	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,086.40	$ -	0.00%	N/A	$ 1,099.74	$ -	0.00%	N/A	$ 1,113.76	$ -	0.00%	N/A	$ 1,128.50	$ -	0.00%
			Family	N/A	$ 1,821.33	$ -	0.00%	N/A	$ 1,843.69	$ -	0.00%	N/A	$ 1,867.20	$ -	0.00%	N/A	$ 1,891.90	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 629.85	$ -	0.00%	N/A	$ 637.57	$ -	0.00%	N/A	$ 645.69	$ -	0.00%	N/A	$ 654.23	$ -	0.00%
			Double	N/A	$ 1,259.69	$ -	0.00%	N/A	$ 1,275.14	$ -	0.00%	N/A	$ 1,291.39	$ -	0.00%	N/A	$ 1,308.46	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,070.74	$ -	0.00%	N/A	$ 1,083.87	$ -	0.00%	N/A	$ 1,097.68	$ -	0.00%	N/A	$ 1,112.19	$ -	0.00%
			Family	N/A	$ 1,795.06	$ -	0.00%	N/A	$ 1,817.08	$ -	0.00%	N/A	$ 1,840.23	$ -	0.00%	N/A	$ 1,864.56	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 566.78	$ -	0.00%	N/A	$ 573.68	$ -	0.00%	N/A	$ 580.94	$ -	0.00%	N/A	$ 588.57	$ -	0.00%
			Double	N/A	$ 1,133.55	$ -	0.00%	N/A	$ 1,147.36	$ -	0.00%	N/A	$ 1,161.89	$ -	0.00%	N/A	$ 1,177.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.52	$ -	0.00%	N/A	$ 975.26	$ -	0.00%	N/A	$ 987.60	$ -	0.00%	N/A	$ 1,000.57	$ -	0.00%
			Family	N/A	$ 1,615.31	$ -	0.00%	N/A	$ 1,635.00	$ -	0.00%	N/A	$ 1,655.70	$ -	0.00%	N/A	$ 1,677.44	$ -	0.00%

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Utica/Watertown Region
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Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$576.90	$ -	0.00%	N/A	$584.39	$ -	0.00%	N/A	$ 592.26	$ -	0.00%	N/A	$ 600.54	$ -	0.00%
			Double	N/A	$ 1,153.80	$ -	0.00%	N/A	$ 1,168.78	$ -	0.00%	N/A	$ 1,184.53	$ -	0.00%	N/A	$ 1,201.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 980.73	$ -	0.00%	N/A	$ 993.46	$ -	0.00%	N/A	$ 1,006.85	$ -	0.00%	N/A	$ 1,020.91	$ -	0.00%
			Family	N/A	$ 1,644.16	$ -	0.00%	N/A	$ 1,665.51	$ -	0.00%	N/A	$ 1,687.95	$ -	0.00%	N/A	$ 1,711.53	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.57	$ -	0.00%	N/A	$ 1,006.46	$ -	0.00%	N/A	$ 1,020.03	$ -	0.00%	N/A	$ 1,034.28	$ -	0.00%
			Family	N/A	$ 1,665.69	$ -	0.00%	N/A	$ 1,687.31	$ -	0.00%	N/A	$ 1,710.05	$ -	0.00%	N/A	$ 1,733.93	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 576.97	$ -	0.00%	N/A	$ 584.46	$ -	0.00%	N/A	$ 592.33	$ -	0.00%	N/A	$ 600.61	$ -	0.00%
			Double	N/A	$ 1,153.94	$ -	0.00%	N/A	$ 1,168.92	$ -	0.00%	N/A	$ 1,184.67	$ -	0.00%	N/A	$ 1,201.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 980.85	$ -	0.00%	N/A	$ 993.58	$ -	0.00%	N/A	$ 1,006.97	$ -	0.00%	N/A	$ 1,021.04	$ -	0.00%
			Family	N/A	$ 1,644.36	$ -	0.00%	N/A	$ 1,665.71	$ -	0.00%	N/A	$ 1,688.15	$ -	0.00%	N/A	$ 1,711.74	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.72	$ -	0.00%	N/A	$ 886.07	$ -	0.00%	N/A	$ 898.01	$ -	0.00%	N/A	$ 910.56	$ -	0.00%
			Family	N/A	$ 1,466.44	$ -	0.00%	N/A	$ 1,485.48	$ -	0.00%	N/A	$ 1,505.49	$ -	0.00%	N/A	$ 1,526.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 590.75	$ -	0.00%	N/A	$ 598.41	$ -	0.00%	N/A	$ 606.48	$ -	0.00%	N/A	$ 614.95	$ -	0.00%
			Double	N/A	$ 1,181.49	$ -	0.00%	N/A	$ 1,196.83	$ -	0.00%	N/A	$ 1,212.96	$ -	0.00%	N/A	$ 1,229.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.27	$ -	0.00%	N/A	$ 1,017.30	$ -	0.00%	N/A	$ 1,031.01	$ -	0.00%	N/A	$ 1,045.42	$ -	0.00%
			Family	N/A	$ 1,683.62	$ -	0.00%	N/A	$ 1,705.48	$ -	0.00%	N/A	$ 1,728.46	$ -	0.00%	N/A	$ 1,752.61	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.41	$ -	0.00%	N/A	$ 1,030.62	$ -	0.00%	N/A	$ 1,044.51	$ -	0.00%	N/A	$ 1,059.10	$ -	0.00%
			Family	N/A	$ 1,705.66	$ -	0.00%	N/A	$ 1,727.80	$ -	0.00%	N/A	$ 1,751.09	$ -	0.00%	N/A	$ 1,775.55	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 589.35	$ -	0.00%	N/A	$ 597.00	$ -	0.00%	N/A	$ 605.05	$ -	0.00%	N/A	$ 613.50	$ -	0.00%
			Double	N/A	$ 1,178.70	$ -	0.00%	N/A	$ 1,194.00	$ -	0.00%	N/A	$ 1,210.09	$ -	0.00%	N/A	$ 1,227.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,001.90	$ -	0.00%	N/A	$ 1,014.90	$ -	0.00%	N/A	$ 1,028.58	$ -	0.00%	N/A	$ 1,042.95	$ -	0.00%
			Family	N/A	$ 1,679.65	$ -	0.00%	N/A	$ 1,701.46	$ -	0.00%	N/A	$ 1,724.38	$ -	0.00%	N/A	$ 1,748.47	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.71	$ -	0.00%	N/A	$ 907.34	$ -	0.00%	N/A	$ 919.57	$ -	0.00%	N/A	$ 932.41	$ -	0.00%
			Family	N/A	$ 1,501.63	$ -	0.00%	N/A	$ 1,521.13	$ -	0.00%	N/A	$ 1,541.62	$ -	0.00%	N/A	$ 1,563.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 572.88	$ -	0.00%	N/A	$ 580.32	$ -	0.00%	N/A	$ 588.14	$ -	0.00%	N/A	$ 596.35	$ -	0.00%
			Double	N/A	$ 1,145.76	$ -	0.00%	N/A	$ 1,160.63	$ -	0.00%	N/A	$ 1,176.27	$ -	0.00%	N/A	$ 1,192.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 973.89	$ -	0.00%	N/A	$ 986.54	$ -	0.00%	N/A	$ 999.83	$ -	0.00%	N/A	$ 1,013.80	$ -	0.00%
			Family	N/A	$ 1,632.70	$ -	0.00%	N/A	$ 1,653.90	$ -	0.00%	N/A	$ 1,676.19	$ -	0.00%	N/A	$ 1,699.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.64	$ -	0.00%	N/A	$ 999.45	$ -	0.00%	N/A	$ 1,012.92	$ -	0.00%	N/A	$ 1,027.07	$ -	0.00%
			Family	N/A	$ 1,654.07	$ -	0.00%	N/A	$ 1,675.55	$ -	0.00%	N/A	$ 1,698.13	$ -	0.00%	N/A	$ 1,721.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 571.53	$ -	0.00%	N/A	$ 578.95	$ -	0.00%	N/A	$ 586.75	$ -	0.00%	N/A	$ 594.94	$ -	0.00%
			Double	N/A	$ 1,143.05	$ -	0.00%	N/A	$ 1,157.89	$ -	0.00%	N/A	$ 1,173.50	$ -	0.00%	N/A	$ 1,189.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 971.59	$ -	0.00%	N/A	$ 984.21	$ -	0.00%	N/A	$ 997.47	$ -	0.00%	N/A	$ 1,011.41	$ -	0.00%
			Family	N/A	$ 1,628.85	$ -	0.00%	N/A	$ 1,650.00	$ -	0.00%	N/A	$ 1,672.23	$ -	0.00%	N/A	$ 1,695.59	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.62	$ -	0.00%	N/A	$ 879.90	$ -	0.00%	N/A	$ 891.75	$ -	0.00%	N/A	$ 904.21	$ -	0.00%
			Family	N/A	$ 1,456.22	$ -	0.00%	N/A	$ 1,475.12	$ -	0.00%	N/A	$ 1,495.00	$ -	0.00%	N/A	$ 1,515.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 576.90	$ -	0.00%	N/A	$ 584.39	$ -	0.00%	N/A	$ 592.26	$ -	0.00%	N/A	$ 600.54	$ -	0.00%
			Double	N/A	$ 1,153.80	$ -	0.00%	N/A	$ 1,168.78	$ -	0.00%	N/A	$ 1,184.53	$ -	0.00%	N/A	$ 1,201.07	$ -	0.00%
			Emp/Child(ren)	N/A	$ 980.73	$ -	0.00%	N/A	$ 993.46	$ -	0.00%	N/A	$ 1,006.85	$ -	0.00%	N/A	$ 1,020.91	$ -	0.00%
			Family	N/A	$ 1,644.16	$ -	0.00%	N/A	$ 1,665.51	$ -	0.00%	N/A	$ 1,687.95	$ -	0.00%	N/A	$ 1,711.53	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.57	$ -	0.00%	N/A	$ 1,006.46	$ -	0.00%	N/A	$ 1,020.03	$ -	0.00%	N/A	$ 1,034.28	$ -	0.00%
			Family	N/A	$ 1,665.69	$ -	0.00%	N/A	$ 1,687.31	$ -	0.00%	N/A	$ 1,710.05	$ -	0.00%	N/A	$ 1,733.93	$ -	0.00%

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Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 575.54	$ -	0.00%	N/A	$ 583.01	$ -	0.00%	N/A	$ 590.87	$ -	0.00%	N/A	$ 599.12	$ -	0.00%
			Double	N/A	$ 1,151.08	$ -	0.00%	N/A	$ 1,166.02	$ -	0.00%	N/A	$ 1,181.73	$ -	0.00%	N/A	$ 1,198.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 978.41	$ -	0.00%	N/A	$ 991.12	$ -	0.00%	N/A	$ 1,004.47	$ -	0.00%	N/A	$ 1,018.50	$ -	0.00%
			Family	N/A	$ 1,640.28	$ -	0.00%	N/A	$ 1,661.58	$ -	0.00%	N/A	$ 1,683.97	$ -	0.00%	N/A	$ 1,707.49	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.72	$ -	0.00%	N/A	$ 886.07	$ -	0.00%	N/A	$ 898.01	$ -	0.00%	N/A	$ 910.56	$ -	0.00%
			Family	N/A	$ 1,466.44	$ -	0.00%	N/A	$ 1,485.48	$ -	0.00%	N/A	$ 1,505.49	$ -	0.00%	N/A	$ 1,526.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 586.63	$ -	0.00%	N/A	$ 594.24	$ -	0.00%	N/A	$ 602.25	$ -	0.00%	N/A	$ 610.66	$ -	0.00%
			Double	N/A	$ 1,173.25	$ -	0.00%	N/A	$ 1,188.49	$ -	0.00%	N/A	$ 1,204.50	$ -	0.00%	N/A	$ 1,221.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 997.27	$ -	0.00%	N/A	$ 1,010.21	$ -	0.00%	N/A	$ 1,023.83	$ -	0.00%	N/A	$ 1,038.13	$ -	0.00%
			Family	N/A	$ 1,671.89	$ -	0.00%	N/A	$ 1,693.59	$ -	0.00%	N/A	$ 1,716.41	$ -	0.00%	N/A	$ 1,740.39	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,010.32	$ -	0.00%	N/A	$ 1,023.44	$ -	0.00%	N/A	$ 1,037.23	$ -	0.00%	N/A	$ 1,051.72	$ -	0.00%
			Family	N/A	$ 1,693.77	$ -	0.00%	N/A	$ 1,715.76	$ -	0.00%	N/A	$ 1,738.88	$ -	0.00%	N/A	$ 1,763.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 585.24	$ -	0.00%	N/A	$ 592.84	$ -	0.00%	N/A	$ 600.83	$ -	0.00%	N/A	$ 609.22	$ -	0.00%
			Double	N/A	$ 1,170.49	$ -	0.00%	N/A	$ 1,185.68	$ -	0.00%	N/A	$ 1,201.66	$ -	0.00%	N/A	$ 1,218.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 994.91	$ -	0.00%	N/A	$ 1,007.83	$ -	0.00%	N/A	$ 1,021.41	$ -	0.00%	N/A	$ 1,035.68	$ -	0.00%
			Family	N/A	$ 1,667.94	$ -	0.00%	N/A	$ 1,689.60	$ -	0.00%	N/A	$ 1,712.36	$ -	0.00%	N/A	$ 1,736.28	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 889.47	$ -	0.00%	N/A	$ 901.01	$ -	0.00%	N/A	$ 913.16	$ -	0.00%	N/A	$ 925.91	$ -	0.00%
			Family	N/A	$ 1,491.17	$ -	0.00%	N/A	$ 1,510.52	$ -	0.00%	N/A	$ 1,530.88	$ -	0.00%	N/A	$ 1,552.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 590.75	$ -	0.00%	N/A	$ 598.41	$ -	0.00%	N/A	$ 606.48	$ -	0.00%	N/A	$ 614.95	$ -	0.00%
			Double	N/A	$ 1,181.49	$ -	0.00%	N/A	$ 1,196.83	$ -	0.00%	N/A	$ 1,212.96	$ -	0.00%	N/A	$ 1,229.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.27	$ -	0.00%	N/A	$ 1,017.30	$ -	0.00%	N/A	$ 1,031.01	$ -	0.00%	N/A	$ 1,045.42	$ -	0.00%
			Family	N/A	$ 1,683.62	$ -	0.00%	N/A	$ 1,705.48	$ -	0.00%	N/A	$ 1,728.46	$ -	0.00%	N/A	$ 1,752.61	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.41	$ -	0.00%	N/A	$ 1,030.62	$ -	0.00%	N/A	$ 1,044.51	$ -	0.00%	N/A	$ 1,059.10	$ -	0.00%
			Family	N/A	$ 1,705.66	$ -	0.00%	N/A	$ 1,727.80	$ -	0.00%	N/A	$ 1,751.09	$ -	0.00%	N/A	$ 1,775.55	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 589.35	$ -	0.00%	N/A	$ 597.00	$ -	0.00%	N/A	$ 605.05	$ -	0.00%	N/A	$ 613.50	$ -	0.00%
			Double	N/A	$ 1,178.70	$ -	0.00%	N/A	$ 1,194.00	$ -	0.00%	N/A	$ 1,210.09	$ -	0.00%	N/A	$ 1,227.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,001.90	$ -	0.00%	N/A	$ 1,014.90	$ -	0.00%	N/A	$ 1,028.58	$ -	0.00%	N/A	$ 1,042.95	$ -	0.00%
			Family	N/A	$ 1,679.65	$ -	0.00%	N/A	$ 1,701.46	$ -	0.00%	N/A	$ 1,724.38	$ -	0.00%	N/A	$ 1,748.47	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.71	$ -	0.00%	N/A	$ 907.34	$ -	0.00%	N/A	$ 919.57	$ -	0.00%	N/A	$ 932.41	$ -	0.00%
			Family	N/A	$ 1,501.63	$ -	0.00%	N/A	$ 1,521.13	$ -	0.00%	N/A	$ 1,541.62	$ -	0.00%	N/A	$ 1,563.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 586.63	$ -	0.00%	N/A	$ 594.24	$ -	0.00%	N/A	$ 602.25	$ -	0.00%	N/A	$ 610.66	$ -	0.00%
			Double	N/A	$ 1,173.25	$ -	0.00%	N/A	$ 1,188.49	$ -	0.00%	N/A	$ 1,204.50	$ -	0.00%	N/A	$ 1,221.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 997.27	$ -	0.00%	N/A	$ 1,010.21	$ -	0.00%	N/A	$ 1,023.83	$ -	0.00%	N/A	$ 1,038.13	$ -	0.00%
			Family	N/A	$ 1,671.89	$ -	0.00%	N/A	$ 1,693.59	$ -	0.00%	N/A	$ 1,716.41	$ -	0.00%	N/A	$ 1,740.39	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,010.32	$ -	0.00%	N/A	$ 1,023.44	$ -	0.00%	N/A	$ 1,037.23	$ -	0.00%	N/A	$ 1,051.72	$ -	0.00%
			Family	N/A	$ 1,693.77	$ -	0.00%	N/A	$ 1,715.76	$ -	0.00%	N/A	$ 1,738.88	$ -	0.00%	N/A	$ 1,763.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 585.24	$ -	0.00%	N/A	$ 592.84	$ -	0.00%	N/A	$ 600.83	$ -	0.00%	N/A	$ 609.22	$ -	0.00%
			Double	N/A	$ 1,170.49	$ -	0.00%	N/A	$ 1,185.68	$ -	0.00%	N/A	$ 1,201.66	$ -	0.00%	N/A	$ 1,218.45	$ -	0.00%
			Emp/Child(ren)	N/A	$ 994.91	$ -	0.00%	N/A	$ 1,007.83	$ -	0.00%	N/A	$ 1,021.41	$ -	0.00%	N/A	$ 1,035.68	$ -	0.00%
			Family	N/A	$ 1,667.94	$ -	0.00%	N/A	$ 1,689.60	$ -	0.00%	N/A	$ 1,712.36	$ -	0.00%	N/A	$ 1,736.28	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 889.47	$ -	0.00%	N/A	$ 901.01	$ -	0.00%	N/A	$ 913.16	$ -	0.00%	N/A	$ 925.91	$ -	0.00%
			Family	N/A	$ 1,491.17	$ -	0.00%	N/A	$ 1,510.52	$ -	0.00%	N/A	$ 1,530.88	$ -	0.00%	N/A	$ 1,552.26	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 572.88	$ -	0.00%	N/A	$ 580.32	$ -	0.00%	N/A	$ 588.14	$ -	0.00%	N/A	$ 596.35	$ -	0.00%
			Double	N/A	$ 1,145.76	$ -	0.00%	N/A	$ 1,160.63	$ -	0.00%	N/A	$ 1,176.27	$ -	0.00%	N/A	$ 1,192.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 973.89	$ -	0.00%	N/A	$ 986.54	$ -	0.00%	N/A	$ 999.83	$ -	0.00%	N/A	$ 1,013.80	$ -	0.00%
			Family	N/A	$ 1,632.70	$ -	0.00%	N/A	$ 1,653.90	$ -	0.00%	N/A	$ 1,676.19	$ -	0.00%	N/A	$ 1,699.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.64	$ -	0.00%	N/A	$ 999.45	$ -	0.00%	N/A	$ 1,012.92	$ -	0.00%	N/A	$ 1,027.07	$ -	0.00%
			Family	N/A	$ 1,654.07	$ -	0.00%	N/A	$ 1,675.55	$ -	0.00%	N/A	$ 1,698.13	$ -	0.00%	N/A	$ 1,721.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 571.53	$ -	0.00%	N/A	$ 578.95	$ -	0.00%	N/A	$ 586.75	$ -	0.00%	N/A	$ 594.94	$ -	0.00%
			Double	N/A	$ 1,143.05	$ -	0.00%	N/A	$ 1,157.89	$ -	0.00%	N/A	$ 1,173.50	$ -	0.00%	N/A	$ 1,189.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 971.59	$ -	0.00%	N/A	$ 984.21	$ -	0.00%	N/A	$ 997.47	$ -	0.00%	N/A	$ 1,011.41	$ -	0.00%
			Family	N/A	$ 1,628.85	$ -	0.00%	N/A	$ 1,650.00	$ -	0.00%	N/A	$ 1,672.23	$ -	0.00%	N/A	$ 1,695.59	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.62	$ -	0.00%	N/A	$ 879.90	$ -	0.00%	N/A	$ 891.75	$ -	0.00%	N/A	$ 904.21	$ -	0.00%
			Family	N/A	$ 1,456.22	$ -	0.00%	N/A	$ 1,475.12	$ -	0.00%	N/A	$ 1,495.00	$ -	0.00%	N/A	$ 1,515.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 610.62	$ -	0.00%	N/A	$ 618.11	$ -	0.00%	N/A	$ 625.98	$ -	0.00%	N/A	$ 634.26	$ -	0.00%
			Double	N/A	$ 1,221.24	$ -	0.00%	N/A	$ 1,236.22	$ -	0.00%	N/A	$ 1,251.97	$ -	0.00%	N/A	$ 1,268.51	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,038.05	$ -	0.00%	N/A	$ 1,050.78	$ -	0.00%	N/A	$ 1,064.17	$ -	0.00%	N/A	$ 1,078.23	$ -	0.00%
			Family	N/A	$ 1,740.26	$ -	0.00%	N/A	$ 1,761.61	$ -	0.00%	N/A	$ 1,784.05	$ -	0.00%	N/A	$ 1,807.63	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 618.17	$ -	0.00%	N/A	$ 625.76	$ -	0.00%	N/A	$ 633.74	$ -	0.00%	N/A	$ 642.12	$ -	0.00%
			Double	N/A	$ 1,236.34	$ -	0.00%	N/A	$ 1,251.52	$ -	0.00%	N/A	$ 1,267.47	$ -	0.00%	N/A	$ 1,284.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,050.89	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%	N/A	$ 1,077.35	$ -	0.00%	N/A	$ 1,091.60	$ -	0.00%
			Family	N/A	$ 1,761.79	$ -	0.00%	N/A	$ 1,783.41	$ -	0.00%	N/A	$ 1,806.15	$ -	0.00%	N/A	$ 1,830.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 609.26	$ -	0.00%	N/A	$ 616.73	$ -	0.00%	N/A	$ 624.59	$ -	0.00%	N/A	$ 632.84	$ -	0.00%
			Double	N/A	$ 1,218.52	$ -	0.00%	N/A	$ 1,233.46	$ -	0.00%	N/A	$ 1,249.17	$ -	0.00%	N/A	$ 1,265.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.73	$ -	0.00%	N/A	$ 1,048.44	$ -	0.00%	N/A	$ 1,061.79	$ -	0.00%	N/A	$ 1,075.82	$ -	0.00%
			Family	N/A	$ 1,736.38	$ -	0.00%	N/A	$ 1,757.68	$ -	0.00%	N/A	$ 1,780.07	$ -	0.00%	N/A	$ 1,803.59	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 548.26	$ -	0.00%	N/A	$ 554.94	$ -	0.00%	N/A	$ 561.96	$ -	0.00%	N/A	$ 569.34	$ -	0.00%
			Double	N/A	$ 1,096.52	$ -	0.00%	N/A	$ 1,109.88	$ -	0.00%	N/A	$ 1,123.93	$ -	0.00%	N/A	$ 1,138.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.04	$ -	0.00%	N/A	$ 943.39	$ -	0.00%	N/A	$ 955.33	$ -	0.00%	N/A	$ 967.88	$ -	0.00%
			Family	N/A	$ 1,562.54	$ -	0.00%	N/A	$ 1,581.58	$ -	0.00%	N/A	$ 1,601.59	$ -	0.00%	N/A	$ 1,622.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 624.47	$ -	0.00%	N/A	$ 632.13	$ -	0.00%	N/A	$ 640.20	$ -	0.00%	N/A	$ 648.67	$ -	0.00%
			Double	N/A	$ 1,248.93	$ -	0.00%	N/A	$ 1,264.27	$ -	0.00%	N/A	$ 1,280.40	$ -	0.00%	N/A	$ 1,297.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,061.59	$ -	0.00%	N/A	$ 1,074.62	$ -	0.00%	N/A	$ 1,088.33	$ -	0.00%	N/A	$ 1,102.74	$ -	0.00%
			Family	N/A	$ 1,779.72	$ -	0.00%	N/A	$ 1,801.58	$ -	0.00%	N/A	$ 1,824.56	$ -	0.00%	N/A	$ 1,848.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 632.20	$ -	0.00%	N/A	$ 639.97	$ -	0.00%	N/A	$ 648.14	$ -	0.00%	N/A	$ 656.72	$ -	0.00%
			Double	N/A	$ 1,264.40	$ -	0.00%	N/A	$ 1,279.93	$ -	0.00%	N/A	$ 1,296.27	$ -	0.00%	N/A	$ 1,313.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,074.73	$ -	0.00%	N/A	$ 1,087.94	$ -	0.00%	N/A	$ 1,101.83	$ -	0.00%	N/A	$ 1,116.42	$ -	0.00%
			Family	N/A	$ 1,801.76	$ -	0.00%	N/A	$ 1,823.90	$ -	0.00%	N/A	$ 1,847.19	$ -	0.00%	N/A	$ 1,871.65	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 623.07	$ -	0.00%	N/A	$ 630.72	$ -	0.00%	N/A	$ 638.77	$ -	0.00%	N/A	$ 647.22	$ -	0.00%
			Double	N/A	$ 1,246.14	$ -	0.00%	N/A	$ 1,261.44	$ -	0.00%	N/A	$ 1,277.53	$ -	0.00%	N/A	$ 1,294.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.22	$ -	0.00%	N/A	$ 1,072.22	$ -	0.00%	N/A	$ 1,085.90	$ -	0.00%	N/A	$ 1,100.27	$ -	0.00%
			Family	N/A	$ 1,775.75	$ -	0.00%	N/A	$ 1,797.56	$ -	0.00%	N/A	$ 1,820.48	$ -	0.00%	N/A	$ 1,844.57	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 560.61	$ -	0.00%	N/A	$ 567.45	$ -	0.00%	N/A	$ 574.64	$ -	0.00%	N/A	$ 582.20	$ -	0.00%
			Double	N/A	$ 1,121.22	$ -	0.00%	N/A	$ 1,134.90	$ -	0.00%	N/A	$ 1,149.28	$ -	0.00%	N/A	$ 1,164.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.03	$ -	0.00%	N/A	$ 964.66	$ -	0.00%	N/A	$ 976.89	$ -	0.00%	N/A	$ 989.73	$ -	0.00%
			Family	N/A	$ 1,597.73	$ -	0.00%	N/A	$ 1,617.23	$ -	0.00%	N/A	$ 1,637.72	$ -	0.00%	N/A	$ 1,659.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 606.60	$ -	0.00%	N/A	$ 614.04	$ -	0.00%	N/A	$ 621.86	$ -	0.00%	N/A	$ 630.07	$ -	0.00%
			Double	N/A	$ 1,213.20	$ -	0.00%	N/A	$ 1,228.07	$ -	0.00%	N/A	$ 1,243.71	$ -	0.00%	N/A	$ 1,260.14	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,031.21	$ -	0.00%	N/A	$ 1,043.86	$ -	0.00%	N/A	$ 1,057.15	$ -	0.00%	N/A	$ 1,071.12	$ -	0.00%
			Family	N/A	$ 1,728.80	$ -	0.00%	N/A	$ 1,750.00	$ -	0.00%	N/A	$ 1,772.29	$ -	0.00%	N/A	$ 1,795.70	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 614.10	$ -	0.00%	N/A	$ 621.63	$ -	0.00%	N/A	$ 629.55	$ -	0.00%	N/A	$ 637.88	$ -	0.00%
			Double	N/A	$ 1,228.19	$ -	0.00%	N/A	$ 1,243.26	$ -	0.00%	N/A	$ 1,259.11	$ -	0.00%	N/A	$ 1,275.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.96	$ -	0.00%	N/A	$ 1,056.77	$ -	0.00%	N/A	$ 1,070.24	$ -	0.00%	N/A	$ 1,084.39	$ -	0.00%
			Family	N/A	$ 1,750.17	$ -	0.00%	N/A	$ 1,771.65	$ -	0.00%	N/A	$ 1,794.23	$ -	0.00%	N/A	$ 1,817.95	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 605.25	$ -	0.00%	N/A	$ 612.67	$ -	0.00%	N/A	$ 620.47	$ -	0.00%	N/A	$ 628.66	$ -	0.00%
			Double	N/A	$ 1,210.49	$ -	0.00%	N/A	$ 1,225.33	$ -	0.00%	N/A	$ 1,240.94	$ -	0.00%	N/A	$ 1,257.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,028.91	$ -	0.00%	N/A	$ 1,041.53	$ -	0.00%	N/A	$ 1,054.79	$ -	0.00%	N/A	$ 1,068.73	$ -	0.00%
			Family	N/A	$ 1,724.95	$ -	0.00%	N/A	$ 1,746.10	$ -	0.00%	N/A	$ 1,768.33	$ -	0.00%	N/A	$ 1,791.69	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 544.67	$ -	0.00%	N/A	$ 551.31	$ -	0.00%	N/A	$ 558.28	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,089.35	$ -	0.00%	N/A	$ 1,102.61	$ -	0.00%	N/A	$ 1,116.56	$ -	0.00%	N/A	$ 1,131.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.94	$ -	0.00%	N/A	$ 937.22	$ -	0.00%	N/A	$ 949.07	$ -	0.00%	N/A	$ 961.53	$ -	0.00%
			Family	N/A	$ 1,552.32	$ -	0.00%	N/A	$ 1,571.22	$ -	0.00%	N/A	$ 1,591.10	$ -	0.00%	N/A	$ 1,611.98	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 610.62	$ -	0.00%	N/A	$ 618.11	$ -	0.00%	N/A	$ 625.98	$ -	0.00%	N/A	$ 634.26	$ -	0.00%
			Double	N/A	$ 1,221.24	$ -	0.00%	N/A	$ 1,236.22	$ -	0.00%	N/A	$ 1,251.97	$ -	0.00%	N/A	$ 1,268.51	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,038.05	$ -	0.00%	N/A	$ 1,050.78	$ -	0.00%	N/A	$ 1,064.17	$ -	0.00%	N/A	$ 1,078.23	$ -	0.00%
			Family	N/A	$ 1,740.26	$ -	0.00%	N/A	$ 1,761.61	$ -	0.00%	N/A	$ 1,784.05	$ -	0.00%	N/A	$ 1,807.63	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 618.17	$ -	0.00%	N/A	$ 625.76	$ -	0.00%	N/A	$ 633.74	$ -	0.00%	N/A	$ 642.12	$ -	0.00%
			Double	N/A	$ 1,236.34	$ -	0.00%	N/A	$ 1,251.52	$ -	0.00%	N/A	$ 1,267.47	$ -	0.00%	N/A	$ 1,284.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,050.89	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%	N/A	$ 1,077.35	$ -	0.00%	N/A	$ 1,091.60	$ -	0.00%
			Family	N/A	$ 1,761.79	$ -	0.00%	N/A	$ 1,783.41	$ -	0.00%	N/A	$ 1,806.15	$ -	0.00%	N/A	$ 1,830.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 609.26	$ -	0.00%	N/A	$ 616.73	$ -	0.00%	N/A	$ 624.59	$ -	0.00%	N/A	$ 632.84	$ -	0.00%
			Double	N/A	$ 1,218.52	$ -	0.00%	N/A	$ 1,233.46	$ -	0.00%	N/A	$ 1,249.17	$ -	0.00%	N/A	$ 1,265.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.73	$ -	0.00%	N/A	$ 1,048.44	$ -	0.00%	N/A	$ 1,061.79	$ -	0.00%	N/A	$ 1,075.82	$ -	0.00%
			Family	N/A	$ 1,736.38	$ -	0.00%	N/A	$ 1,757.68	$ -	0.00%	N/A	$ 1,780.07	$ -	0.00%	N/A	$ 1,803.59	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 548.26	$ -	0.00%	N/A	$ 554.94	$ -	0.00%	N/A	$ 561.96	$ -	0.00%	N/A	$ 569.34	$ -	0.00%
			Double	N/A	$ 1,096.52	$ -	0.00%	N/A	$ 1,109.88	$ -	0.00%	N/A	$ 1,123.93	$ -	0.00%	N/A	$ 1,138.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.04	$ -	0.00%	N/A	$ 943.39	$ -	0.00%	N/A	$ 955.33	$ -	0.00%	N/A	$ 967.88	$ -	0.00%
			Family	N/A	$ 1,562.54	$ -	0.00%	N/A	$ 1,581.58	$ -	0.00%	N/A	$ 1,601.59	$ -	0.00%	N/A	$ 1,622.62	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 620.35	$ -	0.00%	N/A	$ 627.96	$ -	0.00%	N/A	$ 635.97	$ -	0.00%	N/A	$ 644.38	$ -	0.00%
			Double	N/A	$ 1,240.69	$ -	0.00%	N/A	$ 1,255.93	$ -	0.00%	N/A	$ 1,271.94	$ -	0.00%	N/A	$ 1,288.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,054.59	$ -	0.00%	N/A	$ 1,067.53	$ -	0.00%	N/A	$ 1,081.15	$ -	0.00%	N/A	$ 1,095.45	$ -	0.00%
			Family	N/A	$ 1,767.99	$ -	0.00%	N/A	$ 1,789.69	$ -	0.00%	N/A	$ 1,812.51	$ -	0.00%	N/A	$ 1,836.49	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 628.03	$ -	0.00%	N/A	$ 635.74	$ -	0.00%	N/A	$ 643.85	$ -	0.00%	N/A	$ 652.38	$ -	0.00%
			Double	N/A	$ 1,256.05	$ -	0.00%	N/A	$ 1,271.48	$ -	0.00%	N/A	$ 1,287.71	$ -	0.00%	N/A	$ 1,304.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.64	$ -	0.00%	N/A	$ 1,080.76	$ -	0.00%	N/A	$ 1,094.55	$ -	0.00%	N/A	$ 1,109.04	$ -	0.00%
			Family	N/A	$ 1,789.87	$ -	0.00%	N/A	$ 1,811.86	$ -	0.00%	N/A	$ 1,834.98	$ -	0.00%	N/A	$ 1,859.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 618.96	$ -	0.00%	N/A	$ 626.56	$ -	0.00%	N/A	$ 634.55	$ -	0.00%	N/A	$ 642.94	$ -	0.00%
			Double	N/A	$ 1,237.93	$ -	0.00%	N/A	$ 1,253.12	$ -	0.00%	N/A	$ 1,269.10	$ -	0.00%	N/A	$ 1,285.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.23	$ -	0.00%	N/A	$ 1,065.15	$ -	0.00%	N/A	$ 1,078.73	$ -	0.00%	N/A	$ 1,093.00	$ -	0.00%
			Family	N/A	$ 1,764.04	$ -	0.00%	N/A	$ 1,785.70	$ -	0.00%	N/A	$ 1,808.46	$ -	0.00%	N/A	$ 1,832.38	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 556.94	$ -	0.00%	N/A	$ 563.73	$ -	0.00%	N/A	$ 570.87	$ -	0.00%	N/A	$ 578.37	$ -	0.00%
			Double	N/A	$ 1,113.87	$ -	0.00%	N/A	$ 1,127.46	$ -	0.00%	N/A	$ 1,141.74	$ -	0.00%	N/A	$ 1,156.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.79	$ -	0.00%	N/A	$ 958.33	$ -	0.00%	N/A	$ 970.48	$ -	0.00%	N/A	$ 983.23	$ -	0.00%
			Family	N/A	$ 1,587.27	$ -	0.00%	N/A	$ 1,606.62	$ -	0.00%	N/A	$ 1,626.98	$ -	0.00%	N/A	$ 1,648.36	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 624.47	$ -	0.00%	N/A	$ 632.13	$ -	0.00%	N/A	$ 640.20	$ -	0.00%	N/A	$ 648.67	$ -	0.00%
			Double	N/A	$ 1,248.93	$ -	0.00%	N/A	$ 1,264.27	$ -	0.00%	N/A	$ 1,280.40	$ -	0.00%	N/A	$ 1,297.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,061.59	$ -	0.00%	N/A	$ 1,074.62	$ -	0.00%	N/A	$ 1,088.33	$ -	0.00%	N/A	$ 1,102.74	$ -	0.00%
			Family	N/A	$ 1,779.72	$ -	0.00%	N/A	$ 1,801.58	$ -	0.00%	N/A	$ 1,824.56	$ -	0.00%	N/A	$ 1,848.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 632.20	$ -	0.00%	N/A	$ 639.97	$ -	0.00%	N/A	$ 648.14	$ -	0.00%	N/A	$ 656.72	$ -	0.00%
			Double	N/A	$ 1,264.40	$ -	0.00%	N/A	$ 1,279.93	$ -	0.00%	N/A	$ 1,296.27	$ -	0.00%	N/A	$ 1,313.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,074.73	$ -	0.00%	N/A	$ 1,087.94	$ -	0.00%	N/A	$ 1,101.83	$ -	0.00%	N/A	$ 1,116.42	$ -	0.00%
			Family	N/A	$ 1,801.76	$ -	0.00%	N/A	$ 1,823.90	$ -	0.00%	N/A	$ 1,847.19	$ -	0.00%	N/A	$ 1,871.65	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 623.07	$ -	0.00%	N/A	$ 630.72	$ -	0.00%	N/A	$ 638.77	$ -	0.00%	N/A	$ 647.22	$ -	0.00%
			Double	N/A	$ 1,246.14	$ -	0.00%	N/A	$ 1,261.44	$ -	0.00%	N/A	$ 1,277.53	$ -	0.00%	N/A	$ 1,294.44	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.22	$ -	0.00%	N/A	$ 1,072.22	$ -	0.00%	N/A	$ 1,085.90	$ -	0.00%	N/A	$ 1,100.27	$ -	0.00%
			Family	N/A	$ 1,775.75	$ -	0.00%	N/A	$ 1,797.56	$ -	0.00%	N/A	$ 1,820.48	$ -	0.00%	N/A	$ 1,844.57	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 560.61	$ -	0.00%	N/A	$ 567.45	$ -	0.00%	N/A	$ 574.64	$ -	0.00%	N/A	$ 582.20	$ -	0.00%
			Double	N/A	$ 1,121.22	$ -	0.00%	N/A	$ 1,134.90	$ -	0.00%	N/A	$ 1,149.28	$ -	0.00%	N/A	$ 1,164.39	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.03	$ -	0.00%	N/A	$ 964.66	$ -	0.00%	N/A	$ 976.89	$ -	0.00%	N/A	$ 989.73	$ -	0.00%
			Family	N/A	$ 1,597.73	$ -	0.00%	N/A	$ 1,617.23	$ -	0.00%	N/A	$ 1,637.72	$ -	0.00%	N/A	$ 1,659.26	$ -	0.00%

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Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 620.35	$ -	0.00%	N/A	$ 627.96	$ -	0.00%	N/A	$ 635.97	$ -	0.00%	N/A	$ 644.38	$ -	0.00%
			Double	N/A	$ 1,240.69	$ -	0.00%	N/A	$ 1,255.93	$ -	0.00%	N/A	$ 1,271.94	$ -	0.00%	N/A	$ 1,288.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,054.59	$ -	0.00%	N/A	$ 1,067.53	$ -	0.00%	N/A	$ 1,081.15	$ -	0.00%	N/A	$ 1,095.45	$ -	0.00%
			Family	N/A	$ 1,767.99	$ -	0.00%	N/A	$ 1,789.69	$ -	0.00%	N/A	$ 1,812.51	$ -	0.00%	N/A	$ 1,836.49	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 628.03	$ -	0.00%	N/A	$ 635.74	$ -	0.00%	N/A	$ 643.85	$ -	0.00%	N/A	$ 652.38	$ -	0.00%
			Double	N/A	$ 1,256.05	$ -	0.00%	N/A	$ 1,271.48	$ -	0.00%	N/A	$ 1,287.71	$ -	0.00%	N/A	$ 1,304.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.64	$ -	0.00%	N/A	$ 1,080.76	$ -	0.00%	N/A	$ 1,094.55	$ -	0.00%	N/A	$ 1,109.04	$ -	0.00%
			Family	N/A	$ 1,789.87	$ -	0.00%	N/A	$ 1,811.86	$ -	0.00%	N/A	$ 1,834.98	$ -	0.00%	N/A	$ 1,859.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 618.96	$ -	0.00%	N/A	$ 626.56	$ -	0.00%	N/A	$ 634.55	$ -	0.00%	N/A	$ 642.94	$ -	0.00%
			Double	N/A	$ 1,237.93	$ -	0.00%	N/A	$ 1,253.12	$ -	0.00%	N/A	$ 1,269.10	$ -	0.00%	N/A	$ 1,285.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.23	$ -	0.00%	N/A	$ 1,065.15	$ -	0.00%	N/A	$ 1,078.73	$ -	0.00%	N/A	$ 1,093.00	$ -	0.00%
			Family	N/A	$ 1,764.04	$ -	0.00%	N/A	$ 1,785.70	$ -	0.00%	N/A	$ 1,808.46	$ -	0.00%	N/A	$ 1,832.38	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 556.94	$ -	0.00%	N/A	$ 563.73	$ -	0.00%	N/A	$ 570.87	$ -	0.00%	N/A	$ 578.37	$ -	0.00%
			Double	N/A	$ 1,113.87	$ -	0.00%	N/A	$ 1,127.46	$ -	0.00%	N/A	$ 1,141.74	$ -	0.00%	N/A	$ 1,156.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.79	$ -	0.00%	N/A	$ 958.33	$ -	0.00%	N/A	$ 970.48	$ -	0.00%	N/A	$ 983.23	$ -	0.00%
			Family	N/A	$ 1,587.27	$ -	0.00%	N/A	$ 1,606.62	$ -	0.00%	N/A	$ 1,626.98	$ -	0.00%	N/A	$ 1,648.36	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 606.60	$ -	0.00%	N/A	$ 614.04	$ -	0.00%	N/A	$ 621.86	$ -	0.00%	N/A	$ 630.07	$ -	0.00%
			Double	N/A	$ 1,213.20	$ -	0.00%	N/A	$ 1,228.07	$ -	0.00%	N/A	$ 1,243.71	$ -	0.00%	N/A	$ 1,260.14	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,031.21	$ -	0.00%	N/A	$ 1,043.86	$ -	0.00%	N/A	$ 1,057.15	$ -	0.00%	N/A	$ 1,071.12	$ -	0.00%
			Family	N/A	$ 1,728.80	$ -	0.00%	N/A	$ 1,750.00	$ -	0.00%	N/A	$ 1,772.29	$ -	0.00%	N/A	$ 1,795.70	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 614.10	$ -	0.00%	N/A	$ 621.63	$ -	0.00%	N/A	$ 629.55	$ -	0.00%	N/A	$ 637.88	$ -	0.00%
			Double	N/A	$ 1,228.19	$ -	0.00%	N/A	$ 1,243.26	$ -	0.00%	N/A	$ 1,259.11	$ -	0.00%	N/A	$ 1,275.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,043.96	$ -	0.00%	N/A	$ 1,056.77	$ -	0.00%	N/A	$ 1,070.24	$ -	0.00%	N/A	$ 1,084.39	$ -	0.00%
			Family	N/A	$ 1,750.17	$ -	0.00%	N/A	$ 1,771.65	$ -	0.00%	N/A	$ 1,794.23	$ -	0.00%	N/A	$ 1,817.95	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 605.25	$ -	0.00%	N/A	$ 612.67	$ -	0.00%	N/A	$ 620.47	$ -	0.00%	N/A	$ 628.66	$ -	0.00%
			Double	N/A	$ 1,210.49	$ -	0.00%	N/A	$ 1,225.33	$ -	0.00%	N/A	$ 1,240.94	$ -	0.00%	N/A	$ 1,257.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,028.91	$ -	0.00%	N/A	$ 1,041.53	$ -	0.00%	N/A	$ 1,054.79	$ -	0.00%	N/A	$ 1,068.73	$ -	0.00%
			Family	N/A	$ 1,724.95	$ -	0.00%	N/A	$ 1,746.10	$ -	0.00%	N/A	$ 1,768.33	$ -	0.00%	N/A	$ 1,791.69	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 544.67	$ -	0.00%	N/A	$ 551.31	$ -	0.00%	N/A	$ 558.28	$ -	0.00%	N/A	$ 565.61	$ -	0.00%
			Double	N/A	$ 1,089.35	$ -	0.00%	N/A	$ 1,102.61	$ -	0.00%	N/A	$ 1,116.56	$ -	0.00%	N/A	$ 1,131.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.94	$ -	0.00%	N/A	$ 937.22	$ -	0.00%	N/A	$ 949.07	$ -	0.00%	N/A	$ 961.53	$ -	0.00%
			Family	N/A	$ 1,552.32	$ -	0.00%	N/A	$ 1,571.22	$ -	0.00%	N/A	$ 1,591.10	$ -	0.00%	N/A	$ 1,611.98	$ -	0.00%

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1009	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	0
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1010	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	0
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1011	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	0
01-0006-2014	SG	HMO	Gold	N/A	SHGF2010	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	0
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1023	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1024	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1025	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Gold	N/A	SHGF2023	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1037	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1038	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1039	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2036	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1051	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1052	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1053	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP
01-0006-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2049	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1065	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1066	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1067	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2062	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1079	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1080	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1081	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2075	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1093	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1094	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1095	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2088	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1107	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1108	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1109	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2101	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + No Contraceptives
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1121	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Riders + Dental
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1122	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders + Dental
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1123	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders + Dental
01-0006-2014	SG	HMO	Gold	N/A	SHGF2124	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Riders + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1135	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1136	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1137	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Gold	N/A	SHGF2137	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1149	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1150	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1151	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2150	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1163	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1164	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1165	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2163	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1177	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1178	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1179	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2176	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1191	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1192	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1193	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2189	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1205	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1206	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1207	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2202	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1219	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1220	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1221	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2215	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP +No Contraceptive+ Dental

Exhibit C

Capital District Physicians' Health Plan
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.2%	1.03	0.638	1.000	0.622	
Double	14.7%	2.00	0.294	2.000	0.295	
Emp/Child(ren)	0.9%	2.71	0.025	1.700	0.016	
Family	22.1%	3.92	0.868	2.850	0.631	
Total 4T	100.0%		1.826		1.563	1.168
						1.168

Capital District Physicians' Health Plan
HMO Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2014 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1305**	**1.1215**	**1.0771**
Counties:	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Chenango Tioga	Essex Hamilton Herkimer Madison Oneida Otsego

Capital District Physicians' Health Plan
HMO Product
Tier Factors

VI. Tier Factors

2014 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

Capital District Physicians' Health Plan
Small Group HMO Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a small group on exchange UBI benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
SHPF1009	$535.60	$ 1,071.21	$ 910.53	$ 1,526.47
Final Rates	**$535.60**	**$1,071.21**	**$910.53**	**$1,526.47**

Capital District Physicians' Health Plan
HMO Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

84.90%

Filed under CAPD-128940274

2014 Commission Schedule

Capital District Physicians' Health Plan, Inc.

Small Group HMO (*Applies to new, renewal and broker of record changes)*

4 percent first $1.5 million of employer group premium
2.5 percent next $1,500,001+ of premium

Large Group HMO

4 percent first $1.5 million of employer group premium
2.5 percent next $1,500,001+ of premium

Existing large group business will continue to be paid at the current percentage.

Broker of Record changes on existing large group
-If replacing current broker of record - pays at same commission scale as previous broker of record
-If group does not have a current broker of record, commission will begin upon renewal

Medicare Group Product
(*Applies to new group, renewal and broker of record changes)*
Preferred Agent/Broker $35 per subscriber per month
Non-Preferred Agent/Broker $26 per subscriber per month

Preferred status is based on a minimum of 300 small group subscribers in Agent/Broker book of business as of August 31st for October 1-March 1st effective dates or as of February 28th for April 1-September 1st effective dates. Payment level is determined based upon the Agent/Broker status as of the Group's renewal.

If a subscriber terminates/disenrolls before the end of his/her third consecutive month of coverage, any commission payments on that subscriber will be automatically taken back on future commission payments.

Data Collection Template

Company Legal Name: **Capital District Physicians' Hea** State: **NY**
HIOS Issuer ID: **94788** Market: **Small Group**
Effective Date of Rate Change(s): **1/1/2014**

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: 10/1/2011 to 9/30/2012

	Experience Period Aggregate Amount	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:	$87,065,672	$364.67	100.00%
Incurred Claims in Experience Period	$73,199,960	306.59	84.07%
Allowed Claims:	$81,947,833	343.23	94.12%
Index Rate of Experience Period		$340.00	
Experience Period Member Months	238,752		

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/2014 to 12/31/2014 Mid-point to Mid-point, Experience to Projection: 27 months

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Projection Period		Annualized Trend Factors		Projections, before credibility Adjustment			Credibility Manual		
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Pop'l risk Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**	**Utilization per 1,000**	**Average Cost/Service**	**PMPM**
Inpatient Hospital	Days	273.50	$2,477.87	$56.47	1.012	1.018	1.057	1.000	276.74	$2,857.13	$65.89	0.00	$0.00	$0.00
Outpatient Hospital	Visits	1,793.30	406.71	60.78	1.012	1.075	1.058	1.037	1,967.37	496.47	81.39	0.00	0.00	0.00
Professional	Services	10,358.20	126.55	109.24	1.012	1.075	1.028	1.008	10,664.17	144.62	128.52	0.00	0.00	0.00
Other Medical	Services	4,815.50	66.15	26.54	1.012	1.075	1.023	1.025	5,148.27	74.79	32.09	0.00	0.00	0.00
Capitation	Benefit Period	12,000.00	31.37	31.37	1.012	1.075	1.000	1.000	12,142.15	33.72	34.12	0.00	0.00	0.00
Prescription Drug	Prescriptions	11,280.50	62.57	58.82	1.012	1.075	1.030	1.025	12,066.22	71.88	72.27	0.00	0.00	0.00
Total				$343.23							$414.28			$0.00

Section III: Projected Experience:

			After Credibility	Projected Period Totals
Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)	100.00%	0.00%	$414.28	$14,475,056
Paid to Allowed Average Factor in Projection Period			0.871	
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM			$360.86	$12,608,393
Projected Risk Adjustments PMPM			23.96	837,250
Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM			$336.90	$11,771,144
Projected ACA reinsurance recoveries, net of rein prem, PMPM				
Projected Incurred Claims			$336.90	$11,771,144
Administrative Expense Load		10.76%	41.94	1,465,417
Profit & Risk Load		1.75%	6.82	238,335
Taxes & Fees		1.06%	4.13	144,223
Single Risk Pool Gross Premium Avg. Rate, PMPM			$389.79	$13,619,119
Index Rate for Projection Period			$381.76	
% increase over Experience Period			6.89%	
% Increase, annualized:			3.00%	
Projected Member Months				34,940

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name:	**Capital District Physicians' Health Plan**	State:
HIOS Issuer ID:	**94788**	Market:
Effective Date of Rate Change(s):	**1/1/2014**	

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		94788						94788			
Product ID:		94788NY024						94788NY018			
Metal:		Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Catastrophic	Gold	Gold
AV Metal Value		1.000	1.000	1.000	1.000	1.000	1.000	0.959	0.766	0.790	0.790
AV Pricing Value		1.000	1.000	1.000	1.000	1.000	1.000	0.959	0.766	0.801	0.801
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name		HA29S13	HA6S13	HA8S13	HA9S13	HM1S13	HM2S13	HNY	HDHNY	SHGXHNY1	SHGXHNY2
Plan ID (Standard Component ID):		94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Exchange Plan?		No	No	No	No	No	No	No	No	Yes	Yes
Historical Rate Increase - Calendar Year - 2		7.52%						7.52%			
Historical Rate Increase - Calendar Year - 1		9.02%						9.02%			
Historical Rate Increase - Calendar Year 0		5.43%						5.43%			
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-999.00%	-999.00%
Proj'd Per Rate Change % (over Exper. Period)		-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	#DIV/0!	#DIV/0!
Product Threshold Rate Increase %		#DIV/0!						#DIV/0!			

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Professional	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Prescription Drug	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Capitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Taxes & Fees	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Risk & Profit Charge	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Rate Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Member Cost Share Increase	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Average Current Rate PMPM	$337.92									$337.92	$346.03
Projected Member Months	34,940									34,925	1

Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Premium Information	Average Rate PMPM	$364.67	$398.21	$397.41	$435.12	$432.64	$363.49	$354.00	$272.64	$220.10		
	Member Months	238,750	16,183	63,557	12,562	8,712	42,791	59,128	33,479	2,338		
	Total Premium (TP)	$87,065,672	$6,444,301	$25,258,490	$5,466,013	$3,769,120	$15,553,977	$20,931,304	$9,127,880	$514,586	$0	$0
	EHB basis or full portion of TP, [see instructions]	0.00%										
	state mandated benefits portion of TP that are other than EHB	0.00%										
	Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Claims information	Total Allowed Claims (TAC)	$81,947,147	$5,554,558	$21,814,931	$4,311,707	$2,990,256	$14,687,331	$20,294,747	$11,491,135	$802,481		
	EHB basis or full portion of TAC, [see instructions]	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
	state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
	Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Allowed Claims which are not the issuer's obligation:	$8,747,800	$592,945	$2,328,728	$460,272	$319,208	$1,567,862	$2,166,450	$1,226,671	$85,664		
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0									$0	$0
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!	#DIV/0!
	Total Incurred claims, payable with issuer funds	$73,199,347	$4,961,613	$19,486,203	$3,851,435	$2,671,048	$13,119,469	$18,128,297	$10,264,465	$716,817	$0	$0
	Net Amt of Rein	$0.00										
	Net Amt of Risk Adj	$0.00										
	Incurred Claims PMPM	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	$306.59	#DIV/0!	#DIV/0!
	Allowed Claims PMPM	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	$343.23	#DIV/0!	#DIV/0!
	EHB portion of Allowed Claims, PMPM	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!

Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	94788NY0240001	94788NY0240002	94788NY0240003	94788NY0240004	94788NY0240005	94788NY0240006	94788NY0180001	94788NY0180002	94788NY0260065	94788NY0260066
Premium information	Average Rate PMPM	$337.92	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$337.92	$346.03
	Member Months	34,940	-	-	-	-	-	-	-	-	34,925	1
	Total Premium (TP)	$11,807,014	$0	$0	$0	$0	$0	$0	$0	$0	$11,801,899	$346
	EHB basis or full portion of TP, [see instructions]	100.00%									100.00%	97.60%
	state mandated benefits portion of TP that are other than EHB	0.00%									0.00%	2.40%
	Other benefits portion of TP	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
Claims Information	Total Allowed Claims (TAC)	$13,527,846									$13,522,038	$387
	EHB basis or full portion of TAC, [see instructions]	100.00%									100.00%	97.60%
	state mandated benefits portion of TAC that are other than EHB	0.00%									0.00%	2.40%
	Other benefits portion of TAC	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%
	Allowed Claims which are not the issuer's obligation	$2,840,848									$2,839,628	$81
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	$0										
	insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	$10,686,998	$0	$0	$0	$0	$0	$0	$0	$0	$10,682,410	$306
	Net Amt of Rein	$0										
	Net Amt of Risk Adj	$0									$0	$0
	Incurred Claims PMPM	$305.87	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$305.87	$305.87
	Allowed Claims PMPM	$387.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$387.17	$387.17
	EHB portion of Allowed Claims, PMPM	$387.17	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	$387.17	$377.88

NY
Small Group

94788													
94788NY026													
Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790	0.790
0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801	0.801
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
SHGXHNY3	SHGXHNY4	SHGXHNY5	SHGXHNY6	SHGXHNY7	SHGXHNY8	SHGXHNY9	SHGXHNY10	SHGXHNY11	SHGXHNY12	SHGXHNY13	SHGXHNY14	SHGXHNY15	SHGXHNY16
94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077	94788NY0260078	94788NY0260079	94788NY0260080
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
0.00%													
0.00%													
0.00%													
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
0.00%													

94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077	94788NY0260078	94788NY0260079	94788NY0260080
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$335.57	$337.92	$343.62	$346.03	$343.62	$335.57	$337.92	$346.03	$335.57	$337.92	$343.62	$346.03	$343.62	$335.57
1	1	1	1	1	1	1	1	1	1	1	1	1	1

94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077	94788NY0260078	94788NY0260079	94788NY0260080
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260067	94788NY0260068	94788NY0260069	94788NY0260070	94788NY0260071	94788NY0260072	94788NY0260073	94788NY0260074	94788NY0260075	94788NY0260076	94788NY0260077	94788NY0260078	94788NY0260079	94788NY0260080
$335.57	$337.92	$343.62	$346.03	$343.62	$335.57	$337.92	$346.03	$335.57	$337.92	$343.62	$346.03	$343.62	$335.57
1	1	1	1	1	1	1	1	1	1	1	1	1	1
$336	$338	$344	$346	$344	$336	$338	$346	$336	$338	$344	$346	$344	$336
100.00%	100.00%	98.31%	97.60%	98.31%	100.00%	100.00%	97.60%	100.00%	100.00%	98.31%	97.60%	98.31%	100.00%
0.00%	0.00%	1.69%	2.40%	1.69%	0.00%	0.00%	2.40%	0.00%	0.00%	1.69%	2.40%	1.69%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$387	$387	$387	$387	$387	$387	$387	$387	$387	$387	$387	$387	$387	$387
100.00%	100.00%	98.31%	97.60%	98.31%	100.00%	100.00%	97.60%	100.00%	100.00%	98.31%	97.60%	98.31%	100.00%
0.00%	0.00%	1.69%	2.40%	1.69%	0.00%	0.00%	2.40%	0.00%	0.00%	1.69%	2.40%	1.69%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$81	$81	$81	$81	$81	$81	$81	$81	$81	$81	$81	$81	$81	$81
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$306	$306	$306	$306	$306	$306	$306	$306	$306	$306	$306	$306	$306	$306
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87	$305.87
$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17	$387.17
$387.17	$387.17	$380.64	$377.88	$380.64	$387.17	$387.17	$377.88	$387.17	$387.17	#VALUE!	$377.88	$380.64	$387.17

Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
0.899	0.911	0.899	0.819	0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911
0.912	0.924	0.912	0.831	0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
SHPF1009	SHPF1010	SHPF1011	SHGF2010	SHPF1023	SHPF1024	SHPF1025	SHGF2023	SHPF1037	SHPF1038	SHPF1039	SHGF2036	SHPF1051	SHPF1052
94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019
No	No	No	No	No	No	No	No	No	No	No	No	No	No
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$458.41	$464.41	$458.46	$408.86	$469.41	$475.55	$468.30	$418.67	$455.21	$461.17	$454.14	$406.01	$458.41	$464.41
0	0	0	0	0	0	0	0	0	0	0	0	0	0

94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033	94788NY0260049	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019
$458.41	$464.41	$458.46	$408.86	$469.41	$475.55	$468.30	$418.67	$455.21	$461.17	$454.14	$406.01	$458.41	$464.41
-	-	-	-	-	-	-	-	-	-	-	-	-	-
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%	100.00%	100.00%	100.00%	100.00%	99.55%	99.55%
0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%	0.00%	0.00%	0.00%	0.00%	0.45%	0.45%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%	100.00%	100.00%	100.00%	100.00%	99.55%	99.55%
0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%	0.00%	0.00%	0.00%	0.00%	0.45%	0.45%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819
0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
SHPF1053	SHGF2049	SHPF1065	SHPF1066	SHPF1067	SHGF2062	SHPF1079	SHPF1080	SHPF1081	SHGF2075	SHPF1093	SHPF1094	SHPF1095	SHGF2088
94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054
No	No	No	No	No	No	No	No	No	No	No	No	No	No
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$457.33	$408.86	$466.14	$472.24	$465.04	$415.75	$469.41	$475.55	$468.30	$418.67	$466.14	$472.24	$465.04	$415.75
0	0	0	0	0	0	0	0	0	0	0	0	0	0

94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036	94788NY0260052	94788NY0260005	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054
$457.33	$408.86	$466.14	$472.24	$465.04	$415.75	$469.41	$475.55	$468.30	$418.67	$466.14	$472.24	$465.04	$415.75
-	-	-	-	-	-	-	-	-	-	-	-	-	-
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
99.55%	99.55%	97.86%	97.86%	97.86%	97.86%	97.14%	97.14%	97.14%	97.14%	97.86%	97.86%	97.86%	97.86%
0.45%	0.45%	2.14%	2.14%	2.14%	2.14%	2.86%	2.86%	2.86%	2.86%	2.14%	2.14%	2.14%	2.14%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
99.55%	99.55%	97.86%	97.86%	97.86%	97.86%	97.14%	97.14%	97.14%	97.14%	97.86%	97.86%	97.86%	97.86%
0.45%	0.45%	2.14%	2.14%	2.14%	2.14%	2.86%	2.86%	2.86%	2.86%	2.14%	2.14%	2.14%	2.14%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788													
94788NY026													
Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911
0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
SHPF1107	SHPF1108	SHPF1109	SHGF2101	SHPF1121	SHPF1122	SHPF1123	SHGF2124	SHPF1135	SHPF1136	SHPF1137	SHGF2137	SHPF1149	SHPF1150
94788NY0260007	94788NY0260023	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010	94788NY0260026
No	No	No	No	No	No	No	No	No	No	No	No	No	No
0.00%													
0.00%													
0.00%													
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!													

94788NY0260007	94788NY0260023	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010	94788NY0260026
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$455.21	$461.17	$454.14	$406.01	$458.41	$464.41	$457.33	$408.86	$469.41	$475.55	$468.30	$418.67	$455.21	$461.17
0	0	0	0	0	0	0	0	0	0	0	0	0	0

94788NY0260007	94788NY0260023	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010	94788NY0260026
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260007	94788NY0260023	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010	94788NY0260026
$455.21	$461.17	$454.14	$406.01	$458.41	$464.41	$457.33	$408.86	$469.41	$475.55	$468.30	$418.67	$455.21	$461.17
-	-	-	-	-	-	-	-	-	-	-	-	-	-
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.14%	97.14%	97.14%	97.14%	100.00%	100.00%
0.00%	0.00%	0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.86%	2.86%	2.86%	2.86%	0.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819
0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
SHPF1151	SHGF2150	SHPF1163	SHPF1164	SHPF1165	SHGF2163	SHPF1177	SHPF1178	SHPF1179	SHGF2176	SHPF1191	SHPF1192	SHPF1193	SHGF2189
94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061
No	No	No	No	No	No	No	No	No	No	No	No	No	No
1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
$454.14	$406.01	$458.41	$464.41	$457.33	$408.86	$466.14	$472.24	$465.04	$415.75	$469.41	$475.55	$468.30	$418.67
0	0	0	0	0	0	0	0	0	0	0	0	0	0

94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012	94788NY0260028	94788NY0260044	94788NY0260060	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061
$454.14	$406.01	$458.41	$464.41	$457.33	$408.86	$466.14	$472.24	$465.04	$415.75	$469.41	$475.55	$468.30	$418.67
-	-	-	-	-	-	-	-	-	-	-	-	-	-
$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
100.00%	100.00%	99.55%	99.55%	99.55%	99.55%	97.86%	97.86%	97.86%	97.86%	97.14%	97.14%	97.14%	97.14%
0.00%	0.00%	0.45%	0.45%	0.45%	0.45%	2.14%	2.14%	2.14%	2.14%	2.86%	2.86%	2.86%	2.86%
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Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Catastrophic	Catastrophic	Catastrophic	Catastrophic
0.899	0.911	0.897	0.819	0.899	0.911	0.897	0.819	1.000	1.000	1.000	1.000
0.912	0.924	0.910	0.831	0.912	0.924	0.910	0.831	1.000	1.000	1.000	1.000
HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
SHPF1205	SHPF1206	SHPF1207	SHGF2202	SHPF1219	SHPF1220	SHPF1221	SHGF2215	HA29S13	HA29S13	HA29S13	HA29S13
94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047	94788NY0260063	94788NY0130001	94788NY0140001	94788NY0190001	94788NY0190002
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$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

ACTUARIAL MEMORANDUM

Small Group New York Health Benefit Exchange
Off-Exchange Plan Filing

General Information

Company Legal Name: Capital District Physicians' Health Plan, Inc.
State: New York
HIOS Issuer ID: 94788
QHP Template SERFF #: CAPD-128989140
Market: Small Group
Effective Date: January through December 2014
Primary Contact Name:
Primary Contact Telephone Number:
Primary Contact Email Address:

Overview

This document contains the Actuarial Memorandum for Capital District Physicians' Health Plan, Inc.'s ("CDPHP") small group comprehensive medical block of business, effective January 1, 2014. These small group rates are guaranteed 12 months after the group's effective date. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I Unified Rate Review Template. This memorandum may not be appropriate for other purposes.

The information in this actuarial memorandum has been prepared for the use of CDPHP and is subject to the terms and conditions of the Consulting Services Agreement between CDPHP and Milliman, Inc. dated September 17, 2002. We understand that this actuarial memorandum will be provided to the New York State Department of Financial Services, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of CDPHP's rate filing process. We understand that the information provided may be considered public documents, and, as such, may be subject to disclosure to other third parties. Milliman makes no representations or warranties regarding the contents of this actuarial memorandum or rate filing to third parties. Likewise, third parties are to place no reliance upon this actuarial memorandum or rate filing prepared for CDPHP by Milliman that would create any legal duty under any theory of law by Milliman to any third party.

Capital District Physicians' Health Plan, Inc.
Premium Rate Filing
FORMS # 01-0006-2014

Reliance

In performing this analysis, I relied on data and other information provided by CDPHP. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

I performed a limited review of the data used directly in the analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of the assignment.

A data reliance letter is attached to this rate submission.

Identification

I am a Member of the American Academy of Actuaries. I meet the Academy qualification standards for rendering an opinion in the area of health insurance. I have been retained by CDPHP to assist in the development of premium rates for the Small Group plans not offered through the New York Health Benefits Exchange ("NYHBE").

This filing meets all new Affordable Care Act ("ACA") requirements for Essential Health Benefits ("EHB"), risk pooling, actuarial value ("AV"), induced demand, metal level requirements, standardized rating regions, and standardized census tier factors as further described below.

Proposed Rates

CDPHP is filing small group rates with effective dates beginning January 1, 2014 for plans to be marketed on the NYHBE. The plan designs included in this filing are new to the small group market and are compliant with the EHB in accordance with the ACA. The new plans design costs have been derived from the combined base claims experience for CDPHP's existing small group pools. Plan design pricing considered assumptions for Induced Demand and AV as specified in the HHS Notice of Benefit and Payment Parameters for 2014. Costs associated with ACA taxes and fees have been added to the base period expense in the development of the final premium requirements. Anticipated changes in morbidity for the covered population and new entrants into the market as well as the impact of the Federal Risk Adjustment Program and Federal Transitional Reinsurance program have been incorporated into the premium rate development as further described below.

Experience Period Premium and Claims

The base period data used in the development of the medical expenses is the combined small group HMO and small group Healthy NY pooled incurred claims and membership for all in-force plans, including grandfathered plans, for the 12 months ending September 2012, paid

through February 2013 for CDPHP's current Capital Area rating region. CDPHP's Capital Area rating region encompasses over 91% of the covered membership in the base period small group pool and mirrors NYS's defined Rating Region 1. The impact of NYS Regulation 146 risk adjustment pool and NYS Healthy NY Stop-loss Reimbursement pool was excluded from the base period starting claims costs.

Worksheet 1 HHS Unified Rate Review Template

Earned Premiums are reported for the base period in-force membership in the small group pool. Premiums were obtained from CDPHP's data warehouse eligibility and premium tables. Earned premiums shown on Worksheet 1 were not impacted by Federal MLR rebates as there were no rebates expected during the experience period.

Incurred claims and allowed claims presented on Worksheet 1 come directly from CDPHP's claim payment records in the data warehouse combined with capitated expenses and NYS HCRA surcharges from the accounting general ledger for the base period. Approximately 77% of incurred and allowed claims are processed on CDPHP's claims system, 15% are processed through CDPHP's Pharmacy Benefit Manager Caremark, and approximately 7% are processed as capitated providers or health related expense such as provider quality bonuses, case management fees, and NYS HCRA surcharges.

Estimates for incurred but not reported ("IBNR") claims are included and were derived using a standard industry lag methodology. The standard lag methodology used combines large and small group historical lag triangles separated for Inpatient, Outpatient, Professional, and Pharmacy type of services. Large and small group blocks are combined to insure the credibility of each lag cell. Final estimated reserve levels at the group size level are allocated based upon paid claims by group size during the period. The base period claims include 5 months of paid run-out and therefore, IBNR is less than 0.5% of the base period starting claim cost.

Benefit Categories

The benefit categories are defined using standard industry definitions for Inpatient, Outpatient, Professional and Pharmacy claims. Each claim, as it is adjudicated in the claims system and then loaded in the data warehouse, is mapped to the appropriate category using one or more criteria including facility Bill Type, DRG code, Revenue Code, ICD9 procedure code, CPT/HCPCS code, or NDC code. These categorizations are applied consistently across all financial related reporting. The "Other" medical category includes capitated laboratory, freestanding radiology, diabetic supplies, home health, DME and orthotics.

Projection Factors

Changes in Morbidity of the Population Insured

There were no adjustments made for changes in morbidity for the population insured.

Changes in Benefits

- **Impact of compliance with Essential Health benefits:**

  The impact of the additional costs associated with Essential Health benefits not in the base period experience as noted below is derived on Exhibit F and applied on Exhibit 8, Line 13 consistently for all plans in each metal tier.

  - Pediatric Vision – currently a non-covered benefit
  - Hearing Aids – currently a non-covered benefit
  - Skilled Nursing Facility – EHB changes base contract from 45 days to 200 days
  - Gym Reimbursement – Currently a non-covered benefit

- **Impact of compliance with NYS Mandates included in the NYS benchmark plan:**

  The NYS Autism mandate became effective for renewals beginning November 2012. Since the effective date was after the end of the base period, an estimate for the cost associated for this benefit has been added to the base period starting point.

- **Benefits for adult vision care have been added for non-standard plans.**

Additional Riders

Unique plan designs have been created to incorporate additional benefits available through a rider:

DFS Contract #	Description of Rider	Factor	
02-0003-2014	Dependent to Age 29	1.024	Currently Approved form HM29R RIDER-0909
02-0004-2014	Domestic Partner	1.000	No Cost
02-0005-2014	Contraceptive Carve Out	0.9930	Cost of contraceptives / Starting claim Expense

Dental

CDPHP has entered into a partnership with Delta Dental to provide pediatric dental benefits. These benefits are in compliance with the EHB in accordance with the ACA. CDPHP will assume the marketing, enrollment, billing and renewal responsibilities, while Delta Dental will assume the underwriting risk and administration of the benefits as a standalone contract. Delta Dental has filed their stand alone products under SERFF # DDPA-128974006.

The premium rates included in the rate filing were developed by Delta Dental and are an add-on to the medical premium. The rates have been added to the Employee/Child(ren) and Family tiers only, for those plan designs which indicate dental as a rider. See Exhibit I.

Population/Demographic Change

No adjustment has been incorporated due to the uncertainty of the future demographic mix

Other Adjustments

Other Market-wide adjustments considered in the rate development include:

- **Impact of changes in the provider network, fee schedules levels, or utilization management that apply to the entire market-wide risk pool not included in the claim trend:** There are no changes planned for the composition of the provider network, fee schedules levels or utilization management in the projection period compared to the base period. No adjustments were applied outside the claim trend development.

    - Adjustment to Federal Risk Adjustment Factor simulation as discussed further below.
    - Since the Individual plans will be offered under CDPHP line of business, an adjustment factor of 1.012 assumes a shift in membership of the sole proprietors from the existing small group market to the individual market.

- **Impact of anticipated changes in the distribution of the membership in the risk pool by the standard rating regions:** New regional factors have been developed based on the standardized rating regions determined by NYS DFS. The time period for the base data is October 1, 2011 – September 30, 2012; the same time period as used for the development of the claim expenses. CDPHP's current Capital Area rating region is equivalent to the standard rating Region 1 and was used as the starting point claims cost. The factors were calculated using the allowed claims per member per month, by county, for all commercial members (large, small, sole prop, and individual including HNY). The Capital region is considered the starting point (1.00) for which the other regions are compared. See Exhibit D.

Development of Conversion Factor

The conversion factor has been calculated based on membership enrolled in commercial small group, sole proprietor and individual products for October 2011 – September 2012. CDPHP currently offers three family tier structures: 2-tier, 3- tier, and 4- tier. Effective January 1, 2014, CDPHP will only offer a 4-tier structure in the small group market both on and off the Exchange. Required rate ratios as determined by the NYS Department of Financial Services were used in this calculation. See Exhibit C.

Comparison of changes to Tier Ratios:

	Single	Family 2T	Double	Family 3T	Emp/Spouse	Emp/Child(ren)	Family 4T

Current HMO	1.00	2.50	2.00	2.60	2.00	1.90	2.80
Current UBI	1.00	2.60	2.00	2.65	2.00	1.95	2.90
New (DFS)	1.00				2.00	1.70	2.85

Cost and Utilization Trend Factors

The average annual trend factor applied is 4.69%. The effective trend based on 27 months from the midpoint of the base period to the midpoint of the rate period is 10.87%.

The allowed trend factors developed by type of service are shown in Exhibit B. The basis for development of trends is CDPHP/CDPHP UBI's commercial pool historical experience data, actual and projected contract provider reimbursement rates, and input from CDPHP's medical utilization management team and the following assumptions.

- Service Mix Intensity: An intensity factor of -0.4 %, for the 3 months remaining for 2012 projection (-1.68% 12 month actual) has been included in the trends. This is based on the comparison of the actual experience increase compared to the implemented fee increase for 2012. The development of this factor includes Inpatient, Outpatient and Professional services, has been applied to the projected 2012 claim costs.

- Case Mix : No additional adjustment has been made since the current case mix is included in the underlying data used to develop the Service Mix Intensity.

- Adverse Selection/Pent up Demand: No adjustment for adverse selection or pent up demand has been incorporated for small group.

- Deductible Leveraging: No explicit additional adjustments have been applied

- Inpatient: Ongoing medical management programs including an aggressive re-admission avoidance program, crisis hot-line, embedded model and diabetic depression program will decrease the number of admits.

- Outpatient: Increase in the number of outpatient procedures continues to see rebound of pent up demand (pre-ACA population) due to recent improvements in the local and national economic outlook. CDPHP's patient centered medical home program (EPC) enhances access to primary care services for members thereby decreasing the number of ER visits. Admission review of all requested inpatient stays has resulted in higher trends in observation room care and decreased inpatient stays.

- Professional: Continued movement of services to the more appropriate setting will result in more outpatient/office services.

- Other Medical: Aggressively addressing non-par lab usage, while also promoting all evidence based testing to monitor chronic conditions. Outreach with coaching and counseling of utilization outliers through UBI's high technology program. Comprehensive program to address diabetics is scheduled for implementation in 2014. More aggressive post discharge management may necessitate more DME and prosthetics.

- Pharmacy: Utilization and cost trends are based on the projected trends from UBI's Pharmacy Benefit Manager, Caremark.

Credibility Manual Rate Development

- None

Credibility of Experience

- Experience period is fully credible based on the member months covered in the underlying claims experience and stability of the underlying benefit plan mix covered during the period.

Paid to Allowed Ratio

The Paid to Allowed Ratio was determined using the HHS AV Calculator for each standard and non-standard plan proposed and weighted by the projected membership.

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM

CDPHP relied on the results of the NYS Department of Finance Service Risk Adjustment Simulation Project prepared by Deloitte Consulting. CDPHP combined the simulation results for their two Small Group pools used in the base experience Index Rate development as shown below. CDPHP applied a 25% reduction to the estimated transfer payment in anticipation of an unfavorable the change in CDPHP's risk pool post-ACA.

Additionally, the anticipated change in risk pool considered the following:

- A 15.5% increase in average small group membership in the experience pool from the base period to the 12 month period ending March 2013.
- Emerging diagnoses information for the months following the base period that would have eligible HCCs for risk adjustment not included in the simulation
- The impact of newly insureds entering the market with pre-existing conditions

	MMs	Deloitte Estimated RA Transfer Payment PMPM
CDPHP Small Group	242,173	($20.10)
CDPHP UBI Small Group	553,485	($37.13)
Weighted		($31.95)
Reduction for expected change for assumed population in 2014		25%
Projected RA PMPM 2014		($23.96)

The resulting PMPM was converted to a factor based upon overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Reinsurance Premium

CDPHP derived a factor based on a per capita contribution rate of $5.25/month divided by the overall average Projected Index rate PMPM for all metal tier plans on and off the Exchange combined. This factor was applied consistently across plans in each metal tier.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load

The administrative expense load is based on actual 2012 administrative expense in the current small group market. Broker commissions will be reduced from 2012.

Profit (Contribution to Surplus) & Risk Margin

A 1.75% contribution to surplus is included. There is no additional load for Risk Margin included.

Taxes and Fees

Exchange User Fee: Per guidance provided by the NYS Department of Finance Services, there is no load for NYS Exchange user fees
PCORI Fee: $2 PMPY
Risk Adjustment User Fee: $.96 PMPY
NYS Regulatory Authority license and fees: Based on a % of premium using prior year actuals

The total load for Administrative Expense and Contribution to Surplus compared to prior year actual is shown in the following table. Non-benefit expense load is applied consistently for all plans across all metal tiers.

On/Off Exchange – Small Group	**% of Premium Projected**	**% of Premium based on 2012 Actuals**
General Administrative Expense	5.51%	8.73%
Broker Commissions	4.22%	5.62%
Quality Improvement	1.03%	1.03%
NYS Regulatory Authority license and fees	0.73%	0.73%
Subtotal – Excluding ACA Taxes and Fees	**11.49%**	16.12%
ACA Insurers tax	1.40%	n/a
ACA Fees	0.46%	n/a
Total Administrative Expense Including ACA	**13.35%**	16.12%
Profit and contribution to Surplus	1.75%	0% (a loss was incurred)
Total Retention including Profit	**15.10%**	16.12%

Projected Loss Ratio

The projected loss ratio based on the Federally prescribed MLR methodology is 85.2%

Index Rate

The starting point claims PMPM for in-force plans, the Base Period Index Rate, was developed from the claims experience as described above and the average AV pricing value and induced demand for all in force plans included in the base experience period. The AV pricing value for each non-grandfathered plan is the product of the AV value of the benefit plan calculated using the HHS AV Calculator and an assumption for induced demand consistently applied for all plans within a metal tier.

Base Period In-force plan Index Rate Development		
Average Incurred Claims PMPM	$300.21	**A**
Average AV Pricing Value	.8699	**B**
Induced Demand	1.014	**C**
Index Rate **(Exhibit 8, line 12)**	$340.29	**A / B / C**

General Overview of Proposed Rate Development

The general methodology used to develop the rates applies factors to the Index Rate for each component of the rate buildup. Each component was compared to the starting net trended pmpm to develop the applicable factor. The rates for the corresponding plan designs were developed by taking the product of the following:
- Gross trended starting pmpm (net in-force pmpm / in-force AV)
- Plan specific AV, using HHS Actuarial Value Calculator except as noted below for plans that did not fit into the AV calculator
- Metal Tier induced demand
- Impact of EHB not included in base data,
- Adult vision for non-standard plans (additional benefit)
- Applicable factors as outlined above for additional riders
- Risk Adjustment
- Impact of Reinsurance
- Administrative cost
- Contribution to surplus

The resulting PMPM is then multiplied by the conversion factor to obtain the single rate.
The regional rates are developed by multiplying the Region 1 rate by the corresponding regional factor.

Subsequent quarterly rate trend are show in the following table

Projected Trend Factor 2014		5.09%
Projected Trend Factor 2015		5.91%
Effective Quarter	Annual	Quarterly
Q2 2014	5.29%	1.30%
Q3 2014	5.50%	1.35%
Q4 2014	5.71%	1.40%

AV Metal Values

The HHS AV Calculator was used to determine the AV for the plans designs submitted in this rate filing. See Exhibit G.

AV Pricing Values

The average AV pricing value and induced demand for all in force plans included in the base experience period was used as the reference plan for the basis of the AV Pricing Values. The 2012 Milliman *Health Cost Guidelines*™ were used to determine the weighted average cost share, (AV), and induced demand factor for the weighted average benefit design for in-force plans in the experience pool. The calculated AV for each proposed plan was determined using the HHS AV calculator except as noted above. An assumed induced demand factor per metal tier was multiplied by the plan AV and divided by the reference plan AV. The assumptions for

induced demand per guidance provided by NYS Department of Financial Services, component was set consistently for each plan within metal tier. Furthermore, the variation in adopted induced demand adjustment factors between any two metal plans does not exceed the HHS induced demand adjustment factors set forth in the Notice of Benefit and Payment Parameters for 2014.

Induced Demand assumed by Metal Tier:

	Induced Demand
Platinum	1.037
Gold	1.015
Silver	0.965
Bronze	0.940

As a result, the maximum variation in premium between any two metal tiers was determined by the following combination of AV and induced demand.

Largest Spread	Lower bound	Upper bound	Impact of AV	Impact ID	Max Spread
Platinum and Gold		0.9200	1.1795	1.0648	1.2559
Gold and Silver	0.7800	0.8200	1.2059	1.0485	1.2644
Silver and Bronze	0.6800	0.7200	1.2414	1.0300	1.2786
Bronze and Catastrophic	0.58	0.62	1.0727	1.0000	1.0727
Catastrophic	0.5780				

Example Calculation:
Impact of AV = Upper bound of current Tier / Lower bound of one tier lower (Platinum and Gold = 0.92 / 0.78 = 1.1785)
Impact Induced Demand (ID) = Max HHS value of metal tier / Max HHS value of next lower tier (Platinum and Gold = 1.15 / 1.08 = 1.0648)
Max Spread = Impact of AV * Impact ID (Platinum and gold = 1.1798 * 1.0648 = 1.2559)

Membership Projections

The existing book of business was mapped to a metal tier using the following ranges AVs as outlined by the Department of Financial Services:

Platinum: AV Metal Value greater than 85%
Gold: AV Metal Value between 75% and 85%
Silver: AV Metal Value between 65% and 75%
Bronze: AV Metal Value less than 65%

The plans containing membership, for each metal tier, were then mapped to the standard plan design within the metal tier. As a final step the membership was redistributed under the assumption that 50%, 25%, and 25% of the Platinum, Gold and Silver tiers, respectively, would move into the Bronze metal tier. Based on this redistribution of the projected membership, Worksheet 2 does not balance to the projected costs on Worksheet 1 of the Unified Rate Review Template.

Terminated Products

The following products are being terminated for both small groups and sole proprietors:

Form # (Base plans)	**2013 Plan Code**
01-0001-2010	HA29S13
01-0001-2010	HA6S13
01-0001-2010	HA8S13
01-0001-2010	HA9S13
01-0001-2010	HM1S13
01-0001-2010	HM2S13
4221-2007	Non Group HMO
5284-2007	Non Group POS
Form # (Riders)	**2013 Plan Code**
01-0002-2010	HMRXS8[A,B]13
01-0002-2010	HMRXS19[A,B]13
01-0002-2010	HMRXS21[A,B]13
01-0002-2010	HMRXS22[A,B]13
01-0002-2010	HMRXS30[A,B]13
01-0002-2010	HMRXS35[A,B]13
01-0002-2010	HMRXS37[A,B]13
01-0002-2010	HMRXS38[A,B]13
01-0002-2010	HMRXS39[A,B]13
01-0002-2010	HMRXS44[A,B]13
01-0002-2010	HMRXS46[A,B]13
01-0002-2010	HMRXS47[A,B]13
01-0002-2010	HMRXS48[A,B]13
01-0002-2010	HMRXS66[A,B]13
01-0002-2010	HMRXS67[A,B]13
01-0002-2010	HMRXS68[A,B]13
01-0002-2010	HMRXS69[A,B]13
01-0002-2010	HMRXS70[A,B]13
01-0002-2010	HMRXS71[A,B]13
01-0002-2010	HMRXS72[A,B]13
01-0002-2010	HMRXS73[A,B]13
01-0002-2010	HMRXS74[A,B]13
01-0002-2010	HMRXS75[A,B]13
01-0002-2010	HMRXS15[A,B]13
01-0002-2010	HMRXS16[A,B]13
01-0002-2010	HMRXS17[A,B]13
01-0002-2010	HMRXS18[A,B]13
01-0002-2010	HMRXS59[A,B]13
01-0002-2010	HMRXS60[A,B]13

01-0002-2010	HMRXS61[A,B]13
01-0002-2010	HMRXS62[A,B]13
01-0002-2010	HMRXS63[A,B]13
01-0002-2010	HMRXS64[A,B]13
01-0002-2010	HMRXS65[A,B]13
HMBH[S]1-0110	HMBHS113
HMBH[S]2-0110	HMBHS213
HMSNF[L;S]-0107	HMSNFS113
HMVSN[L;S]-0110	HMVSNS113
HMVSN[L;S]-0110	HMVSNS213
HMVSN[L;S]-0110	HMVSNS313
HMVSN[L;S]-0110	HMVSNS613
HMTRAV[L;S]-0110	HMTRAVS113
HMTRAV[L;S]-0110	HMTRAVS213
HMTRAV[L;S]-0110	HMTRAVS313
HMWELS412	HMWELS413
AUTISMHMO2012	AUTISMSGHMO
HMOPPACA	WWSGHMO
HMOEXCONT	HMWWREMVESG
NGPPACA	NGPPACA
699	699
HDDIABAMENDSG-2013	HDDIABAMENDSG-2013

Listing of Plans included in risk pool, both on and off Exchange

See Exhibit E.

Exhibit C

Capital District Physicians' Health Plan
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.2%	1.03	0.638	1.000	0.622	
Double	14.7%	2.00	0.294	2.000	0.295	
Emp/Child(ren)	0.9%	2.71	0.025	1.700	0.016	
Family	22.1%	3.92	0.868	2.850	0.631	
Total 4T	100.0%		1.826		1.563	1.168
						1.168

Exhbit D

Capital District Physicians' Health Plan
HMO
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2014 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1305**	**1.1215**	**1.0771**
Counties:	Albany Columbia Fulton Greene Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington	Delaware Dutchess Orange Ulster	Broome Chenango Tioga	Essex Hamilton Herkimer Madison Oneida Otsego

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO
Benefit Plan Designs

Plan Code	Original Benefit Plan	Exchange Plan/LOB	HIOS Issuer ID	HPID #	HIOS Product ID	HIOS Plan ID	DFS Form #	Plan Name	Metal Tier (Optional)	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260017	01-0006-2014	SHPF1024	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260018	01-0006-2014	SHPF1038	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260019	01-0006-2014	SHPF1052	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260020	01-0006-2014	SHPF1066	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260021	01-0006-2014	SHPF1080	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260022	01-0006-2014	SHPF1094	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + No Contraceptives
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260023	01-0006-2014	SHPF1108	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + No Contraceptives
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260024	01-0006-2014	SHPF1122	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260025	01-0006-2014	SHPF1136	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260026	01-0006-2014	SHPF1150	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260027	01-0006-2014	SHPF1164	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260028	01-0006-2014	SHPF1178	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive + Denta
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260029	01-0006-2014	SHPF1192	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260030	01-0006-2014	SHPF1206	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP +No Contraceptive+ Denta
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260031	01-0006-2014	SHPF1220	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP +No Contraceptive+ Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260032	01-0006-2014	SHPF1010	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260001	01-0006-2014	SHPF1023	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260002	01-0006-2014	SHPF1037	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260003	01-0006-2014	SHPF1051	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260004	01-0006-2014	SHPF1065	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260005	01-0006-2014	SHPF1079	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260006	01-0006-2014	SHPF1093	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + No Contraceptives
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260007	01-0006-2014	SHPF1107	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + No Contraceptives
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260008	01-0006-2014	SHPF1121	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Riders + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260009	01-0006-2014	SHPF1135	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260010	01-0006-2014	SHPF1149	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260011	01-0006-2014	SHPF1163	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260012	01-0006-2014	SHPF1177	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive + Denta
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260013	01-0006-2014	SHPF1191	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260014	01-0006-2014	SHPF1205	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP +No Contraceptive+ Denta
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260015	01-0006-2014	SHPF1219	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP +No Contraceptive+ Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260016	01-0006-2014	SHPF1009	Platinum	89.9%	20	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260033	01-0006-2014	SHPF1025	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260034	01-0006-2014	SHPF1039	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260035	01-0006-2014	SHPF1053	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260036	01-0006-2014	SHPF1067	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260037	01-0006-2014	SHPF1081	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260038	01-0006-2014	SHPF1095	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + No Contraceptives
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260039	01-0006-2014	SHPF1109	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + No Contraceptives
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260040	01-0006-2014	SHPF1123	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260041	01-0006-2014	SHPF1137	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260042	01-0006-2014	SHPF1151	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260048	01-0006-2014	SHPF1011	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260043	01-0006-2014	SHPF1165	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260044	01-0006-2014	SHPF1179	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive + Denta
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260045	01-0006-2014	SHPF1193	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260046	01-0006-2014	SHPF1207	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP +No Contraceptive+ Denta
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260047	01-0006-2014	SHPF1221	Platinum	89.9%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP +No Contraceptive+ Dental
320		Off Exchange - SG UBI	94788		94788NY026	94788NY0260064	01-0006-2014	SHGF2010	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260049	01-0006-2014	SHGF2023	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260050	01-0006-2014	SHGF2036	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260051	01-0006-2014	SHGF2049	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260052	01-0006-2014	SHGF2062	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive

Capital District Physicians' Health Plan Exhibit F
Premium Rate Filing
Small Group HMO
Impact of Additional Essential Health Benefits

		PMPM	
1	Pediatric Vision	$0.26	Utilization and Cost based on CHPs, spread over all commercial membership
2	Hearing Aids	$0.04	Utilization and Cost based on CHP's, Medicaid and Commercial products to produce credible data
3	Skilled Nursing Facility	$0.00	No additional cost added due to low utilization of this benefit
4	Gym Membership	$3.50	Benefit includes reimbursement of $200 for Subscriber; $100 for Spouse every 6 months with proof of compliance
		$3.80	
	Starting PMPM Trended	$342.91	
	Factor (Exhibit 8, line 13)	1.0111	

Benefits exceeding Essential Health Benefits (Non-Standard Plan designs only)

PMPM's based on SG HMO Data

		PMPM		
1	Adult Vision	$1.20		One Eye Exam per benefit period (12 months)
2	Vision Hardware	$0.60		$75 allowance for frames/lenses or contact lenses per benefit period (12 months)
3	Pediatric Vision included ir	$0.26		
4	Total PMPM	$1.54	(1 + 2 - 3)	
5	Starting PMPM Trended	$342.91		
	Factor (Exhibit 8, line 13)	1.004	(4 / 5)	

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO - Off Exchange Plans
Dental

Exhibit I

SERFF # DDPA-128974006

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Dental Services Proposed	Dental Treatment Costs					
	Delta Dental PPO		Delta Dental Premier		Non-Participating	
	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient
Diagnostic	100%	0%	100%	0%	100%	0%
Preventive	100%	0%	100%	0%	100%	0%
Basic Restorative	50%	50%	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Major Restorative	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%
Orthodontics*	50%	50%	50%	50%	50%	50%
TMJ	50%	50%	50%	50%	50%	50%
Annual out-of-pocket maximum per child	$700		N/A		N/A	
Annual out-of-pocket maximum per 2+ children	$1,400		N/A		N/A	
Patient deductible per year	$40		$40		$40	

Deductible is applied to all services.

* Orthodontic services are covered for **medical necessity** only.

See attached schedule for a complete listing of all covered services and limitations.

Prospective Rating Method

Monthly Rates per Child(ren) and Family tier		
Region	Small Group	Individual
Albany Area	$30.74	$30.51
Buffalo Area	$28.80	$28.61
Mid-Hudson Area	$32.93	$32.70
New York City Area	$41.76	$41.48
Rochester Area	$30.82	$30.61
Syracuse Area	$29.75	$29.56
Utica/Watertown Area	$28.86	$28.67
Long Island	$37.01	$36.77

One-Year Rate Guarantee

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Assumptions and Guidelines

The products proposed are for individuals and small businesses purchasing dental coverage in New York outside the exchange. Health care reform requirements are not finalized at the Federal level or within the state of New York. Therefore, Delta Dental reserves the right to modify these products to meet requirements as necessary.

Rates assume an effective date of January 1, 2014.

Pediatric Enrollees are covered to age 19.

Rates include 7.0% producer commission.

Rates assume that Delta Dental PPO participating providers are paid at the Delta Dental PPO Maximum Plan Allowance (MPA). Delta Dental PPO participating providers accept the Delta Dental PPO MPA as payment in full. Delta Dental PPO participating providers are paid directly by Delta Dental and by agreement cannot bill the patient more than the applicable copayments or deductibles for the services provided.

Under the Delta Dental PPO program, Delta Dental Premier participating providers are paid at the Delta Dental PPO MPA and are paid directly by Delta Dental. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA. By agreement, Delta Dental Premier participating providers must accept the Delta Dental Premier MPA as payment in full, less any applicable copayments or deductibles for the services provided (and under this scenario the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA).

Non-Participating providers are paid at the Delta Dental PPO MPA. The benefit payment is sent directly to the employee. It is the employee's responsibility to pay the provider. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the amount billed by the Non-Participating provider, plus any applicable copayments or deductibles.

Rates assume that this plan will be purchased in conjunction with a CDPHP medical plan in a bundled arrangement (i.e. both plans are separate) and that CDPHP will be performing marketing, enrollment, billing payment and renewal functions.

Rates assume that the individual products renewal annually effective January 1, 2015 and individuals would also renew on that date. Rates assume that the small group products renew annually, beginning January 1, 2015 and that each small group with these products would renew on their anniversary date, which is based on date of purchase.

	PMPM	Conv Factor	Single	Double	Emp/Child(ren)	Family
Region 1 (Albany)	$30.74	1.168	$35.92	$71.84	$61.06	$102.37
Region 3 (Mid-Hudson)	$32.93	1.168	$38.48	$76.96	$65.42	$109.67
Region 6 (Syracuse)	$29.75	1.168	$34.76	$69.52	$59.09	$99.07
Region 7 (Utica/Watertown)	$28.86	1.168	$33.72	$67.44	$57.32	$96.10

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO - Off Exchange
AV Calculator Backup

Exhibit G

318

Plan Name:

SHPF1024
SHPF1038
SHPF1052
SHPF1066
SHPF1080
SHPF1094
SHPF1108
SHPF1122
SHPF1136
SHPF1150
SHPF1164
SHPF1178
SHPF1192
SHPF1206
SHPF1220
SHPF1010

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$6,350.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$0.00
Specialist Visit	☐	☐		$25.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		$0.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$25.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$25.00	☐	☐		$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$25.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$25.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	89.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.1%
Metal Tier:	Platinum

315

Plan Name:

SHPF1023
SHPF1037
SHPF1051
SHPF1065
SHPF1079
SHPF1093
SHPF1107
SHPF1121
SHPF1135
SHPF1149
SHPF1163
SHPF1177
SHPF1191
SHPF1205
SHPF1219
SHPF1009

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	99.99%	50.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,350.00	$0.00				

Click here for important instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (Inc. MHSA)	☐	☐		$1,000.00	☐	☐		$1.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☐	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$35.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$35.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☑		$35.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$35.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	94.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☑	50%		☐	☐		
Preferred Brand Drugs	☐	☑	50%		☐	☐		
Non-Preferred Brand Drugs	☐	☑	50%		☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑	50%		☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.9%
Metal Tier:	Platinum

319

Plan Name:

SHPF1025
SHPF1039
SHPF1053
SHPF1067
SHPF1081
SHPF1095
SHPF1109
SHPF1123
SHPF1137
SHPF1151
SHPF1011
SHPF1165
SHPF1179
SHPF1193
SHPF1207
SHPF1221

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum ($)			
OOP Maximum if Separate ($)	$6,350.00	$0.00	

Tier 2 Plan Benefit Design	Medical	Drug	Combined
Deductible ($)			
Coinsurance (%, Insurer's Cost Share)			
OOP Maximum ($)			
OOP Maximum if Separate ($)			

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☐	☐		$30.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$30.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$30.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$30.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	94.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	86.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$80.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	89.7%
Metal Tier:	Platinum

320

Plan Name:

SHGF2010
SHGF2023
SHGF2036
SHGF2049
SHGF2062
SHGF2075
SHGF2088
SHGF2101
SHGF2124
SHGF2137
SHGF2150
SHGF2163
SHGF2176
SHGF2189
SHGF2202
SHGF2215

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)						
OOP Maximum if Separate ($)	$4,350.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		
All Inpatient Hospital Services (Inc. MHSA)	☐	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$70.00	☐	☐		
Specialist Visit	☐	☐		$70.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$70.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$70.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$70.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$70.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$70.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$70.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	90.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	71.0%		☐	☐		
Drugs	☑ All	☐ All			☐ All	☐ All		
Generics	☑	☐		$10.00	☐	☐		
Preferred Brand Drugs	☑	☐		$60.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$100.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$100.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.9%
Metal Tier:	Gold

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Separate column for each plan design (on or off Exchange)

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.899	0.911	0.899	0.819	0.899	0.911	0.897
5	AV Pricing Value (total, risk pool experience based)*	0.912	0.924	0.912	0.831	0.912	0.924	0.910
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1009	SHPF1010	SHPF1011	SHGF2010	SHPF1023	SHPF1024	SHPF1025
8	Plan ID*	94788NY0260016	94788NY0260032	94788NY0260048	94788NY0260064	94788NY0260001	94788NY0260017	94788NY0260033
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period	$61,185,800						
10B	Member-Months for Latest Experience Period	203810						
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	$300.21						
11	Average Pricing Actuarial Value reflected in experience period	0.882						
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level	1.011						
14	Market wide adjustment for changes in provider network **	1.000						
15	Market wide adjustment for fee schedule changes **	1.000						
16	Market wide adjustment for utilization management changes **	1.000						
17	Impact on risk pool of changes in expected covered membership risk characteristics **	1.000						
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	**1.000**						
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions	1.000						
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)	1.06988						
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	1.01531						
22	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000						
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.1087						
24	Other 1 (specify)	1.000						
25	Other 2 (specify)	1.000						
26	Other 3 (specify)	1.000						
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.899	0.911	0.899	0.819	0.899	0.911	0.897
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.037	1.015	1.037	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.004	1.004	1.004	1.004	1.029	1.029	1.029
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.106**	**1.121**	**1.106**	**0.987**	**1.133**	**1.148**	**1.130**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**458.41**	**464.41**	**458.46**	**408.86**	**469.41**	**475.55**	**468.30**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.819	0.899	0.911	0.897	0.819	0.899	0.911
5	AV Pricing Value (total, risk pool experience based)*	0.831	0.912	0.924	0.910	0.831	0.912	0.924
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHGF2023	SHPF1037	SHPF1038	SHPF1039	SHGF2036	SHPF1051	SHPF1052
8	Plan ID*	94788NY0260049	94788NY0260002	94788NY0260018	94788NY0260034	94788NY0260050	94788NY0260003	94788NY0260019
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.819	0.899	0.911	0.897	0.819	0.899	0.911
29	Pricing actuarial value (only the induced demand factor) #	1.015	1.037	1.037	1.037	1.015	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.029	0.997	0.997	0.997	0.997	1.004	1.004
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.010**	**1.099**	**1.113**	**1.096**	**0.980**	**1.106**	**1.121**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**418.67**	**455.21**	**461.17**	**454.14**	**406.01**	**458.41**	**464.41**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.897	0.819	0.899	0.911	0.897	0.819	0.899
5	AV Pricing Value (total, risk pool experience based)*	0.910	0.831	0.912	0.924	0.910	0.831	0.912
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1053	SHGF2049	SHPF1065	SHPF1066	SHPF1067	SHGF2062	SHPF1079
8	Plan ID*	94788NY0260035	94788NY0260051	94788NY0260004	94788NY0260020	94788NY0260036	94788NY0260052	94788NY0260005
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.897	0.819	0.899	0.911	0.897	0.819	0.899
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.015	1.037	1.037	1.037	1.015	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.004	1.004	1.021	1.021	1.021	1.021	1.029
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.104**	**0.987**	**1.125**	**1.140**	**1.122**	**1.003**	**1.133**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**457.33**	**408.86**	**466.14**	**472.24**	**465.04**	**415.75**	**469.41**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
4	AV Metal Value (HHS Calculator)*	0.911	0.897	0.819	0.899	0.911	0.897	0.819
5	AV Pricing Value (total, risk pool experience based)*	0.924	0.910	0.831	0.912	0.924	0.910	0.831
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1080	SHPF1081	SHGF2075	SHPF1093	SHPF1094	SHPF1095	SHGF2088
8	Plan ID*	94788NY0260021	94788NY0260037	94788NY0260053	94788NY0260006	94788NY0260022	94788NY0260038	94788NY0260054
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.911	0.897	0.819	0.899	0.911	0.897	0.819
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.015	1.037	1.037	1.037	1.015
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.029	1.029	1.029	1.021	1.021	1.021	1.021
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.148**	**1.130**	**1.010**	**1.125**	**1.140**	**1.122**	**1.003**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**475.55**	**468.30**	**418.67**	**466.14**	**472.24**	**465.04**	**415.75**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.899	0.911	0.897	0.819	0.899	0.911	0.897
5	AV Pricing Value (total, risk pool experience based)*	0.912	0.924	0.910	0.831	0.912	0.924	0.910
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1107	SHPF1108	SHPF1109	SHGF2101	SHPF1121	SHPF1122	SHPF1123
8	Plan ID*	94788NY0260007	94788NY0260023	94788NY0260039	94788NY0260055	94788NY0260008	94788NY0260024	94788NY0260040
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.899	0.911	0.897	0.819	0.899	0.911	0.897
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.037	1.015	1.037	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	0.997	0.997	0.997	0.997	1.004	1.004	1.004
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.099**	**1.113**	**1.096**	**0.980**	**1.106**	**1.121**	**1.104**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**455.21**	**461.17**	**454.14**	**406.01**	**458.41**	**464.41**	**457.33**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Gold	Platinum	Platinum	Platinum	Gold	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.819	0.899	0.911	0.897	0.819	0.899	0.911
5	AV Pricing Value (total, risk pool experience based)*	0.831	0.912	0.924	0.910	0.831	0.912	0.924
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHGF2124	SHPF1135	SHPF1136	SHPF1137	SHGF2137	SHPF1149	SHPF1150
8	Plan ID*	94788NY0260056	94788NY0260009	94788NY0260025	94788NY0260041	94788NY0260057	94788NY0260010	94788NY0260026
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.819	0.899	0.911	0.897	0.819	0.899	0.911
29	Pricing actuarial value (only the induced demand factor) #	1.015	1.037	1.037	1.037	1.015	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.004	1.029	1.029	1.029	1.029	0.997	0.997
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.987**	**1.133**	**1.148**	**1.130**	**1.010**	**1.099**	**1.113**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**408.86**	**469.41**	**475.55**	**468.30**	**418.67**	**455.21**	**461.17**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Gold	Platinum	Platinum	Platinum	Gold	Platinum
4	AV Metal Value (HHS Calculator)*	0.897	0.819	0.899	0.911	0.897	0.819	0.899
5	AV Pricing Value (total, risk pool experience based)*	0.910	0.831	0.912	0.924	0.910	0.831	0.912
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1151	SHGF2150	SHPF1163	SHPF1164	SHPF1165	SHGF2163	SHPF1177
8	Plan ID*	94788NY0260042	94788NY0260058	94788NY0260011	94788NY0260027	94788NY0260043	94788NY0260059	94788NY0260012
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.897	0.819	0.899	0.911	0.897	0.819	0.899
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.015	1.037	1.037	1.037	1.015	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	0.997	0.997	1.004	1.004	1.004	1.004	1.021
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.096**	**0.980**	**1.106**	**1.121**	**1.104**	**0.987**	**1.125**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**454.14**	**406.01**	**458.41**	**464.41**	**457.33**	**408.86**	**466.14**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Gold	Platinum	Platinum	Platinum	Gold
4	AV Metal Value (HHS Calculator)*	0.911	0.897	0.819	0.899	0.911	0.897	0.819
5	AV Pricing Value (total, risk pool experience based)*	0.924	0.910	0.831	0.912	0.924	0.910	0.831
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1178	SHPF1179	SHGF2176	SHPF1191	SHPF1192	SHPF1193	SHGF2189
8	Plan ID*	94788NY0260028	94788NY0260044	94788NY0260060	94788NY0260013	94788NY0260029	94788NY0260045	94788NY0260061
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.911	0.897	0.819	0.899	0.911	0.897	0.819
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.015	1.037	1.037	1.037	1.015
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.021	1.021	1.021	1.029	1.029	1.029	1.029
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.140**	**1.122**	**1.003**	**1.133**	**1.148**	**1.130**	**1.010**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**472.24**	**465.04**	**415.75**	**469.41**	**475.55**	**468.30**	**418.67**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General							
1	Product*	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY	94788NY
2	Product ID*	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026	94788NY026
3	Metal Level (or catastrophic)*	Platinum	Platinum	Platinum	Gold	Platinum	Platinum	Platinum
4	AV Metal Value (HHS Calculator)*	0.899	0.911	0.897	0.819	0.899	0.911	0.897
5	AV Pricing Value (total, risk pool experience based)*	0.912	0.924	0.910	0.831	0.912	0.924	0.910
6	Plan Type*	HMO	HMO	HMO	HMO	HMO	HMO	HMO
7	Plan Name*	SHPF1205	SHPF1206	SHPF1207	SHGF2202	SHPF1219	SHPF1220	SHPF1221
8	Plan ID*	94788NY0260014	94788NY0260030	94788NY0260046	94788NY0260062	94788NY0260015	94788NY0260031	94788NY0260047
9	Exchange Plan?*	No	No	No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate							
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period							
10B	Member-Months for Latest Experience Period							
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)							
11	Average Pricing Actuarial Value reflected in experience period							
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**	**340.29**

	Market Wide Adjustments to the AV **Adjusted Experience Period Index Rate**							
13	Impact of adjusting experience period data to EHB benefit level							
14	Market wide adjustment for changes in provider network **							
15	Market wide adjustment for fee schedule changes **							
16	Market wide adjustment for utilization management changes **							
17	Impact on risk pool of changes in expected covered membership risk characteristics **							
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**							
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions							
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)							
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)							
22	Impact of adjustments due to experience period claim data not being sufficiently credible							
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)							
24	Other 1 (specify)							
25	Other 2 (specify)							
26	Other 3 (specify)							
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments							
28	Pricing actuarial value (without induced demand factor) #	0.899	0.911	0.897	0.819	0.899	0.911	0.897
29	Pricing actuarial value (only the induced demand factor) #	1.037	1.037	1.037	1.015	1.037	1.037	1.037
30	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
31	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000	1.000
33	Benefits in additional to EHB (greater than 1.00)	1.021	1.021	1.021	1.021	0.997	0.997	0.997
34	Administrative costs (excluding Exchange user fees and profits)	1.157	1.157	1.157	1.157	1.157	1.157	1.157
35	Profit/Contribution to surplus margins	1.021	1.021	1.021	1.021	1.021	1.021	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000	1.000
39	Other 1 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
40	Other 2 (specify)	1.000	1.000	1.000	1.000	1.000	1.000	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**1.125**	**1.140**	**1.122**	**1.003**	**1.099**	**1.113**	**1.096**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

\## Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**466.14**	**472.24**	**465.04**	**415.75**	**455.21**	**461.17**	**454.14**

Exhibit 8 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Capital District Physicians' Health Plan
NAIC Code: 95491
SERFF Number: CAPD-128989140
Market Segment: Small Group

Line #	General	
1	Product*	94788NY
2	Product ID*	94788NY026
3	Metal Level (or catastrophic)*	Gold
4	AV Metal Value (HHS Calculator)*	0.819
5	AV Pricing Value (total, risk pool experience based)*	0.831
6	Plan Type*	HMO
7	Plan Name*	SHGF2215
8	Plan ID*	94788NY0260063
9	Exchange Plan?*	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

	Experience Period Index Rate	
10A	Incurred Claims [exc. Reg 146 & Stop Loss pools] for Latest Experience Period	
10B	Member-Months for Latest Experience Period	
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	
11	Average Pricing Actuarial Value reflected in experience period	
12	**AV Adjusted Experience Period Index Rate (L10/L11)**	**340.29**

	Market Wide Adjustments to the AV Adjusted Experience Period Index Rate	
13	Impact of adjusting experience period data to EHB benefit level	
14	Market wide adjustment for changes in provider network **	
15	Market wide adjustment for fee schedule changes **	
16	Market wide adjustment for utilization management changes **	
17	Impact on risk pool of changes in expected covered membership risk characteristics **	
18	**Post ACA: Ratio Individual risk pool to Small Group risk pool [Indiv. Only]**	
19	Adjustment for changes in distribution of risk pool membership by rating regions ** by the standard rating regions	
20	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery, more than 1.00 to reflect a payment to the pool)	
21	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	
22	Impact of adjustments due to experience period claim data not being sufficiently credible	
23	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	
24	Other 1 (specify)	
25	Other 2 (specify)	
26	Other 3 (specify)	
27	**Impact of Market Wide Adjustments (product L13 through L26)**	**1.218**

** Not Included in Claim Trend Adjustment

	Plan Level Adjustments	
28	Pricing actuarial value (without induced demand factor) #	0.819
29	Pricing actuarial value (only the induced demand factor) #	1.015
30	Impact of provider network characteristics ##	1.000
31	Impact of delivery system characteristics ##	1.000
32	Impact of utilization management practices ##	1.000
33	Benefits in additional to EHB (greater than 1.00)	0.997
34	Administrative costs (excluding Exchange user fees and profits)	1.157
35	Profit/Contribution to surplus margins	1.021
36	Impact of eligibility categories (catastrophic plans only)	1.000
37	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000
38	Impact of Adjustment for Stop Loss reimbursements on SG HNY	1.000
39	Other 1 (specify)	1.000
40	Other 2 (specify)	1.000
41	**Impact of Plan Level Adjustments (product L28 through L40)**	**0.980**

\# Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

42	**TOTAL PROJECTED INDEX RATE = (L12 x L27 x L41)**	**406.01**

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$536.44	$ -	0.00%	N/A	$ 543.41	$ -	0.00%	N/A	$ 550.73	$ -	0.00%	N/A	$ 558.42	$ -	0.00%
			Double	N/A	$ 1,072.89	$ -	0.00%	N/A	$ 1,086.81	$ -	0.00%	N/A	$ 1,101.46	$ -	0.00%	N/A	$ 1,116.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.95	$ -	0.00%	N/A	$ 923.79	$ -	0.00%	N/A	$ 936.24	$ -	0.00%	N/A	$ 949.32	$ -	0.00%
			Family	N/A	$ 1,528.86	$ -	0.00%	N/A	$ 1,548.71	$ -	0.00%	N/A	$ 1,569.58	$ -	0.00%	N/A	$ 1,591.51	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.45	$ -	0.00%	N/A	$ 934.42	$ -	0.00%	N/A	$ 947.01	$ -	0.00%	N/A	$ 960.24	$ -	0.00%
			Family	N/A	$ 1,546.45	$ -	0.00%	N/A	$ 1,566.53	$ -	0.00%	N/A	$ 1,587.64	$ -	0.00%	N/A	$ 1,609.82	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 526.17	$ -	0.00%	N/A	$ 533.00	$ -	0.00%	N/A	$ 540.19	$ -	0.00%	N/A	$ 547.73	$ -	0.00%
			Double	N/A	$ 1,052.35	$ -	0.00%	N/A	$ 1,066.01	$ -	0.00%	N/A	$ 1,080.37	$ -	0.00%	N/A	$ 1,095.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 894.50	$ -	0.00%	N/A	$ 906.11	$ -	0.00%	N/A	$ 918.32	$ -	0.00%	N/A	$ 931.15	$ -	0.00%
			Family	N/A	$ 1,499.60	$ -	0.00%	N/A	$ 1,519.06	$ -	0.00%	N/A	$ 1,539.53	$ -	0.00%	N/A	$ 1,561.04	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 812.10	$ -	0.00%	N/A	$ 822.65	$ -	0.00%	N/A	$ 833.73	$ -	0.00%	N/A	$ 845.38	$ -	0.00%
			Family	N/A	$ 1,361.47	$ -	0.00%	N/A	$ 1,379.14	$ -	0.00%	N/A	$ 1,397.73	$ -	0.00%	N/A	$ 1,417.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 549.32	$ -	0.00%	N/A	$ 556.45	$ -	0.00%	N/A	$ 563.95	$ -	0.00%	N/A	$ 571.83	$ -	0.00%
			Double	N/A	$ 1,098.64	$ -	0.00%	N/A	$ 1,112.90	$ -	0.00%	N/A	$ 1,127.90	$ -	0.00%	N/A	$ 1,143.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.84	$ -	0.00%	N/A	$ 945.96	$ -	0.00%	N/A	$ 958.71	$ -	0.00%	N/A	$ 972.10	$ -	0.00%
			Family	N/A	$ 1,565.56	$ -	0.00%	N/A	$ 1,585.88	$ -	0.00%	N/A	$ 1,607.25	$ -	0.00%	N/A	$ 1,629.70	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.58	$ -	0.00%	N/A	$ 956.85	$ -	0.00%	N/A	$ 969.74	$ -	0.00%	N/A	$ 983.29	$ -	0.00%
			Family	N/A	$ 1,583.57	$ -	0.00%	N/A	$ 1,604.13	$ -	0.00%	N/A	$ 1,625.74	$ -	0.00%	N/A	$ 1,648.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 538.80	$ -	0.00%	N/A	$ 545.80	$ -	0.00%	N/A	$ 553.15	$ -	0.00%	N/A	$ 560.88	$ -	0.00%
			Double	N/A	$ 1,077.60	$ -	0.00%	N/A	$ 1,091.59	$ -	0.00%	N/A	$ 1,106.30	$ -	0.00%	N/A	$ 1,121.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 915.96	$ -	0.00%	N/A	$ 927.85	$ -	0.00%	N/A	$ 940.36	$ -	0.00%	N/A	$ 953.49	$ -	0.00%
			Family	N/A	$ 1,535.59	$ -	0.00%	N/A	$ 1,555.52	$ -	0.00%	N/A	$ 1,576.48	$ -	0.00%	N/A	$ 1,598.51	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 831.59	$ -	0.00%	N/A	$ 842.39	$ -	0.00%	N/A	$ 853.74	$ -	0.00%	N/A	$ 865.67	$ -	0.00%
			Family	N/A	$ 1,394.14	$ -	0.00%	N/A	$ 1,412.24	$ -	0.00%	N/A	$ 1,431.27	$ -	0.00%	N/A	$ 1,451.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 532.70	$ -	0.00%	N/A	$ 539.62	$ -	0.00%	N/A	$ 546.89	$ -	0.00%	N/A	$ 554.53	$ -	0.00%
			Double	N/A	$ 1,065.41	$ -	0.00%	N/A	$ 1,079.24	$ -	0.00%	N/A	$ 1,093.78	$ -	0.00%	N/A	$ 1,109.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 905.60	$ -	0.00%	N/A	$ 917.35	$ -	0.00%	N/A	$ 929.72	$ -	0.00%	N/A	$ 942.70	$ -	0.00%
			Family	N/A	$ 1,518.21	$ -	0.00%	N/A	$ 1,537.92	$ -	0.00%	N/A	$ 1,558.64	$ -	0.00%	N/A	$ 1,580.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 916.02	$ -	0.00%	N/A	$ 927.91	$ -	0.00%	N/A	$ 940.41	$ -	0.00%	N/A	$ 953.55	$ -	0.00%
			Family	N/A	$ 1,535.67	$ -	0.00%	N/A	$ 1,555.61	$ -	0.00%	N/A	$ 1,576.57	$ -	0.00%	N/A	$ 1,598.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 522.51	$ -	0.00%	N/A	$ 529.29	$ -	0.00%	N/A	$ 536.42	$ -	0.00%	N/A	$ 543.92	$ -	0.00%
			Double	N/A	$ 1,045.01	$ -	0.00%	N/A	$ 1,058.58	$ -	0.00%	N/A	$ 1,072.84	$ -	0.00%	N/A	$ 1,087.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 888.26	$ -	0.00%	N/A	$ 899.79	$ -	0.00%	N/A	$ 911.92	$ -	0.00%	N/A	$ 924.66	$ -	0.00%
			Family	N/A	$ 1,489.14	$ -	0.00%	N/A	$ 1,508.48	$ -	0.00%	N/A	$ 1,528.80	$ -	0.00%	N/A	$ 1,550.16	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 806.44	$ -	0.00%	N/A	$ 816.91	$ -	0.00%	N/A	$ 827.92	$ -	0.00%	N/A	$ 839.49	$ -	0.00%
			Family	N/A	$ 1,351.98	$ -	0.00%	N/A	$ 1,369.53	$ -	0.00%	N/A	$ 1,387.99	$ -	0.00%	N/A	$ 1,407.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 536.44	$ -	0.00%	N/A	$ 543.41	$ -	0.00%	N/A	$ 550.73	$ -	0.00%	N/A	$ 558.42	$ -	0.00%
			Double	N/A	$ 1,072.89	$ -	0.00%	N/A	$ 1,086.81	$ -	0.00%	N/A	$ 1,101.46	$ -	0.00%	N/A	$ 1,116.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.95	$ -	0.00%	N/A	$ 923.79	$ -	0.00%	N/A	$ 936.24	$ -	0.00%	N/A	$ 949.32	$ -	0.00%
			Family	N/A	$ 1,528.86	$ -	0.00%	N/A	$ 1,548.71	$ -	0.00%	N/A	$ 1,569.58	$ -	0.00%	N/A	$ 1,591.51	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 922.45	$ -	0.00%	N/A	$ 934.42	$ -	0.00%	N/A	$ 947.01	$ -	0.00%	N/A	$ 960.24	$ -	0.00%
			Family	N/A	$ 1,546.45	$ -	0.00%	N/A	$ 1,566.53	$ -	0.00%	N/A	$ 1,587.64	$ -	0.00%	N/A	$ 1,609.82	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 526.17	$ -	0.00%	N/A	$ 533.00	$ -	0.00%	N/A	$ 540.19	$ -	0.00%	N/A	$ 547.73	$ -	0.00%
			Double	N/A	$ 1,052.35	$ -	0.00%	N/A	$ 1,066.01	$ -	0.00%	N/A	$ 1,080.37	$ -	0.00%	N/A	$ 1,095.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 894.50	$ -	0.00%	N/A	$ 906.11	$ -	0.00%	N/A	$ 918.32	$ -	0.00%	N/A	$ 931.15	$ -	0.00%
			Family	N/A	$ 1,499.60	$ -	0.00%	N/A	$ 1,519.06	$ -	0.00%	N/A	$ 1,539.53	$ -	0.00%	N/A	$ 1,561.04	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 812.10	$ -	0.00%	N/A	$ 822.65	$ -	0.00%	N/A	$ 833.73	$ -	0.00%	N/A	$ 845.38	$ -	0.00%
			Family	N/A	$ 1,361.47	$ -	0.00%	N/A	$ 1,379.14	$ -	0.00%	N/A	$ 1,397.73	$ -	0.00%	N/A	$ 1,417.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 545.49	$ -	0.00%	N/A	$ 552.57	$ -	0.00%	N/A	$ 560.02	$ -	0.00%	N/A	$ 567.84	$ -	0.00%
			Double	N/A	$ 1,090.98	$ -	0.00%	N/A	$ 1,105.14	$ -	0.00%	N/A	$ 1,120.03	$ -	0.00%	N/A	$ 1,135.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 927.33	$ -	0.00%	N/A	$ 939.37	$ -	0.00%	N/A	$ 952.03	$ -	0.00%	N/A	$ 965.33	$ -	0.00%
			Family	N/A	$ 1,554.64	$ -	0.00%	N/A	$ 1,574.83	$ -	0.00%	N/A	$ 1,596.05	$ -	0.00%	N/A	$ 1,618.34	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.00	$ -	0.00%	N/A	$ 950.18	$ -	0.00%	N/A	$ 962.98	$ -	0.00%	N/A	$ 976.43	$ -	0.00%
			Family	N/A	$ 1,572.53	$ -	0.00%	N/A	$ 1,592.94	$ -	0.00%	N/A	$ 1,614.41	$ -	0.00%	N/A	$ 1,636.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 535.05	$ -	0.00%	N/A	$ 541.99	$ -	0.00%	N/A	$ 549.30	$ -	0.00%	N/A	$ 556.97	$ -	0.00%
			Double	N/A	$ 1,070.09	$ -	0.00%	N/A	$ 1,083.98	$ -	0.00%	N/A	$ 1,098.59	$ -	0.00%	N/A	$ 1,113.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 909.58	$ -	0.00%	N/A	$ 921.39	$ -	0.00%	N/A	$ 933.80	$ -	0.00%	N/A	$ 946.85	$ -	0.00%
			Family	N/A	$ 1,524.88	$ -	0.00%	N/A	$ 1,544.68	$ -	0.00%	N/A	$ 1,565.49	$ -	0.00%	N/A	$ 1,587.36	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 825.80	$ -	0.00%	N/A	$ 836.52	$ -	0.00%	N/A	$ 847.79	$ -	0.00%	N/A	$ 859.63	$ -	0.00%
			Family	N/A	$ 1,384.43	$ -	0.00%	N/A	$ 1,402.40	$ -	0.00%	N/A	$ 1,421.30	$ -	0.00%	N/A	$ 1,441.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 549.32	$ -	0.00%	N/A	$ 556.45	$ -	0.00%	N/A	$ 563.95	$ -	0.00%	N/A	$ 571.83	$ -	0.00%
			Double	N/A	$ 1,098.64	$ -	0.00%	N/A	$ 1,112.90	$ -	0.00%	N/A	$ 1,127.90	$ -	0.00%	N/A	$ 1,143.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.84	$ -	0.00%	N/A	$ 945.96	$ -	0.00%	N/A	$ 958.71	$ -	0.00%	N/A	$ 972.10	$ -	0.00%
			Family	N/A	$ 1,565.56	$ -	0.00%	N/A	$ 1,585.88	$ -	0.00%	N/A	$ 1,607.25	$ -	0.00%	N/A	$ 1,629.70	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.58	$ -	0.00%	N/A	$ 956.85	$ -	0.00%	N/A	$ 969.74	$ -	0.00%	N/A	$ 983.29	$ -	0.00%
			Family	N/A	$ 1,583.57	$ -	0.00%	N/A	$ 1,604.13	$ -	0.00%	N/A	$ 1,625.74	$ -	0.00%	N/A	$ 1,648.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 538.80	$ -	0.00%	N/A	$ 545.80	$ -	0.00%	N/A	$ 553.15	$ -	0.00%	N/A	$ 560.88	$ -	0.00%
			Double	N/A	$ 1,077.60	$ -	0.00%	N/A	$ 1,091.59	$ -	0.00%	N/A	$ 1,106.30	$ -	0.00%	N/A	$ 1,121.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 915.96	$ -	0.00%	N/A	$ 927.85	$ -	0.00%	N/A	$ 940.36	$ -	0.00%	N/A	$ 953.49	$ -	0.00%
			Family	N/A	$ 1,535.59	$ -	0.00%	N/A	$ 1,555.52	$ -	0.00%	N/A	$ 1,576.48	$ -	0.00%	N/A	$ 1,598.51	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 831.59	$ -	0.00%	N/A	$ 842.39	$ -	0.00%	N/A	$ 853.74	$ -	0.00%	N/A	$ 865.67	$ -	0.00%
			Family	N/A	$ 1,394.14	$ -	0.00%	N/A	$ 1,412.24	$ -	0.00%	N/A	$ 1,431.27	$ -	0.00%	N/A	$ 1,451.27	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 545.49	$ -	0.00%	N/A	$ 552.57	$ -	0.00%	N/A	$ 560.02	$ -	0.00%	N/A	$ 567.84	$ -	0.00%
			Double	N/A	$ 1,090.98	$ -	0.00%	N/A	$ 1,105.14	$ -	0.00%	N/A	$ 1,120.03	$ -	0.00%	N/A	$ 1,135.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 927.33	$ -	0.00%	N/A	$ 939.37	$ -	0.00%	N/A	$ 952.03	$ -	0.00%	N/A	$ 965.33	$ -	0.00%
			Family	N/A	$ 1,554.64	$ -	0.00%	N/A	$ 1,574.83	$ -	0.00%	N/A	$ 1,596.05	$ -	0.00%	N/A	$ 1,618.34	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 938.00	$ -	0.00%	N/A	$ 950.18	$ -	0.00%	N/A	$ 962.98	$ -	0.00%	N/A	$ 976.43	$ -	0.00%
			Family	N/A	$ 1,572.53	$ -	0.00%	N/A	$ 1,592.94	$ -	0.00%	N/A	$ 1,614.41	$ -	0.00%	N/A	$ 1,636.96	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 535.05	$ -	0.00%	N/A	$ 541.99	$ -	0.00%	N/A	$ 549.30	$ -	0.00%	N/A	$ 556.97	$ -	0.00%
			Double	N/A	$ 1,070.09	$ -	0.00%	N/A	$ 1,083.98	$ -	0.00%	N/A	$ 1,098.59	$ -	0.00%	N/A	$ 1,113.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 909.58	$ -	0.00%	N/A	$ 921.39	$ -	0.00%	N/A	$ 933.80	$ -	0.00%	N/A	$ 946.85	$ -	0.00%
			Family	N/A	$ 1,524.88	$ -	0.00%	N/A	$ 1,544.68	$ -	0.00%	N/A	$ 1,565.49	$ -	0.00%	N/A	$ 1,587.36	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 825.80	$ -	0.00%	N/A	$ 836.52	$ -	0.00%	N/A	$ 847.79	$ -	0.00%	N/A	$ 859.63	$ -	0.00%
			Family	N/A	$ 1,384.43	$ -	0.00%	N/A	$ 1,402.40	$ -	0.00%	N/A	$ 1,421.30	$ -	0.00%	N/A	$ 1,441.15	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 532.70	$ -	0.00%	N/A	$ 539.62	$ -	0.00%	N/A	$ 546.89	$ -	0.00%	N/A	$ 554.53	$ -	0.00%
			Double	N/A	$ 1,065.41	$ -	0.00%	N/A	$ 1,079.24	$ -	0.00%	N/A	$ 1,093.78	$ -	0.00%	N/A	$ 1,109.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 905.60	$ -	0.00%	N/A	$ 917.35	$ -	0.00%	N/A	$ 929.72	$ -	0.00%	N/A	$ 942.70	$ -	0.00%
			Family	N/A	$ 1,518.21	$ -	0.00%	N/A	$ 1,537.92	$ -	0.00%	N/A	$ 1,558.64	$ -	0.00%	N/A	$ 1,580.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 916.02	$ -	0.00%	N/A	$ 927.91	$ -	0.00%	N/A	$ 940.41	$ -	0.00%	N/A	$ 953.55	$ -	0.00%
			Family	N/A	$ 1,535.67	$ -	0.00%	N/A	$ 1,555.61	$ -	0.00%	N/A	$ 1,576.57	$ -	0.00%	N/A	$ 1,598.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 522.51	$ -	0.00%	N/A	$ 529.29	$ -	0.00%	N/A	$ 536.42	$ -	0.00%	N/A	$ 543.92	$ -	0.00%
			Double	N/A	$ 1,045.01	$ -	0.00%	N/A	$ 1,058.58	$ -	0.00%	N/A	$ 1,072.84	$ -	0.00%	N/A	$ 1,087.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 888.26	$ -	0.00%	N/A	$ 899.79	$ -	0.00%	N/A	$ 911.92	$ -	0.00%	N/A	$ 924.66	$ -	0.00%
			Family	N/A	$ 1,489.14	$ -	0.00%	N/A	$ 1,508.48	$ -	0.00%	N/A	$ 1,528.80	$ -	0.00%	N/A	$ 1,550.16	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 806.44	$ -	0.00%	N/A	$ 816.91	$ -	0.00%	N/A	$ 827.92	$ -	0.00%	N/A	$ 839.49	$ -	0.00%
			Family	N/A	$ 1,351.98	$ -	0.00%	N/A	$ 1,369.53	$ -	0.00%	N/A	$ 1,387.99	$ -	0.00%	N/A	$ 1,407.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 536.44	$ -	0.00%	N/A	$ 543.41	$ -	0.00%	N/A	$ 550.73	$ -	0.00%	N/A	$ 558.42	$ -	0.00%
			Double	N/A	$ 1,072.89	$ -	0.00%	N/A	$ 1,086.81	$ -	0.00%	N/A	$ 1,101.46	$ -	0.00%	N/A	$ 1,116.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 942.69	$ -	0.00%	N/A	$ 954.53	$ -	0.00%	N/A	$ 966.98	$ -	0.00%	N/A	$ 980.06	$ -	0.00%
			Family	N/A	$ 1,559.60	$ -	0.00%	N/A	$ 1,579.45	$ -	0.00%	N/A	$ 1,600.32	$ -	0.00%	N/A	$ 1,622.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.19	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 977.75	$ -	0.00%	N/A	$ 990.98	$ -	0.00%
			Family	N/A	$ 1,577.19	$ -	0.00%	N/A	$ 1,597.27	$ -	0.00%	N/A	$ 1,618.38	$ -	0.00%	N/A	$ 1,640.56	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 526.17	$ -	0.00%	N/A	$ 533.00	$ -	0.00%	N/A	$ 540.19	$ -	0.00%	N/A	$ 547.73	$ -	0.00%
			Double	N/A	$ 1,052.35	$ -	0.00%	N/A	$ 1,066.01	$ -	0.00%	N/A	$ 1,080.37	$ -	0.00%	N/A	$ 1,095.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.24	$ -	0.00%	N/A	$ 936.85	$ -	0.00%	N/A	$ 949.06	$ -	0.00%	N/A	$ 961.89	$ -	0.00%
			Family	N/A	$ 1,530.34	$ -	0.00%	N/A	$ 1,549.80	$ -	0.00%	N/A	$ 1,570.27	$ -	0.00%	N/A	$ 1,591.78	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 842.84	$ -	0.00%	N/A	$ 853.39	$ -	0.00%	N/A	$ 864.47	$ -	0.00%	N/A	$ 876.12	$ -	0.00%
			Family	N/A	$ 1,392.21	$ -	0.00%	N/A	$ 1,409.88	$ -	0.00%	N/A	$ 1,428.47	$ -	0.00%	N/A	$ 1,447.99	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 549.32	$ -	0.00%	N/A	$ 556.45	$ -	0.00%	N/A	$ 563.95	$ -	0.00%	N/A	$ 571.83	$ -	0.00%
			Double	N/A	$ 1,098.64	$ -	0.00%	N/A	$ 1,112.90	$ -	0.00%	N/A	$ 1,127.90	$ -	0.00%	N/A	$ 1,143.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 964.58	$ -	0.00%	N/A	$ 976.70	$ -	0.00%	N/A	$ 989.45	$ -	0.00%	N/A	$ 1,002.84	$ -	0.00%
			Family	N/A	$ 1,596.30	$ -	0.00%	N/A	$ 1,616.62	$ -	0.00%	N/A	$ 1,637.99	$ -	0.00%	N/A	$ 1,660.44	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 975.32	$ -	0.00%	N/A	$ 987.59	$ -	0.00%	N/A	$ 1,000.48	$ -	0.00%	N/A	$ 1,014.03	$ -	0.00%
			Family	N/A	$ 1,614.31	$ -	0.00%	N/A	$ 1,634.87	$ -	0.00%	N/A	$ 1,656.48	$ -	0.00%	N/A	$ 1,679.19	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 538.80	$ -	0.00%	N/A	$ 545.80	$ -	0.00%	N/A	$ 553.15	$ -	0.00%	N/A	$ 560.88	$ -	0.00%
			Double	N/A	$ 1,077.60	$ -	0.00%	N/A	$ 1,091.59	$ -	0.00%	N/A	$ 1,106.30	$ -	0.00%	N/A	$ 1,121.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.70	$ -	0.00%	N/A	$ 958.59	$ -	0.00%	N/A	$ 971.10	$ -	0.00%	N/A	$ 984.23	$ -	0.00%
			Family	N/A	$ 1,566.33	$ -	0.00%	N/A	$ 1,586.26	$ -	0.00%	N/A	$ 1,607.22	$ -	0.00%	N/A	$ 1,629.25	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 862.33	$ -	0.00%	N/A	$ 873.13	$ -	0.00%	N/A	$ 884.48	$ -	0.00%	N/A	$ 896.41	$ -	0.00%
			Family	N/A	$ 1,424.88	$ -	0.00%	N/A	$ 1,442.98	$ -	0.00%	N/A	$ 1,462.01	$ -	0.00%	N/A	$ 1,482.01	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 532.70	$ -	0.00%	N/A	$ 539.62	$ -	0.00%	N/A	$ 546.89	$ -	0.00%	N/A	$ 554.53	$ -	0.00%
			Double	N/A	$ 1,065.41	$ -	0.00%	N/A	$ 1,079.24	$ -	0.00%	N/A	$ 1,093.78	$ -	0.00%	N/A	$ 1,109.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 936.34	$ -	0.00%	N/A	$ 948.09	$ -	0.00%	N/A	$ 960.46	$ -	0.00%	N/A	$ 973.44	$ -	0.00%
			Family	N/A	$ 1,548.95	$ -	0.00%	N/A	$ 1,568.66	$ -	0.00%	N/A	$ 1,589.38	$ -	0.00%	N/A	$ 1,611.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.76	$ -	0.00%	N/A	$ 958.65	$ -	0.00%	N/A	$ 971.15	$ -	0.00%	N/A	$ 984.29	$ -	0.00%
			Family	N/A	$ 1,566.41	$ -	0.00%	N/A	$ 1,586.35	$ -	0.00%	N/A	$ 1,607.31	$ -	0.00%	N/A	$ 1,629.34	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 522.51	$ -	0.00%	N/A	$ 529.29	$ -	0.00%	N/A	$ 536.42	$ -	0.00%	N/A	$ 543.92	$ -	0.00%
			Double	N/A	$ 1,045.01	$ -	0.00%	N/A	$ 1,058.58	$ -	0.00%	N/A	$ 1,072.84	$ -	0.00%	N/A	$ 1,087.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 919.00	$ -	0.00%	N/A	$ 930.53	$ -	0.00%	N/A	$ 942.66	$ -	0.00%	N/A	$ 955.40	$ -	0.00%
			Family	N/A	$ 1,519.88	$ -	0.00%	N/A	$ 1,539.22	$ -	0.00%	N/A	$ 1,559.54	$ -	0.00%	N/A	$ 1,580.90	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 837.18	$ -	0.00%	N/A	$ 847.65	$ -	0.00%	N/A	$ 858.66	$ -	0.00%	N/A	$ 870.23	$ -	0.00%
			Family	N/A	$ 1,382.72	$ -	0.00%	N/A	$ 1,400.27	$ -	0.00%	N/A	$ 1,418.73	$ -	0.00%	N/A	$ 1,438.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 536.44	$ -	0.00%	N/A	$ 543.41	$ -	0.00%	N/A	$ 550.73	$ -	0.00%	N/A	$ 558.42	$ -	0.00%
			Double	N/A	$ 1,072.89	$ -	0.00%	N/A	$ 1,086.81	$ -	0.00%	N/A	$ 1,101.46	$ -	0.00%	N/A	$ 1,116.85	$ -	0.00%
			Emp/Child(ren)	N/A	$ 942.69	$ -	0.00%	N/A	$ 954.53	$ -	0.00%	N/A	$ 966.98	$ -	0.00%	N/A	$ 980.06	$ -	0.00%
			Family	N/A	$ 1,559.60	$ -	0.00%	N/A	$ 1,579.45	$ -	0.00%	N/A	$ 1,600.32	$ -	0.00%	N/A	$ 1,622.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 542.62	$ -	0.00%	N/A	$ 549.66	$ -	0.00%	N/A	$ 557.07	$ -	0.00%	N/A	$ 564.85	$ -	0.00%
			Double	N/A	$ 1,085.23	$ -	0.00%	N/A	$ 1,099.32	$ -	0.00%	N/A	$ 1,114.13	$ -	0.00%	N/A	$ 1,129.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 953.19	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 977.75	$ -	0.00%	N/A	$ 990.98	$ -	0.00%
			Family	N/A	$ 1,577.19	$ -	0.00%	N/A	$ 1,597.27	$ -	0.00%	N/A	$ 1,618.38	$ -	0.00%	N/A	$ 1,640.56	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 526.17	$ -	0.00%	N/A	$ 533.00	$ -	0.00%	N/A	$ 540.19	$ -	0.00%	N/A	$ 547.73	$ -	0.00%
			Double	N/A	$ 1,052.35	$ -	0.00%	N/A	$ 1,066.01	$ -	0.00%	N/A	$ 1,080.37	$ -	0.00%	N/A	$ 1,095.47	$ -	0.00%
			Emp/Child(ren)	N/A	$ 925.24	$ -	0.00%	N/A	$ 936.85	$ -	0.00%	N/A	$ 949.06	$ -	0.00%	N/A	$ 961.89	$ -	0.00%
			Family	N/A	$ 1,530.34	$ -	0.00%	N/A	$ 1,549.80	$ -	0.00%	N/A	$ 1,570.27	$ -	0.00%	N/A	$ 1,591.78	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 477.71	$ -	0.00%	N/A	$ 483.91	$ -	0.00%	N/A	$ 490.43	$ -	0.00%	N/A	$ 497.28	$ -	0.00%
			Double	N/A	$ 955.42	$ -	0.00%	N/A	$ 967.82	$ -	0.00%	N/A	$ 980.86	$ -	0.00%	N/A	$ 994.56	$ -	0.00%
			Emp/Child(ren)	N/A	$ 842.84	$ -	0.00%	N/A	$ 853.39	$ -	0.00%	N/A	$ 864.47	$ -	0.00%	N/A	$ 876.12	$ -	0.00%
			Family	N/A	$ 1,392.21	$ -	0.00%	N/A	$ 1,409.88	$ -	0.00%	N/A	$ 1,428.47	$ -	0.00%	N/A	$ 1,447.99	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 545.49	$ -	0.00%	N/A	$ 552.57	$ -	0.00%	N/A	$ 560.02	$ -	0.00%	N/A	$ 567.84	$ -	0.00%
			Double	N/A	$ 1,090.98	$ -	0.00%	N/A	$ 1,105.14	$ -	0.00%	N/A	$ 1,120.03	$ -	0.00%	N/A	$ 1,135.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 958.07	$ -	0.00%	N/A	$ 970.11	$ -	0.00%	N/A	$ 982.77	$ -	0.00%	N/A	$ 996.07	$ -	0.00%
			Family	N/A	$ 1,585.38	$ -	0.00%	N/A	$ 1,605.57	$ -	0.00%	N/A	$ 1,626.79	$ -	0.00%	N/A	$ 1,649.08	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 968.74	$ -	0.00%	N/A	$ 980.92	$ -	0.00%	N/A	$ 993.72	$ -	0.00%	N/A	$ 1,007.17	$ -	0.00%
			Family	N/A	$ 1,603.27	$ -	0.00%	N/A	$ 1,623.68	$ -	0.00%	N/A	$ 1,645.15	$ -	0.00%	N/A	$ 1,667.70	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 535.05	$ -	0.00%	N/A	$ 541.99	$ -	0.00%	N/A	$ 549.30	$ -	0.00%	N/A	$ 556.97	$ -	0.00%
			Double	N/A	$ 1,070.09	$ -	0.00%	N/A	$ 1,083.98	$ -	0.00%	N/A	$ 1,098.59	$ -	0.00%	N/A	$ 1,113.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.32	$ -	0.00%	N/A	$ 952.13	$ -	0.00%	N/A	$ 964.54	$ -	0.00%	N/A	$ 977.59	$ -	0.00%
			Family	N/A	$ 1,555.62	$ -	0.00%	N/A	$ 1,575.42	$ -	0.00%	N/A	$ 1,596.23	$ -	0.00%	N/A	$ 1,618.10	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 856.54	$ -	0.00%	N/A	$ 867.26	$ -	0.00%	N/A	$ 878.53	$ -	0.00%	N/A	$ 890.37	$ -	0.00%
			Family	N/A	$ 1,415.17	$ -	0.00%	N/A	$ 1,433.14	$ -	0.00%	N/A	$ 1,452.04	$ -	0.00%	N/A	$ 1,471.89	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 549.32	$ -	0.00%	N/A	$ 556.45	$ -	0.00%	N/A	$ 563.95	$ -	0.00%	N/A	$ 571.83	$ -	0.00%
			Double	N/A	$ 1,098.64	$ -	0.00%	N/A	$ 1,112.90	$ -	0.00%	N/A	$ 1,127.90	$ -	0.00%	N/A	$ 1,143.65	$ -	0.00%
			Emp/Child(ren)	N/A	$ 964.58	$ -	0.00%	N/A	$ 976.70	$ -	0.00%	N/A	$ 989.45	$ -	0.00%	N/A	$ 1,002.84	$ -	0.00%
			Family	N/A	$ 1,596.30	$ -	0.00%	N/A	$ 1,616.62	$ -	0.00%	N/A	$ 1,637.99	$ -	0.00%	N/A	$ 1,660.44	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 555.64	$ -	0.00%	N/A	$ 562.85	$ -	0.00%	N/A	$ 570.44	$ -	0.00%	N/A	$ 578.40	$ -	0.00%
			Double	N/A	$ 1,111.28	$ -	0.00%	N/A	$ 1,125.70	$ -	0.00%	N/A	$ 1,140.87	$ -	0.00%	N/A	$ 1,156.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 975.32	$ -	0.00%	N/A	$ 987.59	$ -	0.00%	N/A	$ 1,000.48	$ -	0.00%	N/A	$ 1,014.03	$ -	0.00%
			Family	N/A	$ 1,614.31	$ -	0.00%	N/A	$ 1,634.87	$ -	0.00%	N/A	$ 1,656.48	$ -	0.00%	N/A	$ 1,679.19	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 538.80	$ -	0.00%	N/A	$ 545.80	$ -	0.00%	N/A	$ 553.15	$ -	0.00%	N/A	$ 560.88	$ -	0.00%
			Double	N/A	$ 1,077.60	$ -	0.00%	N/A	$ 1,091.59	$ -	0.00%	N/A	$ 1,106.30	$ -	0.00%	N/A	$ 1,121.76	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.70	$ -	0.00%	N/A	$ 958.59	$ -	0.00%	N/A	$ 971.10	$ -	0.00%	N/A	$ 984.23	$ -	0.00%
			Family	N/A	$ 1,566.33	$ -	0.00%	N/A	$ 1,586.26	$ -	0.00%	N/A	$ 1,607.22	$ -	0.00%	N/A	$ 1,629.25	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 489.17	$ -	0.00%	N/A	$ 495.52	$ -	0.00%	N/A	$ 502.20	$ -	0.00%	N/A	$ 509.22	$ -	0.00%
			Double	N/A	$ 978.35	$ -	0.00%	N/A	$ 991.05	$ -	0.00%	N/A	$ 1,004.40	$ -	0.00%	N/A	$ 1,018.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 862.33	$ -	0.00%	N/A	$ 873.13	$ -	0.00%	N/A	$ 884.48	$ -	0.00%	N/A	$ 896.41	$ -	0.00%
			Family	N/A	$ 1,424.88	$ -	0.00%	N/A	$ 1,442.98	$ -	0.00%	N/A	$ 1,462.01	$ -	0.00%	N/A	$ 1,482.01	$ -	0.00%

Capital District Physicians' Health Plan
Albany Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 545.49	$ -	0.00%	N/A	$ 552.57	$ -	0.00%	N/A	$ 560.02	$ -	0.00%	N/A	$ 567.84	$ -	0.00%
			Double	N/A	$ 1,090.98	$ -	0.00%	N/A	$ 1,105.14	$ -	0.00%	N/A	$ 1,120.03	$ -	0.00%	N/A	$ 1,135.68	$ -	0.00%
			Emp/Child(ren)	N/A	$ 958.07	$ -	0.00%	N/A	$ 970.11	$ -	0.00%	N/A	$ 982.77	$ -	0.00%	N/A	$ 996.07	$ -	0.00%
			Family	N/A	$ 1,585.38	$ -	0.00%	N/A	$ 1,605.57	$ -	0.00%	N/A	$ 1,626.79	$ -	0.00%	N/A	$ 1,649.08	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 551.77	$ -	0.00%	N/A	$ 558.93	$ -	0.00%	N/A	$ 566.46	$ -	0.00%	N/A	$ 574.37	$ -	0.00%
			Double	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,117.86	$ -	0.00%	N/A	$ 1,132.92	$ -	0.00%	N/A	$ 1,148.75	$ -	0.00%
			Emp/Child(ren)	N/A	$ 968.74	$ -	0.00%	N/A	$ 980.92	$ -	0.00%	N/A	$ 993.72	$ -	0.00%	N/A	$ 1,007.17	$ -	0.00%
			Family	N/A	$ 1,603.27	$ -	0.00%	N/A	$ 1,623.68	$ -	0.00%	N/A	$ 1,645.15	$ -	0.00%	N/A	$ 1,667.70	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 535.05	$ -	0.00%	N/A	$ 541.99	$ -	0.00%	N/A	$ 549.30	$ -	0.00%	N/A	$ 556.97	$ -	0.00%
			Double	N/A	$ 1,070.09	$ -	0.00%	N/A	$ 1,083.98	$ -	0.00%	N/A	$ 1,098.59	$ -	0.00%	N/A	$ 1,113.94	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.32	$ -	0.00%	N/A	$ 952.13	$ -	0.00%	N/A	$ 964.54	$ -	0.00%	N/A	$ 977.59	$ -	0.00%
			Family	N/A	$ 1,555.62	$ -	0.00%	N/A	$ 1,575.42	$ -	0.00%	N/A	$ 1,596.23	$ -	0.00%	N/A	$ 1,618.10	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 485.76	$ -	0.00%	N/A	$ 492.07	$ -	0.00%	N/A	$ 498.70	$ -	0.00%	N/A	$ 505.67	$ -	0.00%
			Double	N/A	$ 971.53	$ -	0.00%	N/A	$ 984.14	$ -	0.00%	N/A	$ 997.40	$ -	0.00%	N/A	$ 1,011.33	$ -	0.00%
			Emp/Child(ren)	N/A	$ 856.54	$ -	0.00%	N/A	$ 867.26	$ -	0.00%	N/A	$ 878.53	$ -	0.00%	N/A	$ 890.37	$ -	0.00%
			Family	N/A	$ 1,415.17	$ -	0.00%	N/A	$ 1,433.14	$ -	0.00%	N/A	$ 1,452.04	$ -	0.00%	N/A	$ 1,471.89	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 532.70	$ -	0.00%	N/A	$ 539.62	$ -	0.00%	N/A	$ 546.89	$ -	0.00%	N/A	$ 554.53	$ -	0.00%
			Double	N/A	$ 1,065.41	$ -	0.00%	N/A	$ 1,079.24	$ -	0.00%	N/A	$ 1,093.78	$ -	0.00%	N/A	$ 1,109.06	$ -	0.00%
			Emp/Child(ren)	N/A	$ 936.34	$ -	0.00%	N/A	$ 948.09	$ -	0.00%	N/A	$ 960.46	$ -	0.00%	N/A	$ 973.44	$ -	0.00%
			Family	N/A	$ 1,548.95	$ -	0.00%	N/A	$ 1,568.66	$ -	0.00%	N/A	$ 1,589.38	$ -	0.00%	N/A	$ 1,611.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 538.83	$ -	0.00%	N/A	$ 545.83	$ -	0.00%	N/A	$ 553.18	$ -	0.00%	N/A	$ 560.91	$ -	0.00%
			Double	N/A	$ 1,077.67	$ -	0.00%	N/A	$ 1,091.66	$ -	0.00%	N/A	$ 1,106.37	$ -	0.00%	N/A	$ 1,121.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 946.76	$ -	0.00%	N/A	$ 958.65	$ -	0.00%	N/A	$ 971.15	$ -	0.00%	N/A	$ 984.29	$ -	0.00%
			Family	N/A	$ 1,566.41	$ -	0.00%	N/A	$ 1,586.35	$ -	0.00%	N/A	$ 1,607.31	$ -	0.00%	N/A	$ 1,629.34	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 522.51	$ -	0.00%	N/A	$ 529.29	$ -	0.00%	N/A	$ 536.42	$ -	0.00%	N/A	$ 543.92	$ -	0.00%
			Double	N/A	$ 1,045.01	$ -	0.00%	N/A	$ 1,058.58	$ -	0.00%	N/A	$ 1,072.84	$ -	0.00%	N/A	$ 1,087.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 919.00	$ -	0.00%	N/A	$ 930.53	$ -	0.00%	N/A	$ 942.66	$ -	0.00%	N/A	$ 955.40	$ -	0.00%
			Family	N/A	$ 1,519.88	$ -	0.00%	N/A	$ 1,539.22	$ -	0.00%	N/A	$ 1,559.54	$ -	0.00%	N/A	$ 1,580.90	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 474.38	$ -	0.00%	N/A	$ 480.54	$ -	0.00%	N/A	$ 487.01	$ -	0.00%	N/A	$ 493.82	$ -	0.00%
			Double	N/A	$ 948.76	$ -	0.00%	N/A	$ 961.07	$ -	0.00%	N/A	$ 974.02	$ -	0.00%	N/A	$ 987.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 837.18	$ -	0.00%	N/A	$ 847.65	$ -	0.00%	N/A	$ 858.66	$ -	0.00%	N/A	$ 870.23	$ -	0.00%
			Family	N/A	$ 1,382.72	$ -	0.00%	N/A	$ 1,400.27	$ -	0.00%	N/A	$ 1,418.73	$ -	0.00%	N/A	$ 1,438.12	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$606.45	$ -	0.00%	N/A	$614.32	$ -	0.00%	N/A	$ 622.60	$ -	0.00%	N/A	$ 631.30	$ -	0.00%
			Double	N/A	$ 1,212.90	$ -	0.00%	N/A	$ 1,228.64	$ -	0.00%	N/A	$ 1,245.20	$ -	0.00%	N/A	$ 1,262.60	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,030.96	$ -	0.00%	N/A	$ 1,044.35	$ -	0.00%	N/A	$ 1,058.42	$ -	0.00%	N/A	$ 1,073.21	$ -	0.00%
			Family	N/A	$ 1,728.38	$ -	0.00%	N/A	$ 1,750.82	$ -	0.00%	N/A	$ 1,774.41	$ -	0.00%	N/A	$ 1,799.20	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,042.83	$ -	0.00%	N/A	$ 1,056.36	$ -	0.00%	N/A	$ 1,070.60	$ -	0.00%	N/A	$ 1,085.55	$ -	0.00%
			Family	N/A	$ 1,748.27	$ -	0.00%	N/A	$ 1,770.96	$ -	0.00%	N/A	$ 1,794.83	$ -	0.00%	N/A	$ 1,819.90	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 594.84	$ -	0.00%	N/A	$ 602.56	$ -	0.00%	N/A	$ 610.68	$ -	0.00%	N/A	$ 619.21	$ -	0.00%
			Double	N/A	$ 1,189.68	$ -	0.00%	N/A	$ 1,205.12	$ -	0.00%	N/A	$ 1,221.36	$ -	0.00%	N/A	$ 1,238.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.23	$ -	0.00%	N/A	$ 1,024.36	$ -	0.00%	N/A	$ 1,038.16	$ -	0.00%	N/A	$ 1,052.66	$ -	0.00%
			Family	N/A	$ 1,695.29	$ -	0.00%	N/A	$ 1,717.30	$ -	0.00%	N/A	$ 1,740.44	$ -	0.00%	N/A	$ 1,764.76	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.08	$ -	0.00%	N/A	$ 930.00	$ -	0.00%	N/A	$ 942.53	$ -	0.00%	N/A	$ 955.70	$ -	0.00%
			Family	N/A	$ 1,539.14	$ -	0.00%	N/A	$ 1,559.12	$ -	0.00%	N/A	$ 1,580.13	$ -	0.00%	N/A	$ 1,602.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 621.00	$ -	0.00%	N/A	$ 629.07	$ -	0.00%	N/A	$ 637.54	$ -	0.00%	N/A	$ 646.45	$ -	0.00%
			Double	N/A	$ 1,242.01	$ -	0.00%	N/A	$ 1,258.13	$ -	0.00%	N/A	$ 1,275.09	$ -	0.00%	N/A	$ 1,292.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,055.71	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%	N/A	$ 1,083.82	$ -	0.00%	N/A	$ 1,098.96	$ -	0.00%
			Family	N/A	$ 1,769.86	$ -	0.00%	N/A	$ 1,792.84	$ -	0.00%	N/A	$ 1,817.00	$ -	0.00%	N/A	$ 1,842.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.85	$ -	0.00%	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,096.29	$ -	0.00%	N/A	$ 1,111.61	$ -	0.00%
			Family	N/A	$ 1,790.22	$ -	0.00%	N/A	$ 1,813.46	$ -	0.00%	N/A	$ 1,837.90	$ -	0.00%	N/A	$ 1,863.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 609.12	$ -	0.00%	N/A	$ 617.02	$ -	0.00%	N/A	$ 625.34	$ -	0.00%	N/A	$ 634.07	$ -	0.00%
			Double	N/A	$ 1,218.23	$ -	0.00%	N/A	$ 1,234.05	$ -	0.00%	N/A	$ 1,250.68	$ -	0.00%	N/A	$ 1,268.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.50	$ -	0.00%	N/A	$ 1,048.94	$ -	0.00%	N/A	$ 1,063.07	$ -	0.00%	N/A	$ 1,077.93	$ -	0.00%
			Family	N/A	$ 1,735.98	$ -	0.00%	N/A	$ 1,758.52	$ -	0.00%	N/A	$ 1,782.21	$ -	0.00%	N/A	$ 1,807.11	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.12	$ -	0.00%	N/A	$ 952.32	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 978.64	$ -	0.00%
			Family	N/A	$ 1,576.08	$ -	0.00%	N/A	$ 1,596.54	$ -	0.00%	N/A	$ 1,618.05	$ -	0.00%	N/A	$ 1,640.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 602.22	$ -	0.00%	N/A	$ 610.04	$ -	0.00%	N/A	$ 618.26	$ -	0.00%	N/A	$ 626.90	$ -	0.00%
			Double	N/A	$ 1,204.44	$ -	0.00%	N/A	$ 1,220.08	$ -	0.00%	N/A	$ 1,236.52	$ -	0.00%	N/A	$ 1,253.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,023.78	$ -	0.00%	N/A	$ 1,037.07	$ -	0.00%	N/A	$ 1,051.04	$ -	0.00%	N/A	$ 1,065.73	$ -	0.00%
			Family	N/A	$ 1,716.33	$ -	0.00%	N/A	$ 1,738.61	$ -	0.00%	N/A	$ 1,762.04	$ -	0.00%	N/A	$ 1,786.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.56	$ -	0.00%	N/A	$ 1,049.00	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%	N/A	$ 1,077.99	$ -	0.00%
			Family	N/A	$ 1,736.08	$ -	0.00%	N/A	$ 1,758.62	$ -	0.00%	N/A	$ 1,782.32	$ -	0.00%	N/A	$ 1,807.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 590.69	$ -	0.00%	N/A	$ 598.36	$ -	0.00%	N/A	$ 606.43	$ -	0.00%	N/A	$ 614.90	$ -	0.00%
			Double	N/A	$ 1,181.39	$ -	0.00%	N/A	$ 1,196.72	$ -	0.00%	N/A	$ 1,212.85	$ -	0.00%	N/A	$ 1,229.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.18	$ -	0.00%	N/A	$ 1,017.22	$ -	0.00%	N/A	$ 1,030.92	$ -	0.00%	N/A	$ 1,045.32	$ -	0.00%
			Family	N/A	$ 1,683.48	$ -	0.00%	N/A	$ 1,705.33	$ -	0.00%	N/A	$ 1,728.31	$ -	0.00%	N/A	$ 1,752.46	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.68	$ -	0.00%	N/A	$ 923.52	$ -	0.00%	N/A	$ 935.96	$ -	0.00%	N/A	$ 949.04	$ -	0.00%
			Family	N/A	$ 1,528.41	$ -	0.00%	N/A	$ 1,548.25	$ -	0.00%	N/A	$ 1,569.12	$ -	0.00%	N/A	$ 1,591.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 606.45	$ -	0.00%	N/A	$ 614.32	$ -	0.00%	N/A	$ 622.60	$ -	0.00%	N/A	$ 631.30	$ -	0.00%
			Double	N/A	$ 1,212.90	$ -	0.00%	N/A	$ 1,228.64	$ -	0.00%	N/A	$ 1,245.20	$ -	0.00%	N/A	$ 1,262.60	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,030.96	$ -	0.00%	N/A	$ 1,044.35	$ -	0.00%	N/A	$ 1,058.42	$ -	0.00%	N/A	$ 1,073.21	$ -	0.00%
			Family	N/A	$ 1,728.38	$ -	0.00%	N/A	$ 1,750.82	$ -	0.00%	N/A	$ 1,774.41	$ -	0.00%	N/A	$ 1,799.20	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,042.83	$ -	0.00%	N/A	$ 1,056.36	$ -	0.00%	N/A	$ 1,070.60	$ -	0.00%	N/A	$ 1,085.55	$ -	0.00%
			Family	N/A	$ 1,748.27	$ -	0.00%	N/A	$ 1,770.96	$ -	0.00%	N/A	$ 1,794.83	$ -	0.00%	N/A	$ 1,819.90	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 594.84	$ -	0.00%	N/A	$ 602.56	$ -	0.00%	N/A	$ 610.68	$ -	0.00%	N/A	$ 619.21	$ -	0.00%
			Double	N/A	$ 1,189.68	$ -	0.00%	N/A	$ 1,205.12	$ -	0.00%	N/A	$ 1,221.36	$ -	0.00%	N/A	$ 1,238.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.23	$ -	0.00%	N/A	$ 1,024.36	$ -	0.00%	N/A	$ 1,038.16	$ -	0.00%	N/A	$ 1,052.66	$ -	0.00%
			Family	N/A	$ 1,695.29	$ -	0.00%	N/A	$ 1,717.30	$ -	0.00%	N/A	$ 1,740.44	$ -	0.00%	N/A	$ 1,764.76	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.08	$ -	0.00%	N/A	$ 930.00	$ -	0.00%	N/A	$ 942.53	$ -	0.00%	N/A	$ 955.70	$ -	0.00%
			Family	N/A	$ 1,539.14	$ -	0.00%	N/A	$ 1,559.12	$ -	0.00%	N/A	$ 1,580.13	$ -	0.00%	N/A	$ 1,602.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 616.68	$ -	0.00%	N/A	$ 624.68	$ -	0.00%	N/A	$ 633.10	$ -	0.00%	N/A	$ 641.94	$ -	0.00%
			Double	N/A	$ 1,233.35	$ -	0.00%	N/A	$ 1,249.36	$ -	0.00%	N/A	$ 1,266.20	$ -	0.00%	N/A	$ 1,283.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,048.35	$ -	0.00%	N/A	$ 1,061.96	$ -	0.00%	N/A	$ 1,076.27	$ -	0.00%	N/A	$ 1,091.30	$ -	0.00%
			Family	N/A	$ 1,757.52	$ -	0.00%	N/A	$ 1,780.34	$ -	0.00%	N/A	$ 1,804.33	$ -	0.00%	N/A	$ 1,829.54	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,060.41	$ -	0.00%	N/A	$ 1,074.18	$ -	0.00%	N/A	$ 1,088.65	$ -	0.00%	N/A	$ 1,103.86	$ -	0.00%
			Family	N/A	$ 1,777.75	$ -	0.00%	N/A	$ 1,800.82	$ -	0.00%	N/A	$ 1,825.09	$ -	0.00%	N/A	$ 1,850.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 604.87	$ -	0.00%	N/A	$ 612.72	$ -	0.00%	N/A	$ 620.98	$ -	0.00%	N/A	$ 629.65	$ -	0.00%
			Double	N/A	$ 1,209.74	$ -	0.00%	N/A	$ 1,225.44	$ -	0.00%	N/A	$ 1,241.96	$ -	0.00%	N/A	$ 1,259.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,028.28	$ -	0.00%	N/A	$ 1,041.63	$ -	0.00%	N/A	$ 1,055.66	$ -	0.00%	N/A	$ 1,070.41	$ -	0.00%
			Family	N/A	$ 1,723.88	$ -	0.00%	N/A	$ 1,746.26	$ -	0.00%	N/A	$ 1,769.79	$ -	0.00%	N/A	$ 1,794.51	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.57	$ -	0.00%	N/A	$ 945.68	$ -	0.00%	N/A	$ 958.43	$ -	0.00%	N/A	$ 971.82	$ -	0.00%
			Family	N/A	$ 1,565.09	$ -	0.00%	N/A	$ 1,585.41	$ -	0.00%	N/A	$ 1,606.78	$ -	0.00%	N/A	$ 1,629.22	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 621.00	$ -	0.00%	N/A	$ 629.07	$ -	0.00%	N/A	$ 637.54	$ -	0.00%	N/A	$ 646.45	$ -	0.00%
			Double	N/A	$ 1,242.01	$ -	0.00%	N/A	$ 1,258.13	$ -	0.00%	N/A	$ 1,275.09	$ -	0.00%	N/A	$ 1,292.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,055.71	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%	N/A	$ 1,083.82	$ -	0.00%	N/A	$ 1,098.96	$ -	0.00%
			Family	N/A	$ 1,769.86	$ -	0.00%	N/A	$ 1,792.84	$ -	0.00%	N/A	$ 1,817.00	$ -	0.00%	N/A	$ 1,842.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,067.85	$ -	0.00%	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,096.29	$ -	0.00%	N/A	$ 1,111.61	$ -	0.00%
			Family	N/A	$ 1,790.22	$ -	0.00%	N/A	$ 1,813.46	$ -	0.00%	N/A	$ 1,837.90	$ -	0.00%	N/A	$ 1,863.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 609.12	$ -	0.00%	N/A	$ 617.02	$ -	0.00%	N/A	$ 625.34	$ -	0.00%	N/A	$ 634.07	$ -	0.00%
			Double	N/A	$ 1,218.23	$ -	0.00%	N/A	$ 1,234.05	$ -	0.00%	N/A	$ 1,250.68	$ -	0.00%	N/A	$ 1,268.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.50	$ -	0.00%	N/A	$ 1,048.94	$ -	0.00%	N/A	$ 1,063.07	$ -	0.00%	N/A	$ 1,077.93	$ -	0.00%
			Family	N/A	$ 1,735.98	$ -	0.00%	N/A	$ 1,758.52	$ -	0.00%	N/A	$ 1,782.21	$ -	0.00%	N/A	$ 1,807.11	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.12	$ -	0.00%	N/A	$ 952.32	$ -	0.00%	N/A	$ 965.16	$ -	0.00%	N/A	$ 978.64	$ -	0.00%
			Family	N/A	$ 1,576.08	$ -	0.00%	N/A	$ 1,596.54	$ -	0.00%	N/A	$ 1,618.05	$ -	0.00%	N/A	$ 1,640.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 616.68	$ -	0.00%	N/A	$ 624.68	$ -	0.00%	N/A	$ 633.10	$ -	0.00%	N/A	$ 641.94	$ -	0.00%
			Double	N/A	$ 1,233.35	$ -	0.00%	N/A	$ 1,249.36	$ -	0.00%	N/A	$ 1,266.20	$ -	0.00%	N/A	$ 1,283.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,048.35	$ -	0.00%	N/A	$ 1,061.96	$ -	0.00%	N/A	$ 1,076.27	$ -	0.00%	N/A	$ 1,091.30	$ -	0.00%
			Family	N/A	$ 1,757.52	$ -	0.00%	N/A	$ 1,780.34	$ -	0.00%	N/A	$ 1,804.33	$ -	0.00%	N/A	$ 1,829.54	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,060.41	$ -	0.00%	N/A	$ 1,074.18	$ -	0.00%	N/A	$ 1,088.65	$ -	0.00%	N/A	$ 1,103.86	$ -	0.00%
			Family	N/A	$ 1,777.75	$ -	0.00%	N/A	$ 1,800.82	$ -	0.00%	N/A	$ 1,825.09	$ -	0.00%	N/A	$ 1,850.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 604.87	$ -	0.00%	N/A	$ 612.72	$ -	0.00%	N/A	$ 620.98	$ -	0.00%	N/A	$ 629.65	$ -	0.00%
			Double	N/A	$ 1,209.74	$ -	0.00%	N/A	$ 1,225.44	$ -	0.00%	N/A	$ 1,241.96	$ -	0.00%	N/A	$ 1,259.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,028.28	$ -	0.00%	N/A	$ 1,041.63	$ -	0.00%	N/A	$ 1,055.66	$ -	0.00%	N/A	$ 1,070.41	$ -	0.00%
			Family	N/A	$ 1,723.88	$ -	0.00%	N/A	$ 1,746.26	$ -	0.00%	N/A	$ 1,769.79	$ -	0.00%	N/A	$ 1,794.51	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 933.57	$ -	0.00%	N/A	$ 945.68	$ -	0.00%	N/A	$ 958.43	$ -	0.00%	N/A	$ 971.82	$ -	0.00%
			Family	N/A	$ 1,565.09	$ -	0.00%	N/A	$ 1,585.41	$ -	0.00%	N/A	$ 1,606.78	$ -	0.00%	N/A	$ 1,629.22	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 602.22	$ -	0.00%	N/A	$ 610.04	$ -	0.00%	N/A	$ 618.26	$ -	0.00%	N/A	$ 626.90	$ -	0.00%
			Double	N/A	$ 1,204.44	$ -	0.00%	N/A	$ 1,220.08	$ -	0.00%	N/A	$ 1,236.52	$ -	0.00%	N/A	$ 1,253.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,023.78	$ -	0.00%	N/A	$ 1,037.07	$ -	0.00%	N/A	$ 1,051.04	$ -	0.00%	N/A	$ 1,065.73	$ -	0.00%
			Family	N/A	$ 1,716.33	$ -	0.00%	N/A	$ 1,738.61	$ -	0.00%	N/A	$ 1,762.04	$ -	0.00%	N/A	$ 1,786.66	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,035.56	$ -	0.00%	N/A	$ 1,049.00	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%	N/A	$ 1,077.99	$ -	0.00%
			Family	N/A	$ 1,736.08	$ -	0.00%	N/A	$ 1,758.62	$ -	0.00%	N/A	$ 1,782.32	$ -	0.00%	N/A	$ 1,807.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 590.69	$ -	0.00%	N/A	$ 598.36	$ -	0.00%	N/A	$ 606.43	$ -	0.00%	N/A	$ 614.90	$ -	0.00%
			Double	N/A	$ 1,181.39	$ -	0.00%	N/A	$ 1,196.72	$ -	0.00%	N/A	$ 1,212.85	$ -	0.00%	N/A	$ 1,229.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.18	$ -	0.00%	N/A	$ 1,017.22	$ -	0.00%	N/A	$ 1,030.92	$ -	0.00%	N/A	$ 1,045.32	$ -	0.00%
			Family	N/A	$ 1,683.48	$ -	0.00%	N/A	$ 1,705.33	$ -	0.00%	N/A	$ 1,728.31	$ -	0.00%	N/A	$ 1,752.46	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 911.68	$ -	0.00%	N/A	$ 923.52	$ -	0.00%	N/A	$ 935.96	$ -	0.00%	N/A	$ 949.04	$ -	0.00%
			Family	N/A	$ 1,528.41	$ -	0.00%	N/A	$ 1,548.25	$ -	0.00%	N/A	$ 1,569.12	$ -	0.00%	N/A	$ 1,591.04	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 606.45	$ -	0.00%	N/A	$ 614.32	$ -	0.00%	N/A	$ 622.60	$ -	0.00%	N/A	$ 631.30	$ -	0.00%
			Double	N/A	$ 1,212.90	$ -	0.00%	N/A	$ 1,228.64	$ -	0.00%	N/A	$ 1,245.20	$ -	0.00%	N/A	$ 1,262.60	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,063.89	$ -	0.00%	N/A	$ 1,077.28	$ -	0.00%	N/A	$ 1,091.35	$ -	0.00%	N/A	$ 1,106.14	$ -	0.00%
			Family	N/A	$ 1,761.31	$ -	0.00%	N/A	$ 1,783.75	$ -	0.00%	N/A	$ 1,807.34	$ -	0.00%	N/A	$ 1,832.13	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,075.76	$ -	0.00%	N/A	$ 1,089.29	$ -	0.00%	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,118.48	$ -	0.00%
			Family	N/A	$ 1,781.20	$ -	0.00%	N/A	$ 1,803.89	$ -	0.00%	N/A	$ 1,827.76	$ -	0.00%	N/A	$ 1,852.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 594.84	$ -	0.00%	N/A	$ 602.56	$ -	0.00%	N/A	$ 610.68	$ -	0.00%	N/A	$ 619.21	$ -	0.00%
			Double	N/A	$ 1,189.68	$ -	0.00%	N/A	$ 1,205.12	$ -	0.00%	N/A	$ 1,221.36	$ -	0.00%	N/A	$ 1,238.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,044.16	$ -	0.00%	N/A	$ 1,057.29	$ -	0.00%	N/A	$ 1,071.09	$ -	0.00%	N/A	$ 1,085.59	$ -	0.00%
			Family	N/A	$ 1,728.22	$ -	0.00%	N/A	$ 1,750.23	$ -	0.00%	N/A	$ 1,773.37	$ -	0.00%	N/A	$ 1,797.69	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 951.01	$ -	0.00%	N/A	$ 962.93	$ -	0.00%	N/A	$ 975.46	$ -	0.00%	N/A	$ 988.63	$ -	0.00%
			Family	N/A	$ 1,572.07	$ -	0.00%	N/A	$ 1,592.05	$ -	0.00%	N/A	$ 1,613.06	$ -	0.00%	N/A	$ 1,635.14	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 621.00	$ -	0.00%	N/A	$ 629.07	$ -	0.00%	N/A	$ 637.54	$ -	0.00%	N/A	$ 646.45	$ -	0.00%
			Double	N/A	$ 1,242.01	$ -	0.00%	N/A	$ 1,258.13	$ -	0.00%	N/A	$ 1,275.09	$ -	0.00%	N/A	$ 1,292.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,088.64	$ -	0.00%	N/A	$ 1,102.34	$ -	0.00%	N/A	$ 1,116.75	$ -	0.00%	N/A	$ 1,131.89	$ -	0.00%
			Family	N/A	$ 1,802.79	$ -	0.00%	N/A	$ 1,825.77	$ -	0.00%	N/A	$ 1,849.93	$ -	0.00%	N/A	$ 1,875.31	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,100.78	$ -	0.00%	N/A	$ 1,114.65	$ -	0.00%	N/A	$ 1,129.22	$ -	0.00%	N/A	$ 1,144.54	$ -	0.00%
			Family	N/A	$ 1,823.15	$ -	0.00%	N/A	$ 1,846.39	$ -	0.00%	N/A	$ 1,870.83	$ -	0.00%	N/A	$ 1,896.51	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 609.12	$ -	0.00%	N/A	$ 617.02	$ -	0.00%	N/A	$ 625.34	$ -	0.00%	N/A	$ 634.07	$ -	0.00%
			Double	N/A	$ 1,218.23	$ -	0.00%	N/A	$ 1,234.05	$ -	0.00%	N/A	$ 1,250.68	$ -	0.00%	N/A	$ 1,268.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,068.43	$ -	0.00%	N/A	$ 1,081.87	$ -	0.00%	N/A	$ 1,096.00	$ -	0.00%	N/A	$ 1,110.86	$ -	0.00%
			Family	N/A	$ 1,768.91	$ -	0.00%	N/A	$ 1,791.45	$ -	0.00%	N/A	$ 1,815.14	$ -	0.00%	N/A	$ 1,840.04	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 973.05	$ -	0.00%	N/A	$ 985.25	$ -	0.00%	N/A	$ 998.09	$ -	0.00%	N/A	$ 1,011.57	$ -	0.00%
			Family	N/A	$ 1,609.01	$ -	0.00%	N/A	$ 1,629.47	$ -	0.00%	N/A	$ 1,650.98	$ -	0.00%	N/A	$ 1,673.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 602.22	$ -	0.00%	N/A	$ 610.04	$ -	0.00%	N/A	$ 618.26	$ -	0.00%	N/A	$ 626.90	$ -	0.00%
			Double	N/A	$ 1,204.44	$ -	0.00%	N/A	$ 1,220.08	$ -	0.00%	N/A	$ 1,236.52	$ -	0.00%	N/A	$ 1,253.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,056.71	$ -	0.00%	N/A	$ 1,070.00	$ -	0.00%	N/A	$ 1,083.97	$ -	0.00%	N/A	$ 1,098.66	$ -	0.00%
			Family	N/A	$ 1,749.26	$ -	0.00%	N/A	$ 1,771.54	$ -	0.00%	N/A	$ 1,794.97	$ -	0.00%	N/A	$ 1,819.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,068.49	$ -	0.00%	N/A	$ 1,081.93	$ -	0.00%	N/A	$ 1,096.07	$ -	0.00%	N/A	$ 1,110.92	$ -	0.00%
			Family	N/A	$ 1,769.01	$ -	0.00%	N/A	$ 1,791.55	$ -	0.00%	N/A	$ 1,815.25	$ -	0.00%	N/A	$ 1,840.14	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 590.69	$ -	0.00%	N/A	$ 598.36	$ -	0.00%	N/A	$ 606.43	$ -	0.00%	N/A	$ 614.90	$ -	0.00%
			Double	N/A	$ 1,181.39	$ -	0.00%	N/A	$ 1,196.72	$ -	0.00%	N/A	$ 1,212.85	$ -	0.00%	N/A	$ 1,229.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,037.11	$ -	0.00%	N/A	$ 1,050.15	$ -	0.00%	N/A	$ 1,063.85	$ -	0.00%	N/A	$ 1,078.25	$ -	0.00%
			Family	N/A	$ 1,716.41	$ -	0.00%	N/A	$ 1,738.26	$ -	0.00%	N/A	$ 1,761.24	$ -	0.00%	N/A	$ 1,785.39	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.61	$ -	0.00%	N/A	$ 956.45	$ -	0.00%	N/A	$ 968.89	$ -	0.00%	N/A	$ 981.97	$ -	0.00%
			Family	N/A	$ 1,561.34	$ -	0.00%	N/A	$ 1,581.18	$ -	0.00%	N/A	$ 1,602.05	$ -	0.00%	N/A	$ 1,623.97	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 606.45	$ -	0.00%	N/A	$ 614.32	$ -	0.00%	N/A	$ 622.60	$ -	0.00%	N/A	$ 631.30	$ -	0.00%
			Double	N/A	$ 1,212.90	$ -	0.00%	N/A	$ 1,228.64	$ -	0.00%	N/A	$ 1,245.20	$ -	0.00%	N/A	$ 1,262.60	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,063.89	$ -	0.00%	N/A	$ 1,077.28	$ -	0.00%	N/A	$ 1,091.35	$ -	0.00%	N/A	$ 1,106.14	$ -	0.00%
			Family	N/A	$ 1,761.31	$ -	0.00%	N/A	$ 1,783.75	$ -	0.00%	N/A	$ 1,807.34	$ -	0.00%	N/A	$ 1,832.13	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 613.43	$ -	0.00%	N/A	$ 621.39	$ -	0.00%	N/A	$ 629.76	$ -	0.00%	N/A	$ 638.56	$ -	0.00%
			Double	N/A	$ 1,226.85	$ -	0.00%	N/A	$ 1,242.78	$ -	0.00%	N/A	$ 1,259.53	$ -	0.00%	N/A	$ 1,277.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,075.76	$ -	0.00%	N/A	$ 1,089.29	$ -	0.00%	N/A	$ 1,103.53	$ -	0.00%	N/A	$ 1,118.48	$ -	0.00%
			Family	N/A	$ 1,781.20	$ -	0.00%	N/A	$ 1,803.89	$ -	0.00%	N/A	$ 1,827.76	$ -	0.00%	N/A	$ 1,852.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 594.84	$ -	0.00%	N/A	$ 602.56	$ -	0.00%	N/A	$ 610.68	$ -	0.00%	N/A	$ 619.21	$ -	0.00%
			Double	N/A	$ 1,189.68	$ -	0.00%	N/A	$ 1,205.12	$ -	0.00%	N/A	$ 1,221.36	$ -	0.00%	N/A	$ 1,238.43	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,044.16	$ -	0.00%	N/A	$ 1,057.29	$ -	0.00%	N/A	$ 1,071.09	$ -	0.00%	N/A	$ 1,085.59	$ -	0.00%
			Family	N/A	$ 1,728.22	$ -	0.00%	N/A	$ 1,750.23	$ -	0.00%	N/A	$ 1,773.37	$ -	0.00%	N/A	$ 1,797.69	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 540.05	$ -	0.00%	N/A	$ 547.06	$ -	0.00%	N/A	$ 554.43	$ -	0.00%	N/A	$ 562.18	$ -	0.00%
			Double	N/A	$ 1,080.10	$ -	0.00%	N/A	$ 1,094.12	$ -	0.00%	N/A	$ 1,108.86	$ -	0.00%	N/A	$ 1,124.35	$ -	0.00%
			Emp/Child(ren)	N/A	$ 951.01	$ -	0.00%	N/A	$ 962.93	$ -	0.00%	N/A	$ 975.46	$ -	0.00%	N/A	$ 988.63	$ -	0.00%
			Family	N/A	$ 1,572.07	$ -	0.00%	N/A	$ 1,592.05	$ -	0.00%	N/A	$ 1,613.06	$ -	0.00%	N/A	$ 1,635.14	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 616.68	$ -	0.00%	N/A	$ 624.68	$ -	0.00%	N/A	$ 633.10	$ -	0.00%	N/A	$ 641.94	$ -	0.00%
			Double	N/A	$ 1,233.35	$ -	0.00%	N/A	$ 1,249.36	$ -	0.00%	N/A	$ 1,266.20	$ -	0.00%	N/A	$ 1,283.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,081.28	$ -	0.00%	N/A	$ 1,094.89	$ -	0.00%	N/A	$ 1,109.20	$ -	0.00%	N/A	$ 1,124.23	$ -	0.00%
			Family	N/A	$ 1,790.45	$ -	0.00%	N/A	$ 1,813.27	$ -	0.00%	N/A	$ 1,837.26	$ -	0.00%	N/A	$ 1,862.47	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,093.34	$ -	0.00%	N/A	$ 1,107.11	$ -	0.00%	N/A	$ 1,121.58	$ -	0.00%	N/A	$ 1,136.79	$ -	0.00%
			Family	N/A	$ 1,810.68	$ -	0.00%	N/A	$ 1,833.75	$ -	0.00%	N/A	$ 1,858.02	$ -	0.00%	N/A	$ 1,883.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 604.87	$ -	0.00%	N/A	$ 612.72	$ -	0.00%	N/A	$ 620.98	$ -	0.00%	N/A	$ 629.65	$ -	0.00%
			Double	N/A	$ 1,209.74	$ -	0.00%	N/A	$ 1,225.44	$ -	0.00%	N/A	$ 1,241.96	$ -	0.00%	N/A	$ 1,259.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,061.21	$ -	0.00%	N/A	$ 1,074.56	$ -	0.00%	N/A	$ 1,088.59	$ -	0.00%	N/A	$ 1,103.34	$ -	0.00%
			Family	N/A	$ 1,756.81	$ -	0.00%	N/A	$ 1,779.19	$ -	0.00%	N/A	$ 1,802.72	$ -	0.00%	N/A	$ 1,827.44	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 966.50	$ -	0.00%	N/A	$ 978.61	$ -	0.00%	N/A	$ 991.36	$ -	0.00%	N/A	$ 1,004.75	$ -	0.00%
			Family	N/A	$ 1,598.02	$ -	0.00%	N/A	$ 1,618.34	$ -	0.00%	N/A	$ 1,639.71	$ -	0.00%	N/A	$ 1,662.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 621.00	$ -	0.00%	N/A	$ 629.07	$ -	0.00%	N/A	$ 637.54	$ -	0.00%	N/A	$ 646.45	$ -	0.00%
			Double	N/A	$ 1,242.01	$ -	0.00%	N/A	$ 1,258.13	$ -	0.00%	N/A	$ 1,275.09	$ -	0.00%	N/A	$ 1,292.90	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,088.64	$ -	0.00%	N/A	$ 1,102.34	$ -	0.00%	N/A	$ 1,116.75	$ -	0.00%	N/A	$ 1,131.89	$ -	0.00%
			Family	N/A	$ 1,802.79	$ -	0.00%	N/A	$ 1,825.77	$ -	0.00%	N/A	$ 1,849.93	$ -	0.00%	N/A	$ 1,875.31	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 628.15	$ -	0.00%	N/A	$ 636.30	$ -	0.00%	N/A	$ 644.88	$ -	0.00%	N/A	$ 653.89	$ -	0.00%
			Double	N/A	$ 1,256.30	$ -	0.00%	N/A	$ 1,272.61	$ -	0.00%	N/A	$ 1,289.76	$ -	0.00%	N/A	$ 1,307.77	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,100.78	$ -	0.00%	N/A	$ 1,114.65	$ -	0.00%	N/A	$ 1,129.22	$ -	0.00%	N/A	$ 1,144.54	$ -	0.00%
			Family	N/A	$ 1,823.15	$ -	0.00%	N/A	$ 1,846.39	$ -	0.00%	N/A	$ 1,870.83	$ -	0.00%	N/A	$ 1,896.51	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 609.12	$ -	0.00%	N/A	$ 617.02	$ -	0.00%	N/A	$ 625.34	$ -	0.00%	N/A	$ 634.07	$ -	0.00%
			Double	N/A	$ 1,218.23	$ -	0.00%	N/A	$ 1,234.05	$ -	0.00%	N/A	$ 1,250.68	$ -	0.00%	N/A	$ 1,268.15	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,068.43	$ -	0.00%	N/A	$ 1,081.87	$ -	0.00%	N/A	$ 1,096.00	$ -	0.00%	N/A	$ 1,110.86	$ -	0.00%
			Family	N/A	$ 1,768.91	$ -	0.00%	N/A	$ 1,791.45	$ -	0.00%	N/A	$ 1,815.14	$ -	0.00%	N/A	$ 1,840.04	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 553.01	$ -	0.00%	N/A	$ 560.19	$ -	0.00%	N/A	$ 567.74	$ -	0.00%	N/A	$ 575.67	$ -	0.00%
			Double	N/A	$ 1,106.02	$ -	0.00%	N/A	$ 1,120.38	$ -	0.00%	N/A	$ 1,135.48	$ -	0.00%	N/A	$ 1,151.34	$ -	0.00%
			Emp/Child(ren)	N/A	$ 973.05	$ -	0.00%	N/A	$ 985.25	$ -	0.00%	N/A	$ 998.09	$ -	0.00%	N/A	$ 1,011.57	$ -	0.00%
			Family	N/A	$ 1,609.01	$ -	0.00%	N/A	$ 1,629.47	$ -	0.00%	N/A	$ 1,650.98	$ -	0.00%	N/A	$ 1,673.59	$ -	0.00%

Capital District Physicians' Health Plan
Mid-Hudson
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 616.68	$ -	0.00%	N/A	$ 624.68	$ -	0.00%	N/A	$ 633.10	$ -	0.00%	N/A	$ 641.94	$ -	0.00%
			Double	N/A	$ 1,233.35	$ -	0.00%	N/A	$ 1,249.36	$ -	0.00%	N/A	$ 1,266.20	$ -	0.00%	N/A	$ 1,283.89	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,081.28	$ -	0.00%	N/A	$ 1,094.89	$ -	0.00%	N/A	$ 1,109.20	$ -	0.00%	N/A	$ 1,124.23	$ -	0.00%
			Family	N/A	$ 1,790.45	$ -	0.00%	N/A	$ 1,813.27	$ -	0.00%	N/A	$ 1,837.26	$ -	0.00%	N/A	$ 1,862.47	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 623.77	$ -	0.00%	N/A	$ 631.87	$ -	0.00%	N/A	$ 640.38	$ -	0.00%	N/A	$ 649.33	$ -	0.00%
			Double	N/A	$ 1,247.54	$ -	0.00%	N/A	$ 1,263.74	$ -	0.00%	N/A	$ 1,280.77	$ -	0.00%	N/A	$ 1,298.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,093.34	$ -	0.00%	N/A	$ 1,107.11	$ -	0.00%	N/A	$ 1,121.58	$ -	0.00%	N/A	$ 1,136.79	$ -	0.00%
			Family	N/A	$ 1,810.68	$ -	0.00%	N/A	$ 1,833.75	$ -	0.00%	N/A	$ 1,858.02	$ -	0.00%	N/A	$ 1,883.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 604.87	$ -	0.00%	N/A	$ 612.72	$ -	0.00%	N/A	$ 620.98	$ -	0.00%	N/A	$ 629.65	$ -	0.00%
			Double	N/A	$ 1,209.74	$ -	0.00%	N/A	$ 1,225.44	$ -	0.00%	N/A	$ 1,241.96	$ -	0.00%	N/A	$ 1,259.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,061.21	$ -	0.00%	N/A	$ 1,074.56	$ -	0.00%	N/A	$ 1,088.59	$ -	0.00%	N/A	$ 1,103.34	$ -	0.00%
			Family	N/A	$ 1,756.81	$ -	0.00%	N/A	$ 1,779.19	$ -	0.00%	N/A	$ 1,802.72	$ -	0.00%	N/A	$ 1,827.44	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 549.16	$ -	0.00%	N/A	$ 556.28	$ -	0.00%	N/A	$ 563.78	$ -	0.00%	N/A	$ 571.66	$ -	0.00%
			Double	N/A	$ 1,098.31	$ -	0.00%	N/A	$ 1,112.57	$ -	0.00%	N/A	$ 1,127.56	$ -	0.00%	N/A	$ 1,143.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 966.50	$ -	0.00%	N/A	$ 978.61	$ -	0.00%	N/A	$ 991.36	$ -	0.00%	N/A	$ 1,004.75	$ -	0.00%
			Family	N/A	$ 1,598.02	$ -	0.00%	N/A	$ 1,618.34	$ -	0.00%	N/A	$ 1,639.71	$ -	0.00%	N/A	$ 1,662.15	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 602.22	$ -	0.00%	N/A	$ 610.04	$ -	0.00%	N/A	$ 618.26	$ -	0.00%	N/A	$ 626.90	$ -	0.00%
			Double	N/A	$ 1,204.44	$ -	0.00%	N/A	$ 1,220.08	$ -	0.00%	N/A	$ 1,236.52	$ -	0.00%	N/A	$ 1,253.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,056.71	$ -	0.00%	N/A	$ 1,070.00	$ -	0.00%	N/A	$ 1,083.97	$ -	0.00%	N/A	$ 1,098.66	$ -	0.00%
			Family	N/A	$ 1,749.26	$ -	0.00%	N/A	$ 1,771.54	$ -	0.00%	N/A	$ 1,794.97	$ -	0.00%	N/A	$ 1,819.59	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 609.15	$ -	0.00%	N/A	$ 617.06	$ -	0.00%	N/A	$ 625.37	$ -	0.00%	N/A	$ 634.11	$ -	0.00%
			Double	N/A	$ 1,218.30	$ -	0.00%	N/A	$ 1,234.12	$ -	0.00%	N/A	$ 1,250.75	$ -	0.00%	N/A	$ 1,268.22	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,068.49	$ -	0.00%	N/A	$ 1,081.93	$ -	0.00%	N/A	$ 1,096.07	$ -	0.00%	N/A	$ 1,110.92	$ -	0.00%
			Family	N/A	$ 1,769.01	$ -	0.00%	N/A	$ 1,791.55	$ -	0.00%	N/A	$ 1,815.25	$ -	0.00%	N/A	$ 1,840.14	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 590.69	$ -	0.00%	N/A	$ 598.36	$ -	0.00%	N/A	$ 606.43	$ -	0.00%	N/A	$ 614.90	$ -	0.00%
			Double	N/A	$ 1,181.39	$ -	0.00%	N/A	$ 1,196.72	$ -	0.00%	N/A	$ 1,212.85	$ -	0.00%	N/A	$ 1,229.79	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,037.11	$ -	0.00%	N/A	$ 1,050.15	$ -	0.00%	N/A	$ 1,063.85	$ -	0.00%	N/A	$ 1,078.25	$ -	0.00%
			Family	N/A	$ 1,716.41	$ -	0.00%	N/A	$ 1,738.26	$ -	0.00%	N/A	$ 1,761.24	$ -	0.00%	N/A	$ 1,785.39	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 536.29	$ -	0.00%	N/A	$ 543.25	$ -	0.00%	N/A	$ 550.57	$ -	0.00%	N/A	$ 558.26	$ -	0.00%
			Double	N/A	$ 1,072.57	$ -	0.00%	N/A	$ 1,086.49	$ -	0.00%	N/A	$ 1,101.14	$ -	0.00%	N/A	$ 1,116.52	$ -	0.00%
			Emp/Child(ren)	N/A	$ 944.61	$ -	0.00%	N/A	$ 956.45	$ -	0.00%	N/A	$ 968.89	$ -	0.00%	N/A	$ 981.97	$ -	0.00%
			Family	N/A	$ 1,561.34	$ -	0.00%	N/A	$ 1,581.18	$ -	0.00%	N/A	$ 1,602.05	$ -	0.00%	N/A	$ 1,623.97	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$601.62	$ -	0.00%	N/A	$609.43	$ -	0.00%	N/A	$ 617.64	$ -	0.00%	N/A	$ 626.27	$ -	0.00%
			Double	N/A	$ 1,203.24	$ -	0.00%	N/A	$ 1,218.86	$ -	0.00%	N/A	$ 1,235.29	$ -	0.00%	N/A	$ 1,252.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,022.76	$ -	0.00%	N/A	$ 1,036.03	$ -	0.00%	N/A	$ 1,049.99	$ -	0.00%	N/A	$ 1,064.66	$ -	0.00%
			Family	N/A	$ 1,714.62	$ -	0.00%	N/A	$ 1,736.88	$ -	0.00%	N/A	$ 1,760.28	$ -	0.00%	N/A	$ 1,784.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.52	$ -	0.00%	N/A	$ 1,047.95	$ -	0.00%	N/A	$ 1,062.07	$ -	0.00%	N/A	$ 1,076.91	$ -	0.00%
			Family	N/A	$ 1,734.35	$ -	0.00%	N/A	$ 1,756.86	$ -	0.00%	N/A	$ 1,780.54	$ -	0.00%	N/A	$ 1,805.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 590.10	$ -	0.00%	N/A	$ 597.76	$ -	0.00%	N/A	$ 605.82	$ -	0.00%	N/A	$ 614.28	$ -	0.00%
			Double	N/A	$ 1,180.21	$ -	0.00%	N/A	$ 1,195.53	$ -	0.00%	N/A	$ 1,211.64	$ -	0.00%	N/A	$ 1,228.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,003.18	$ -	0.00%	N/A	$ 1,016.20	$ -	0.00%	N/A	$ 1,029.89	$ -	0.00%	N/A	$ 1,044.28	$ -	0.00%
			Family	N/A	$ 1,681.80	$ -	0.00%	N/A	$ 1,703.63	$ -	0.00%	N/A	$ 1,726.59	$ -	0.00%	N/A	$ 1,750.71	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.78	$ -	0.00%	N/A	$ 922.60	$ -	0.00%	N/A	$ 935.03	$ -	0.00%	N/A	$ 948.09	$ -	0.00%
			Family	N/A	$ 1,526.89	$ -	0.00%	N/A	$ 1,546.71	$ -	0.00%	N/A	$ 1,567.55	$ -	0.00%	N/A	$ 1,589.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 616.06	$ -	0.00%	N/A	$ 624.06	$ -	0.00%	N/A	$ 632.47	$ -	0.00%	N/A	$ 641.30	$ -	0.00%
			Double	N/A	$ 1,232.12	$ -	0.00%	N/A	$ 1,248.12	$ -	0.00%	N/A	$ 1,264.93	$ -	0.00%	N/A	$ 1,282.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,047.30	$ -	0.00%	N/A	$ 1,060.90	$ -	0.00%	N/A	$ 1,075.19	$ -	0.00%	N/A	$ 1,090.21	$ -	0.00%
			Family	N/A	$ 1,755.77	$ -	0.00%	N/A	$ 1,778.56	$ -	0.00%	N/A	$ 1,802.53	$ -	0.00%	N/A	$ 1,827.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.35	$ -	0.00%	N/A	$ 1,073.10	$ -	0.00%	N/A	$ 1,087.56	$ -	0.00%	N/A	$ 1,102.76	$ -	0.00%
			Family	N/A	$ 1,775.97	$ -	0.00%	N/A	$ 1,799.03	$ -	0.00%	N/A	$ 1,823.27	$ -	0.00%	N/A	$ 1,848.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 604.27	$ -	0.00%	N/A	$ 612.11	$ -	0.00%	N/A	$ 620.36	$ -	0.00%	N/A	$ 629.03	$ -	0.00%
			Double	N/A	$ 1,208.53	$ -	0.00%	N/A	$ 1,224.22	$ -	0.00%	N/A	$ 1,240.72	$ -	0.00%	N/A	$ 1,258.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.25	$ -	0.00%	N/A	$ 1,040.59	$ -	0.00%	N/A	$ 1,054.61	$ -	0.00%	N/A	$ 1,069.34	$ -	0.00%
			Family	N/A	$ 1,722.16	$ -	0.00%	N/A	$ 1,744.52	$ -	0.00%	N/A	$ 1,768.03	$ -	0.00%	N/A	$ 1,792.72	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.63	$ -	0.00%	N/A	$ 944.74	$ -	0.00%	N/A	$ 957.47	$ -	0.00%	N/A	$ 970.85	$ -	0.00%
			Family	N/A	$ 1,563.53	$ -	0.00%	N/A	$ 1,583.83	$ -	0.00%	N/A	$ 1,605.17	$ -	0.00%	N/A	$ 1,627.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 597.43	$ -	0.00%	N/A	$ 605.18	$ -	0.00%	N/A	$ 613.34	$ -	0.00%	N/A	$ 621.91	$ -	0.00%
			Double	N/A	$ 1,194.86	$ -	0.00%	N/A	$ 1,210.37	$ -	0.00%	N/A	$ 1,226.68	$ -	0.00%	N/A	$ 1,243.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.63	$ -	0.00%	N/A	$ 1,028.81	$ -	0.00%	N/A	$ 1,042.68	$ -	0.00%	N/A	$ 1,057.24	$ -	0.00%
			Family	N/A	$ 1,702.67	$ -	0.00%	N/A	$ 1,724.77	$ -	0.00%	N/A	$ 1,748.01	$ -	0.00%	N/A	$ 1,772.43	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.31	$ -	0.00%	N/A	$ 1,040.65	$ -	0.00%	N/A	$ 1,054.67	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%
			Family	N/A	$ 1,722.26	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,768.13	$ -	0.00%	N/A	$ 1,792.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 585.99	$ -	0.00%	N/A	$ 593.60	$ -	0.00%	N/A	$ 601.60	$ -	0.00%	N/A	$ 610.00	$ -	0.00%
			Double	N/A	$ 1,171.98	$ -	0.00%	N/A	$ 1,187.20	$ -	0.00%	N/A	$ 1,203.19	$ -	0.00%	N/A	$ 1,220.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 996.18	$ -	0.00%	N/A	$ 1,009.12	$ -	0.00%	N/A	$ 1,022.72	$ -	0.00%	N/A	$ 1,037.00	$ -	0.00%
			Family	N/A	$ 1,670.07	$ -	0.00%	N/A	$ 1,691.75	$ -	0.00%	N/A	$ 1,714.55	$ -	0.00%	N/A	$ 1,738.50	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.43	$ -	0.00%	N/A	$ 916.17	$ -	0.00%	N/A	$ 928.51	$ -	0.00%	N/A	$ 941.48	$ -	0.00%
			Family	N/A	$ 1,516.24	$ -	0.00%	N/A	$ 1,535.93	$ -	0.00%	N/A	$ 1,556.63	$ -	0.00%	N/A	$ 1,578.37	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 601.62	$ -	0.00%	N/A	$ 609.43	$ -	0.00%	N/A	$ 617.64	$ -	0.00%	N/A	$ 626.27	$ -	0.00%
			Double	N/A	$ 1,203.24	$ -	0.00%	N/A	$ 1,218.86	$ -	0.00%	N/A	$ 1,235.29	$ -	0.00%	N/A	$ 1,252.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,022.76	$ -	0.00%	N/A	$ 1,036.03	$ -	0.00%	N/A	$ 1,049.99	$ -	0.00%	N/A	$ 1,064.66	$ -	0.00%
			Family	N/A	$ 1,714.62	$ -	0.00%	N/A	$ 1,736.88	$ -	0.00%	N/A	$ 1,760.28	$ -	0.00%	N/A	$ 1,784.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.52	$ -	0.00%	N/A	$ 1,047.95	$ -	0.00%	N/A	$ 1,062.07	$ -	0.00%	N/A	$ 1,076.91	$ -	0.00%
			Family	N/A	$ 1,734.35	$ -	0.00%	N/A	$ 1,756.86	$ -	0.00%	N/A	$ 1,780.54	$ -	0.00%	N/A	$ 1,805.41	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 590.10	$ -	0.00%	N/A	$ 597.76	$ -	0.00%	N/A	$ 605.82	$ -	0.00%	N/A	$ 614.28	$ -	0.00%
			Double	N/A	$ 1,180.21	$ -	0.00%	N/A	$ 1,195.53	$ -	0.00%	N/A	$ 1,211.64	$ -	0.00%	N/A	$ 1,228.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,003.18	$ -	0.00%	N/A	$ 1,016.20	$ -	0.00%	N/A	$ 1,029.89	$ -	0.00%	N/A	$ 1,044.28	$ -	0.00%
			Family	N/A	$ 1,681.80	$ -	0.00%	N/A	$ 1,703.63	$ -	0.00%	N/A	$ 1,726.59	$ -	0.00%	N/A	$ 1,750.71	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 910.78	$ -	0.00%	N/A	$ 922.60	$ -	0.00%	N/A	$ 935.03	$ -	0.00%	N/A	$ 948.09	$ -	0.00%
			Family	N/A	$ 1,526.89	$ -	0.00%	N/A	$ 1,546.71	$ -	0.00%	N/A	$ 1,567.55	$ -	0.00%	N/A	$ 1,589.45	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 611.77	$ -	0.00%	N/A	$ 619.71	$ -	0.00%	N/A	$ 628.06	$ -	0.00%	N/A	$ 636.83	$ -	0.00%
			Double	N/A	$ 1,223.53	$ -	0.00%	N/A	$ 1,239.42	$ -	0.00%	N/A	$ 1,256.12	$ -	0.00%	N/A	$ 1,273.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,040.00	$ -	0.00%	N/A	$ 1,053.50	$ -	0.00%	N/A	$ 1,067.70	$ -	0.00%	N/A	$ 1,082.62	$ -	0.00%
			Family	N/A	$ 1,743.53	$ -	0.00%	N/A	$ 1,766.17	$ -	0.00%	N/A	$ 1,789.97	$ -	0.00%	N/A	$ 1,814.97	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.97	$ -	0.00%	N/A	$ 1,065.62	$ -	0.00%	N/A	$ 1,079.98	$ -	0.00%	N/A	$ 1,095.07	$ -	0.00%
			Family	N/A	$ 1,763.59	$ -	0.00%	N/A	$ 1,786.49	$ -	0.00%	N/A	$ 1,810.56	$ -	0.00%	N/A	$ 1,835.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 600.05	$ -	0.00%	N/A	$ 607.84	$ -	0.00%	N/A	$ 616.04	$ -	0.00%	N/A	$ 624.64	$ -	0.00%
			Double	N/A	$ 1,200.11	$ -	0.00%	N/A	$ 1,215.69	$ -	0.00%	N/A	$ 1,232.07	$ -	0.00%	N/A	$ 1,249.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,020.09	$ -	0.00%	N/A	$ 1,033.34	$ -	0.00%	N/A	$ 1,047.26	$ -	0.00%	N/A	$ 1,061.89	$ -	0.00%
			Family	N/A	$ 1,710.16	$ -	0.00%	N/A	$ 1,732.36	$ -	0.00%	N/A	$ 1,755.70	$ -	0.00%	N/A	$ 1,780.23	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 926.13	$ -	0.00%	N/A	$ 938.16	$ -	0.00%	N/A	$ 950.80	$ -	0.00%	N/A	$ 964.08	$ -	0.00%
			Family	N/A	$ 1,552.63	$ -	0.00%	N/A	$ 1,572.79	$ -	0.00%	N/A	$ 1,593.98	$ -	0.00%	N/A	$ 1,616.25	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 616.06	$ -	0.00%	N/A	$ 624.06	$ -	0.00%	N/A	$ 632.47	$ -	0.00%	N/A	$ 641.30	$ -	0.00%
			Double	N/A	$ 1,232.12	$ -	0.00%	N/A	$ 1,248.12	$ -	0.00%	N/A	$ 1,264.93	$ -	0.00%	N/A	$ 1,282.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,047.30	$ -	0.00%	N/A	$ 1,060.90	$ -	0.00%	N/A	$ 1,075.19	$ -	0.00%	N/A	$ 1,090.21	$ -	0.00%
			Family	N/A	$ 1,755.77	$ -	0.00%	N/A	$ 1,778.56	$ -	0.00%	N/A	$ 1,802.53	$ -	0.00%	N/A	$ 1,827.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,059.35	$ -	0.00%	N/A	$ 1,073.10	$ -	0.00%	N/A	$ 1,087.56	$ -	0.00%	N/A	$ 1,102.76	$ -	0.00%
			Family	N/A	$ 1,775.97	$ -	0.00%	N/A	$ 1,799.03	$ -	0.00%	N/A	$ 1,823.27	$ -	0.00%	N/A	$ 1,848.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 604.27	$ -	0.00%	N/A	$ 612.11	$ -	0.00%	N/A	$ 620.36	$ -	0.00%	N/A	$ 629.03	$ -	0.00%
			Double	N/A	$ 1,208.53	$ -	0.00%	N/A	$ 1,224.22	$ -	0.00%	N/A	$ 1,240.72	$ -	0.00%	N/A	$ 1,258.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.25	$ -	0.00%	N/A	$ 1,040.59	$ -	0.00%	N/A	$ 1,054.61	$ -	0.00%	N/A	$ 1,069.34	$ -	0.00%
			Family	N/A	$ 1,722.16	$ -	0.00%	N/A	$ 1,744.52	$ -	0.00%	N/A	$ 1,768.03	$ -	0.00%	N/A	$ 1,792.72	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 932.63	$ -	0.00%	N/A	$ 944.74	$ -	0.00%	N/A	$ 957.47	$ -	0.00%	N/A	$ 970.85	$ -	0.00%
			Family	N/A	$ 1,563.53	$ -	0.00%	N/A	$ 1,583.83	$ -	0.00%	N/A	$ 1,605.17	$ -	0.00%	N/A	$ 1,627.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 611.77	$ -	0.00%	N/A	$ 619.71	$ -	0.00%	N/A	$ 628.06	$ -	0.00%	N/A	$ 636.83	$ -	0.00%
			Double	N/A	$ 1,223.53	$ -	0.00%	N/A	$ 1,239.42	$ -	0.00%	N/A	$ 1,256.12	$ -	0.00%	N/A	$ 1,273.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,040.00	$ -	0.00%	N/A	$ 1,053.50	$ -	0.00%	N/A	$ 1,067.70	$ -	0.00%	N/A	$ 1,082.62	$ -	0.00%
			Family	N/A	$ 1,743.53	$ -	0.00%	N/A	$ 1,766.17	$ -	0.00%	N/A	$ 1,789.97	$ -	0.00%	N/A	$ 1,814.97	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,051.97	$ -	0.00%	N/A	$ 1,065.62	$ -	0.00%	N/A	$ 1,079.98	$ -	0.00%	N/A	$ 1,095.07	$ -	0.00%
			Family	N/A	$ 1,763.59	$ -	0.00%	N/A	$ 1,786.49	$ -	0.00%	N/A	$ 1,810.56	$ -	0.00%	N/A	$ 1,835.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 600.05	$ -	0.00%	N/A	$ 607.84	$ -	0.00%	N/A	$ 616.04	$ -	0.00%	N/A	$ 624.64	$ -	0.00%
			Double	N/A	$ 1,200.11	$ -	0.00%	N/A	$ 1,215.69	$ -	0.00%	N/A	$ 1,232.07	$ -	0.00%	N/A	$ 1,249.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,020.09	$ -	0.00%	N/A	$ 1,033.34	$ -	0.00%	N/A	$ 1,047.26	$ -	0.00%	N/A	$ 1,061.89	$ -	0.00%
			Family	N/A	$ 1,710.16	$ -	0.00%	N/A	$ 1,732.36	$ -	0.00%	N/A	$ 1,755.70	$ -	0.00%	N/A	$ 1,780.23	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 926.13	$ -	0.00%	N/A	$ 938.16	$ -	0.00%	N/A	$ 950.80	$ -	0.00%	N/A	$ 964.08	$ -	0.00%
			Family	N/A	$ 1,552.63	$ -	0.00%	N/A	$ 1,572.79	$ -	0.00%	N/A	$ 1,593.98	$ -	0.00%	N/A	$ 1,616.25	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 597.43	$ -	0.00%	N/A	$ 605.18	$ -	0.00%	N/A	$ 613.34	$ -	0.00%	N/A	$ 621.91	$ -	0.00%
			Double	N/A	$ 1,194.86	$ -	0.00%	N/A	$ 1,210.37	$ -	0.00%	N/A	$ 1,226.68	$ -	0.00%	N/A	$ 1,243.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.63	$ -	0.00%	N/A	$ 1,028.81	$ -	0.00%	N/A	$ 1,042.68	$ -	0.00%	N/A	$ 1,057.24	$ -	0.00%
			Family	N/A	$ 1,702.67	$ -	0.00%	N/A	$ 1,724.77	$ -	0.00%	N/A	$ 1,748.01	$ -	0.00%	N/A	$ 1,772.43	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.31	$ -	0.00%	N/A	$ 1,040.65	$ -	0.00%	N/A	$ 1,054.67	$ -	0.00%	N/A	$ 1,069.41	$ -	0.00%
			Family	N/A	$ 1,722.26	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,768.13	$ -	0.00%	N/A	$ 1,792.83	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 585.99	$ -	0.00%	N/A	$ 593.60	$ -	0.00%	N/A	$ 601.60	$ -	0.00%	N/A	$ 610.00	$ -	0.00%
			Double	N/A	$ 1,171.98	$ -	0.00%	N/A	$ 1,187.20	$ -	0.00%	N/A	$ 1,203.19	$ -	0.00%	N/A	$ 1,220.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 996.18	$ -	0.00%	N/A	$ 1,009.12	$ -	0.00%	N/A	$ 1,022.72	$ -	0.00%	N/A	$ 1,037.00	$ -	0.00%
			Family	N/A	$ 1,670.07	$ -	0.00%	N/A	$ 1,691.75	$ -	0.00%	N/A	$ 1,714.55	$ -	0.00%	N/A	$ 1,738.50	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 904.43	$ -	0.00%	N/A	$ 916.17	$ -	0.00%	N/A	$ 928.51	$ -	0.00%	N/A	$ 941.48	$ -	0.00%
			Family	N/A	$ 1,516.24	$ -	0.00%	N/A	$ 1,535.93	$ -	0.00%	N/A	$ 1,556.63	$ -	0.00%	N/A	$ 1,578.37	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 601.62	$ -	0.00%	N/A	$ 609.43	$ -	0.00%	N/A	$ 617.64	$ -	0.00%	N/A	$ 626.27	$ -	0.00%
			Double	N/A	$ 1,203.24	$ -	0.00%	N/A	$ 1,218.86	$ -	0.00%	N/A	$ 1,235.29	$ -	0.00%	N/A	$ 1,252.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.51	$ -	0.00%	N/A	$ 1,065.78	$ -	0.00%	N/A	$ 1,079.74	$ -	0.00%	N/A	$ 1,094.41	$ -	0.00%
			Family	N/A	$ 1,744.37	$ -	0.00%	N/A	$ 1,766.63	$ -	0.00%	N/A	$ 1,790.03	$ -	0.00%	N/A	$ 1,814.63	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,064.27	$ -	0.00%	N/A	$ 1,077.70	$ -	0.00%	N/A	$ 1,091.82	$ -	0.00%	N/A	$ 1,106.66	$ -	0.00%
			Family	N/A	$ 1,764.10	$ -	0.00%	N/A	$ 1,786.61	$ -	0.00%	N/A	$ 1,810.29	$ -	0.00%	N/A	$ 1,835.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 590.10	$ -	0.00%	N/A	$ 597.76	$ -	0.00%	N/A	$ 605.82	$ -	0.00%	N/A	$ 614.28	$ -	0.00%
			Double	N/A	$ 1,180.21	$ -	0.00%	N/A	$ 1,195.53	$ -	0.00%	N/A	$ 1,211.64	$ -	0.00%	N/A	$ 1,228.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,032.93	$ -	0.00%	N/A	$ 1,045.95	$ -	0.00%	N/A	$ 1,059.64	$ -	0.00%	N/A	$ 1,074.03	$ -	0.00%
			Family	N/A	$ 1,711.55	$ -	0.00%	N/A	$ 1,733.38	$ -	0.00%	N/A	$ 1,756.34	$ -	0.00%	N/A	$ 1,780.46	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.53	$ -	0.00%	N/A	$ 952.35	$ -	0.00%	N/A	$ 964.78	$ -	0.00%	N/A	$ 977.84	$ -	0.00%
			Family	N/A	$ 1,556.64	$ -	0.00%	N/A	$ 1,576.46	$ -	0.00%	N/A	$ 1,597.30	$ -	0.00%	N/A	$ 1,619.20	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 616.06	$ -	0.00%	N/A	$ 624.06	$ -	0.00%	N/A	$ 632.47	$ -	0.00%	N/A	$ 641.30	$ -	0.00%
			Double	N/A	$ 1,232.12	$ -	0.00%	N/A	$ 1,248.12	$ -	0.00%	N/A	$ 1,264.93	$ -	0.00%	N/A	$ 1,282.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,077.05	$ -	0.00%	N/A	$ 1,090.65	$ -	0.00%	N/A	$ 1,104.94	$ -	0.00%	N/A	$ 1,119.96	$ -	0.00%
			Family	N/A	$ 1,785.52	$ -	0.00%	N/A	$ 1,808.31	$ -	0.00%	N/A	$ 1,832.28	$ -	0.00%	N/A	$ 1,857.46	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,089.10	$ -	0.00%	N/A	$ 1,102.85	$ -	0.00%	N/A	$ 1,117.31	$ -	0.00%	N/A	$ 1,132.51	$ -	0.00%
			Family	N/A	$ 1,805.72	$ -	0.00%	N/A	$ 1,828.78	$ -	0.00%	N/A	$ 1,853.02	$ -	0.00%	N/A	$ 1,878.49	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 604.27	$ -	0.00%	N/A	$ 612.11	$ -	0.00%	N/A	$ 620.36	$ -	0.00%	N/A	$ 629.03	$ -	0.00%
			Double	N/A	$ 1,208.53	$ -	0.00%	N/A	$ 1,224.22	$ -	0.00%	N/A	$ 1,240.72	$ -	0.00%	N/A	$ 1,258.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,057.00	$ -	0.00%	N/A	$ 1,070.34	$ -	0.00%	N/A	$ 1,084.36	$ -	0.00%	N/A	$ 1,099.09	$ -	0.00%
			Family	N/A	$ 1,751.91	$ -	0.00%	N/A	$ 1,774.27	$ -	0.00%	N/A	$ 1,797.78	$ -	0.00%	N/A	$ 1,822.47	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 962.38	$ -	0.00%	N/A	$ 974.49	$ -	0.00%	N/A	$ 987.22	$ -	0.00%	N/A	$ 1,000.60	$ -	0.00%
			Family	N/A	$ 1,593.28	$ -	0.00%	N/A	$ 1,613.58	$ -	0.00%	N/A	$ 1,634.92	$ -	0.00%	N/A	$ 1,657.35	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 597.43	$ -	0.00%	N/A	$ 605.18	$ -	0.00%	N/A	$ 613.34	$ -	0.00%	N/A	$ 621.91	$ -	0.00%
			Double	N/A	$ 1,194.86	$ -	0.00%	N/A	$ 1,210.37	$ -	0.00%	N/A	$ 1,226.68	$ -	0.00%	N/A	$ 1,243.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,045.38	$ -	0.00%	N/A	$ 1,058.56	$ -	0.00%	N/A	$ 1,072.43	$ -	0.00%	N/A	$ 1,086.99	$ -	0.00%
			Family	N/A	$ 1,732.42	$ -	0.00%	N/A	$ 1,754.52	$ -	0.00%	N/A	$ 1,777.76	$ -	0.00%	N/A	$ 1,802.18	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,057.06	$ -	0.00%	N/A	$ 1,070.40	$ -	0.00%	N/A	$ 1,084.42	$ -	0.00%	N/A	$ 1,099.16	$ -	0.00%
			Family	N/A	$ 1,752.01	$ -	0.00%	N/A	$ 1,774.37	$ -	0.00%	N/A	$ 1,797.88	$ -	0.00%	N/A	$ 1,822.58	$ -	0.00%

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Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 585.99	$ -	0.00%	N/A	$ 593.60	$ -	0.00%	N/A	$ 601.60	$ -	0.00%	N/A	$ 610.00	$ -	0.00%
			Double	N/A	$ 1,171.98	$ -	0.00%	N/A	$ 1,187.20	$ -	0.00%	N/A	$ 1,203.19	$ -	0.00%	N/A	$ 1,220.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,025.93	$ -	0.00%	N/A	$ 1,038.87	$ -	0.00%	N/A	$ 1,052.47	$ -	0.00%	N/A	$ 1,066.75	$ -	0.00%
			Family	N/A	$ 1,699.82	$ -	0.00%	N/A	$ 1,721.50	$ -	0.00%	N/A	$ 1,744.30	$ -	0.00%	N/A	$ 1,768.25	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 934.18	$ -	0.00%	N/A	$ 945.92	$ -	0.00%	N/A	$ 958.26	$ -	0.00%	N/A	$ 971.23	$ -	0.00%
			Family	N/A	$ 1,545.99	$ -	0.00%	N/A	$ 1,565.68	$ -	0.00%	N/A	$ 1,586.38	$ -	0.00%	N/A	$ 1,608.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 601.62	$ -	0.00%	N/A	$ 609.43	$ -	0.00%	N/A	$ 617.64	$ -	0.00%	N/A	$ 626.27	$ -	0.00%
			Double	N/A	$ 1,203.24	$ -	0.00%	N/A	$ 1,218.86	$ -	0.00%	N/A	$ 1,235.29	$ -	0.00%	N/A	$ 1,252.54	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,052.51	$ -	0.00%	N/A	$ 1,065.78	$ -	0.00%	N/A	$ 1,079.74	$ -	0.00%	N/A	$ 1,094.41	$ -	0.00%
			Family	N/A	$ 1,744.37	$ -	0.00%	N/A	$ 1,766.63	$ -	0.00%	N/A	$ 1,790.03	$ -	0.00%	N/A	$ 1,814.63	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 608.54	$ -	0.00%	N/A	$ 616.44	$ -	0.00%	N/A	$ 624.75	$ -	0.00%	N/A	$ 633.48	$ -	0.00%
			Double	N/A	$ 1,217.09	$ -	0.00%	N/A	$ 1,232.89	$ -	0.00%	N/A	$ 1,249.50	$ -	0.00%	N/A	$ 1,266.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,064.27	$ -	0.00%	N/A	$ 1,077.70	$ -	0.00%	N/A	$ 1,091.82	$ -	0.00%	N/A	$ 1,106.66	$ -	0.00%
			Family	N/A	$ 1,764.10	$ -	0.00%	N/A	$ 1,786.61	$ -	0.00%	N/A	$ 1,810.29	$ -	0.00%	N/A	$ 1,835.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 590.10	$ -	0.00%	N/A	$ 597.76	$ -	0.00%	N/A	$ 605.82	$ -	0.00%	N/A	$ 614.28	$ -	0.00%
			Double	N/A	$ 1,180.21	$ -	0.00%	N/A	$ 1,195.53	$ -	0.00%	N/A	$ 1,211.64	$ -	0.00%	N/A	$ 1,228.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,032.93	$ -	0.00%	N/A	$ 1,045.95	$ -	0.00%	N/A	$ 1,059.64	$ -	0.00%	N/A	$ 1,074.03	$ -	0.00%
			Family	N/A	$ 1,711.55	$ -	0.00%	N/A	$ 1,733.38	$ -	0.00%	N/A	$ 1,756.34	$ -	0.00%	N/A	$ 1,780.46	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 535.75	$ -	0.00%	N/A	$ 542.71	$ -	0.00%	N/A	$ 550.02	$ -	0.00%	N/A	$ 557.70	$ -	0.00%
			Double	N/A	$ 1,071.50	$ -	0.00%	N/A	$ 1,085.41	$ -	0.00%	N/A	$ 1,100.04	$ -	0.00%	N/A	$ 1,115.40	$ -	0.00%
			Emp/Child(ren)	N/A	$ 940.53	$ -	0.00%	N/A	$ 952.35	$ -	0.00%	N/A	$ 964.78	$ -	0.00%	N/A	$ 977.84	$ -	0.00%
			Family	N/A	$ 1,556.64	$ -	0.00%	N/A	$ 1,576.46	$ -	0.00%	N/A	$ 1,597.30	$ -	0.00%	N/A	$ 1,619.20	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 611.77	$ -	0.00%	N/A	$ 619.71	$ -	0.00%	N/A	$ 628.06	$ -	0.00%	N/A	$ 636.83	$ -	0.00%
			Double	N/A	$ 1,223.53	$ -	0.00%	N/A	$ 1,239.42	$ -	0.00%	N/A	$ 1,256.12	$ -	0.00%	N/A	$ 1,273.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,069.75	$ -	0.00%	N/A	$ 1,083.25	$ -	0.00%	N/A	$ 1,097.45	$ -	0.00%	N/A	$ 1,112.37	$ -	0.00%
			Family	N/A	$ 1,773.28	$ -	0.00%	N/A	$ 1,795.92	$ -	0.00%	N/A	$ 1,819.72	$ -	0.00%	N/A	$ 1,844.72	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,095.37	$ -	0.00%	N/A	$ 1,109.73	$ -	0.00%	N/A	$ 1,124.82	$ -	0.00%
			Family	N/A	$ 1,793.34	$ -	0.00%	N/A	$ 1,816.24	$ -	0.00%	N/A	$ 1,840.31	$ -	0.00%	N/A	$ 1,865.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 600.05	$ -	0.00%	N/A	$ 607.84	$ -	0.00%	N/A	$ 616.04	$ -	0.00%	N/A	$ 624.64	$ -	0.00%
			Double	N/A	$ 1,200.11	$ -	0.00%	N/A	$ 1,215.69	$ -	0.00%	N/A	$ 1,232.07	$ -	0.00%	N/A	$ 1,249.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,049.84	$ -	0.00%	N/A	$ 1,063.09	$ -	0.00%	N/A	$ 1,077.01	$ -	0.00%	N/A	$ 1,091.64	$ -	0.00%
			Family	N/A	$ 1,739.91	$ -	0.00%	N/A	$ 1,762.11	$ -	0.00%	N/A	$ 1,785.45	$ -	0.00%	N/A	$ 1,809.98	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 955.88	$ -	0.00%	N/A	$ 967.91	$ -	0.00%	N/A	$ 980.55	$ -	0.00%	N/A	$ 993.83	$ -	0.00%
			Family	N/A	$ 1,582.38	$ -	0.00%	N/A	$ 1,602.54	$ -	0.00%	N/A	$ 1,623.73	$ -	0.00%	N/A	$ 1,646.00	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 616.06	$ -	0.00%	N/A	$ 624.06	$ -	0.00%	N/A	$ 632.47	$ -	0.00%	N/A	$ 641.30	$ -	0.00%
			Double	N/A	$ 1,232.12	$ -	0.00%	N/A	$ 1,248.12	$ -	0.00%	N/A	$ 1,264.93	$ -	0.00%	N/A	$ 1,282.61	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,077.05	$ -	0.00%	N/A	$ 1,090.65	$ -	0.00%	N/A	$ 1,104.94	$ -	0.00%	N/A	$ 1,119.96	$ -	0.00%
			Family	N/A	$ 1,785.52	$ -	0.00%	N/A	$ 1,808.31	$ -	0.00%	N/A	$ 1,832.28	$ -	0.00%	N/A	$ 1,857.46	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 623.15	$ -	0.00%	N/A	$ 631.24	$ -	0.00%	N/A	$ 639.74	$ -	0.00%	N/A	$ 648.68	$ -	0.00%
			Double	N/A	$ 1,246.30	$ -	0.00%	N/A	$ 1,262.48	$ -	0.00%	N/A	$ 1,279.49	$ -	0.00%	N/A	$ 1,297.36	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,089.10	$ -	0.00%	N/A	$ 1,102.85	$ -	0.00%	N/A	$ 1,117.31	$ -	0.00%	N/A	$ 1,132.51	$ -	0.00%
			Family	N/A	$ 1,805.72	$ -	0.00%	N/A	$ 1,828.78	$ -	0.00%	N/A	$ 1,853.02	$ -	0.00%	N/A	$ 1,878.49	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 604.27	$ -	0.00%	N/A	$ 612.11	$ -	0.00%	N/A	$ 620.36	$ -	0.00%	N/A	$ 629.03	$ -	0.00%
			Double	N/A	$ 1,208.53	$ -	0.00%	N/A	$ 1,224.22	$ -	0.00%	N/A	$ 1,240.72	$ -	0.00%	N/A	$ 1,258.05	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,057.00	$ -	0.00%	N/A	$ 1,070.34	$ -	0.00%	N/A	$ 1,084.36	$ -	0.00%	N/A	$ 1,099.09	$ -	0.00%
			Family	N/A	$ 1,751.91	$ -	0.00%	N/A	$ 1,774.27	$ -	0.00%	N/A	$ 1,797.78	$ -	0.00%	N/A	$ 1,822.47	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 548.61	$ -	0.00%	N/A	$ 555.73	$ -	0.00%	N/A	$ 563.22	$ -	0.00%	N/A	$ 571.09	$ -	0.00%
			Double	N/A	$ 1,097.22	$ -	0.00%	N/A	$ 1,111.46	$ -	0.00%	N/A	$ 1,126.44	$ -	0.00%	N/A	$ 1,142.17	$ -	0.00%
			Emp/Child(ren)	N/A	$ 962.38	$ -	0.00%	N/A	$ 974.49	$ -	0.00%	N/A	$ 987.22	$ -	0.00%	N/A	$ 1,000.60	$ -	0.00%
			Family	N/A	$ 1,593.28	$ -	0.00%	N/A	$ 1,613.58	$ -	0.00%	N/A	$ 1,634.92	$ -	0.00%	N/A	$ 1,657.35	$ -	0.00%

Capital District Physicians' Health Plan
Syracuse Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 611.77	$ -	0.00%	N/A	$ 619.71	$ -	0.00%	N/A	$ 628.06	$ -	0.00%	N/A	$ 636.83	$ -	0.00%
			Double	N/A	$ 1,223.53	$ -	0.00%	N/A	$ 1,239.42	$ -	0.00%	N/A	$ 1,256.12	$ -	0.00%	N/A	$ 1,273.66	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,069.75	$ -	0.00%	N/A	$ 1,083.25	$ -	0.00%	N/A	$ 1,097.45	$ -	0.00%	N/A	$ 1,112.37	$ -	0.00%
			Family	N/A	$ 1,773.28	$ -	0.00%	N/A	$ 1,795.92	$ -	0.00%	N/A	$ 1,819.72	$ -	0.00%	N/A	$ 1,844.72	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 618.80	$ -	0.00%	N/A	$ 626.84	$ -	0.00%	N/A	$ 635.28	$ -	0.00%	N/A	$ 644.16	$ -	0.00%
			Double	N/A	$ 1,237.61	$ -	0.00%	N/A	$ 1,253.68	$ -	0.00%	N/A	$ 1,270.57	$ -	0.00%	N/A	$ 1,288.32	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,081.72	$ -	0.00%	N/A	$ 1,095.37	$ -	0.00%	N/A	$ 1,109.73	$ -	0.00%	N/A	$ 1,124.82	$ -	0.00%
			Family	N/A	$ 1,793.34	$ -	0.00%	N/A	$ 1,816.24	$ -	0.00%	N/A	$ 1,840.31	$ -	0.00%	N/A	$ 1,865.60	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 600.05	$ -	0.00%	N/A	$ 607.84	$ -	0.00%	N/A	$ 616.04	$ -	0.00%	N/A	$ 624.64	$ -	0.00%
			Double	N/A	$ 1,200.11	$ -	0.00%	N/A	$ 1,215.69	$ -	0.00%	N/A	$ 1,232.07	$ -	0.00%	N/A	$ 1,249.28	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,049.84	$ -	0.00%	N/A	$ 1,063.09	$ -	0.00%	N/A	$ 1,077.01	$ -	0.00%	N/A	$ 1,091.64	$ -	0.00%
			Family	N/A	$ 1,739.91	$ -	0.00%	N/A	$ 1,762.11	$ -	0.00%	N/A	$ 1,785.45	$ -	0.00%	N/A	$ 1,809.98	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 544.78	$ -	0.00%	N/A	$ 551.86	$ -	0.00%	N/A	$ 559.29	$ -	0.00%	N/A	$ 567.11	$ -	0.00%
			Double	N/A	$ 1,089.57	$ -	0.00%	N/A	$ 1,103.71	$ -	0.00%	N/A	$ 1,118.59	$ -	0.00%	N/A	$ 1,134.21	$ -	0.00%
			Emp/Child(ren)	N/A	$ 955.88	$ -	0.00%	N/A	$ 967.91	$ -	0.00%	N/A	$ 980.55	$ -	0.00%	N/A	$ 993.83	$ -	0.00%
			Family	N/A	$ 1,582.38	$ -	0.00%	N/A	$ 1,602.54	$ -	0.00%	N/A	$ 1,623.73	$ -	0.00%	N/A	$ 1,646.00	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 597.43	$ -	0.00%	N/A	$ 605.18	$ -	0.00%	N/A	$ 613.34	$ -	0.00%	N/A	$ 621.91	$ -	0.00%
			Double	N/A	$ 1,194.86	$ -	0.00%	N/A	$ 1,210.37	$ -	0.00%	N/A	$ 1,226.68	$ -	0.00%	N/A	$ 1,243.81	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,045.38	$ -	0.00%	N/A	$ 1,058.56	$ -	0.00%	N/A	$ 1,072.43	$ -	0.00%	N/A	$ 1,086.99	$ -	0.00%
			Family	N/A	$ 1,732.42	$ -	0.00%	N/A	$ 1,754.52	$ -	0.00%	N/A	$ 1,777.76	$ -	0.00%	N/A	$ 1,802.18	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 604.30	$ -	0.00%	N/A	$ 612.15	$ -	0.00%	N/A	$ 620.40	$ -	0.00%	N/A	$ 629.06	$ -	0.00%
			Double	N/A	$ 1,208.60	$ -	0.00%	N/A	$ 1,224.29	$ -	0.00%	N/A	$ 1,240.79	$ -	0.00%	N/A	$ 1,258.12	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,057.06	$ -	0.00%	N/A	$ 1,070.40	$ -	0.00%	N/A	$ 1,084.42	$ -	0.00%	N/A	$ 1,099.16	$ -	0.00%
			Family	N/A	$ 1,752.01	$ -	0.00%	N/A	$ 1,774.37	$ -	0.00%	N/A	$ 1,797.88	$ -	0.00%	N/A	$ 1,822.58	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 585.99	$ -	0.00%	N/A	$ 593.60	$ -	0.00%	N/A	$ 601.60	$ -	0.00%	N/A	$ 610.00	$ -	0.00%
			Double	N/A	$ 1,171.98	$ -	0.00%	N/A	$ 1,187.20	$ -	0.00%	N/A	$ 1,203.19	$ -	0.00%	N/A	$ 1,220.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,025.93	$ -	0.00%	N/A	$ 1,038.87	$ -	0.00%	N/A	$ 1,052.47	$ -	0.00%	N/A	$ 1,066.75	$ -	0.00%
			Family	N/A	$ 1,699.82	$ -	0.00%	N/A	$ 1,721.50	$ -	0.00%	N/A	$ 1,744.30	$ -	0.00%	N/A	$ 1,768.25	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 532.02	$ -	0.00%	N/A	$ 538.92	$ -	0.00%	N/A	$ 546.18	$ -	0.00%	N/A	$ 553.81	$ -	0.00%
			Double	N/A	$ 1,064.03	$ -	0.00%	N/A	$ 1,077.84	$ -	0.00%	N/A	$ 1,092.37	$ -	0.00%	N/A	$ 1,107.63	$ -	0.00%
			Emp/Child(ren)	N/A	$ 934.18	$ -	0.00%	N/A	$ 945.92	$ -	0.00%	N/A	$ 958.26	$ -	0.00%	N/A	$ 971.23	$ -	0.00%
			Family	N/A	$ 1,545.99	$ -	0.00%	N/A	$ 1,565.68	$ -	0.00%	N/A	$ 1,586.38	$ -	0.00%	N/A	$ 1,608.12	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1009																
			Single	N/A	$577.80	$ -	0.00%	N/A	$585.30	$ -	0.00%	N/A	$ 593.19	$ -	0.00%	N/A	$ 601.48	$ -	0.00%
			Double	N/A	$ 1,155.61	$ -	0.00%	N/A	$ 1,170.61	$ -	0.00%	N/A	$ 1,186.38	$ -	0.00%	N/A	$ 1,202.96	$ -	0.00%
			Emp/Child(ren)	N/A	$ 982.27	$ -	0.00%	N/A	$ 995.02	$ -	0.00%	N/A	$ 1,008.43	$ -	0.00%	N/A	$ 1,022.51	$ -	0.00%
			Family	N/A	$ 1,646.74	$ -	0.00%	N/A	$ 1,668.12	$ -	0.00%	N/A	$ 1,690.60	$ -	0.00%	N/A	$ 1,714.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1010																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.57	$ -	0.00%	N/A	$ 1,006.46	$ -	0.00%	N/A	$ 1,020.03	$ -	0.00%	N/A	$ 1,034.28	$ -	0.00%
			Family	N/A	$ 1,665.69	$ -	0.00%	N/A	$ 1,687.31	$ -	0.00%	N/A	$ 1,710.05	$ -	0.00%	N/A	$ 1,733.93	$ -	0.00%
Platinum	HMO	N/A	SHPF1011																
			Single	N/A	$ 566.74	$ -	0.00%	N/A	$ 574.10	$ -	0.00%	N/A	$ 581.84	$ -	0.00%	N/A	$ 589.96	$ -	0.00%
			Double	N/A	$ 1,133.48	$ -	0.00%	N/A	$ 1,148.20	$ -	0.00%	N/A	$ 1,163.67	$ -	0.00%	N/A	$ 1,179.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.46	$ -	0.00%	N/A	$ 975.97	$ -	0.00%	N/A	$ 989.12	$ -	0.00%	N/A	$ 1,002.94	$ -	0.00%
			Family	N/A	$ 1,615.21	$ -	0.00%	N/A	$ 1,636.18	$ -	0.00%	N/A	$ 1,658.23	$ -	0.00%	N/A	$ 1,681.40	$ -	0.00%
Gold	HMO	N/A	SHGF2010																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.72	$ -	0.00%	N/A	$ 886.07	$ -	0.00%	N/A	$ 898.01	$ -	0.00%	N/A	$ 910.56	$ -	0.00%
			Family	N/A	$ 1,466.44	$ -	0.00%	N/A	$ 1,485.48	$ -	0.00%	N/A	$ 1,505.49	$ -	0.00%	N/A	$ 1,526.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1023																
			Single	N/A	$ 591.67	$ -	0.00%	N/A	$ 599.35	$ -	0.00%	N/A	$ 607.43	$ -	0.00%	N/A	$ 615.91	$ -	0.00%
			Double	N/A	$ 1,183.34	$ -	0.00%	N/A	$ 1,198.70	$ -	0.00%	N/A	$ 1,214.86	$ -	0.00%	N/A	$ 1,231.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.84	$ -	0.00%	N/A	$ 1,018.90	$ -	0.00%	N/A	$ 1,032.63	$ -	0.00%	N/A	$ 1,047.05	$ -	0.00%
			Family	N/A	$ 1,686.26	$ -	0.00%	N/A	$ 1,708.15	$ -	0.00%	N/A	$ 1,731.17	$ -	0.00%	N/A	$ 1,755.35	$ -	0.00%
Platinum	HMO	N/A	SHPF1024																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.41	$ -	0.00%	N/A	$ 1,030.62	$ -	0.00%	N/A	$ 1,044.51	$ -	0.00%	N/A	$ 1,059.10	$ -	0.00%
			Family	N/A	$ 1,705.66	$ -	0.00%	N/A	$ 1,727.80	$ -	0.00%	N/A	$ 1,751.09	$ -	0.00%	N/A	$ 1,775.55	$ -	0.00%
Platinum	HMO	N/A	SHPF1025																
			Single	N/A	$ 580.34	$ -	0.00%	N/A	$ 587.88	$ -	0.00%	N/A	$ 595.80	$ -	0.00%	N/A	$ 604.12	$ -	0.00%
			Double	N/A	$ 1,160.69	$ -	0.00%	N/A	$ 1,175.76	$ -	0.00%	N/A	$ 1,191.60	$ -	0.00%	N/A	$ 1,208.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.58	$ -	0.00%	N/A	$ 999.39	$ -	0.00%	N/A	$ 1,012.86	$ -	0.00%	N/A	$ 1,027.01	$ -	0.00%
			Family	N/A	$ 1,653.98	$ -	0.00%	N/A	$ 1,675.45	$ -	0.00%	N/A	$ 1,698.03	$ -	0.00%	N/A	$ 1,721.75	$ -	0.00%
Gold	HMO	N/A	SHGF2023																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.71	$ -	0.00%	N/A	$ 907.34	$ -	0.00%	N/A	$ 919.57	$ -	0.00%	N/A	$ 932.41	$ -	0.00%
			Family	N/A	$ 1,501.63	$ -	0.00%	N/A	$ 1,521.13	$ -	0.00%	N/A	$ 1,541.62	$ -	0.00%	N/A	$ 1,563.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1037																
			Single	N/A	$ 573.78	$ -	0.00%	N/A	$ 581.22	$ -	0.00%	N/A	$ 589.06	$ -	0.00%	N/A	$ 597.29	$ -	0.00%
			Double	N/A	$ 1,147.55	$ -	0.00%	N/A	$ 1,162.45	$ -	0.00%	N/A	$ 1,178.11	$ -	0.00%	N/A	$ 1,194.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 975.42	$ -	0.00%	N/A	$ 988.08	$ -	0.00%	N/A	$ 1,001.40	$ -	0.00%	N/A	$ 1,015.39	$ -	0.00%
			Family	N/A	$ 1,635.26	$ -	0.00%	N/A	$ 1,656.49	$ -	0.00%	N/A	$ 1,678.81	$ -	0.00%	N/A	$ 1,702.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1038																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.64	$ -	0.00%	N/A	$ 999.45	$ -	0.00%	N/A	$ 1,012.92	$ -	0.00%	N/A	$ 1,027.07	$ -	0.00%
			Family	N/A	$ 1,654.07	$ -	0.00%	N/A	$ 1,675.55	$ -	0.00%	N/A	$ 1,698.13	$ -	0.00%	N/A	$ 1,721.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1039																
			Single	N/A	$ 562.79	$ -	0.00%	N/A	$ 570.10	$ -	0.00%	N/A	$ 577.78	$ -	0.00%	N/A	$ 585.85	$ -	0.00%
			Double	N/A	$ 1,125.58	$ -	0.00%	N/A	$ 1,140.20	$ -	0.00%	N/A	$ 1,155.56	$ -	0.00%	N/A	$ 1,171.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 956.75	$ -	0.00%	N/A	$ 969.17	$ -	0.00%	N/A	$ 982.23	$ -	0.00%	N/A	$ 995.95	$ -	0.00%
			Family	N/A	$ 1,603.96	$ -	0.00%	N/A	$ 1,624.78	$ -	0.00%	N/A	$ 1,646.67	$ -	0.00%	N/A	$ 1,669.68	$ -	0.00%
Gold	HMO	N/A	SHGF2036																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.62	$ -	0.00%	N/A	$ 879.90	$ -	0.00%	N/A	$ 891.75	$ -	0.00%	N/A	$ 904.21	$ -	0.00%
			Family	N/A	$ 1,456.22	$ -	0.00%	N/A	$ 1,475.12	$ -	0.00%	N/A	$ 1,495.00	$ -	0.00%	N/A	$ 1,515.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1051																
			Single	N/A	$ 577.80	$ -	0.00%	N/A	$ 585.30	$ -	0.00%	N/A	$ 593.19	$ -	0.00%	N/A	$ 601.48	$ -	0.00%
			Double	N/A	$ 1,155.61	$ -	0.00%	N/A	$ 1,170.61	$ -	0.00%	N/A	$ 1,186.38	$ -	0.00%	N/A	$ 1,202.96	$ -	0.00%
			Emp/Child(ren)	N/A	$ 982.27	$ -	0.00%	N/A	$ 995.02	$ -	0.00%	N/A	$ 1,008.43	$ -	0.00%	N/A	$ 1,022.51	$ -	0.00%
			Family	N/A	$ 1,646.74	$ -	0.00%	N/A	$ 1,668.12	$ -	0.00%	N/A	$ 1,690.60	$ -	0.00%	N/A	$ 1,714.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1052																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 993.57	$ -	0.00%	N/A	$ 1,006.46	$ -	0.00%	N/A	$ 1,020.03	$ -	0.00%	N/A	$ 1,034.28	$ -	0.00%
			Family	N/A	$ 1,665.69	$ -	0.00%	N/A	$ 1,687.31	$ -	0.00%	N/A	$ 1,710.05	$ -	0.00%	N/A	$ 1,733.93	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1053																
			Single	N/A	$ 566.74	$ -	0.00%	N/A	$ 574.10	$ -	0.00%	N/A	$ 581.84	$ -	0.00%	N/A	$ 589.96	$ -	0.00%
			Double	N/A	$ 1,133.48	$ -	0.00%	N/A	$ 1,148.20	$ -	0.00%	N/A	$ 1,163.67	$ -	0.00%	N/A	$ 1,179.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 963.46	$ -	0.00%	N/A	$ 975.97	$ -	0.00%	N/A	$ 989.12	$ -	0.00%	N/A	$ 1,002.94	$ -	0.00%
			Family	N/A	$ 1,615.21	$ -	0.00%	N/A	$ 1,636.18	$ -	0.00%	N/A	$ 1,658.23	$ -	0.00%	N/A	$ 1,681.40	$ -	0.00%
Gold	HMO	N/A	SHGF2049																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 874.72	$ -	0.00%	N/A	$ 886.07	$ -	0.00%	N/A	$ 898.01	$ -	0.00%	N/A	$ 910.56	$ -	0.00%
			Family	N/A	$ 1,466.44	$ -	0.00%	N/A	$ 1,485.48	$ -	0.00%	N/A	$ 1,505.49	$ -	0.00%	N/A	$ 1,526.52	$ -	0.00%
Platinum	HMO	N/A	SHPF1065																
			Single	N/A	$ 587.55	$ -	0.00%	N/A	$ 595.17	$ -	0.00%	N/A	$ 603.19	$ -	0.00%	N/A	$ 611.62	$ -	0.00%
			Double	N/A	$ 1,175.09	$ -	0.00%	N/A	$ 1,190.35	$ -	0.00%	N/A	$ 1,206.39	$ -	0.00%	N/A	$ 1,223.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 998.83	$ -	0.00%	N/A	$ 1,011.80	$ -	0.00%	N/A	$ 1,025.43	$ -	0.00%	N/A	$ 1,039.75	$ -	0.00%
			Family	N/A	$ 1,674.51	$ -	0.00%	N/A	$ 1,696.24	$ -	0.00%	N/A	$ 1,719.10	$ -	0.00%	N/A	$ 1,743.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1066																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,010.32	$ -	0.00%	N/A	$ 1,023.44	$ -	0.00%	N/A	$ 1,037.23	$ -	0.00%	N/A	$ 1,051.72	$ -	0.00%
			Family	N/A	$ 1,693.77	$ -	0.00%	N/A	$ 1,715.76	$ -	0.00%	N/A	$ 1,738.88	$ -	0.00%	N/A	$ 1,763.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1067																
			Single	N/A	$ 576.30	$ -	0.00%	N/A	$ 583.78	$ -	0.00%	N/A	$ 591.65	$ -	0.00%	N/A	$ 599.91	$ -	0.00%
			Double	N/A	$ 1,152.60	$ -	0.00%	N/A	$ 1,167.56	$ -	0.00%	N/A	$ 1,183.29	$ -	0.00%	N/A	$ 1,199.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 979.71	$ -	0.00%	N/A	$ 992.43	$ -	0.00%	N/A	$ 1,005.80	$ -	0.00%	N/A	$ 1,019.85	$ -	0.00%
			Family	N/A	$ 1,642.45	$ -	0.00%	N/A	$ 1,663.77	$ -	0.00%	N/A	$ 1,686.19	$ -	0.00%	N/A	$ 1,709.75	$ -	0.00%
Gold	HMO	N/A	SHGF2062																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 889.47	$ -	0.00%	N/A	$ 901.01	$ -	0.00%	N/A	$ 913.16	$ -	0.00%	N/A	$ 925.91	$ -	0.00%
			Family	N/A	$ 1,491.17	$ -	0.00%	N/A	$ 1,510.52	$ -	0.00%	N/A	$ 1,530.88	$ -	0.00%	N/A	$ 1,552.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1079																
			Single	N/A	$ 591.67	$ -	0.00%	N/A	$ 599.35	$ -	0.00%	N/A	$ 607.43	$ -	0.00%	N/A	$ 615.91	$ -	0.00%
			Double	N/A	$ 1,183.34	$ -	0.00%	N/A	$ 1,198.70	$ -	0.00%	N/A	$ 1,214.86	$ -	0.00%	N/A	$ 1,231.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,005.84	$ -	0.00%	N/A	$ 1,018.90	$ -	0.00%	N/A	$ 1,032.63	$ -	0.00%	N/A	$ 1,047.05	$ -	0.00%
			Family	N/A	$ 1,686.26	$ -	0.00%	N/A	$ 1,708.15	$ -	0.00%	N/A	$ 1,731.17	$ -	0.00%	N/A	$ 1,755.35	$ -	0.00%
Platinum	HMO	N/A	SHPF1080																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,017.41	$ -	0.00%	N/A	$ 1,030.62	$ -	0.00%	N/A	$ 1,044.51	$ -	0.00%	N/A	$ 1,059.10	$ -	0.00%
			Family	N/A	$ 1,705.66	$ -	0.00%	N/A	$ 1,727.80	$ -	0.00%	N/A	$ 1,751.09	$ -	0.00%	N/A	$ 1,775.55	$ -	0.00%
Platinum	HMO	N/A	SHPF1081																
			Single	N/A	$ 580.34	$ -	0.00%	N/A	$ 587.88	$ -	0.00%	N/A	$ 595.80	$ -	0.00%	N/A	$ 604.12	$ -	0.00%
			Double	N/A	$ 1,160.69	$ -	0.00%	N/A	$ 1,175.76	$ -	0.00%	N/A	$ 1,191.60	$ -	0.00%	N/A	$ 1,208.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.58	$ -	0.00%	N/A	$ 999.39	$ -	0.00%	N/A	$ 1,012.86	$ -	0.00%	N/A	$ 1,027.01	$ -	0.00%
			Family	N/A	$ 1,653.98	$ -	0.00%	N/A	$ 1,675.45	$ -	0.00%	N/A	$ 1,698.03	$ -	0.00%	N/A	$ 1,721.75	$ -	0.00%
Gold	HMO	N/A	SHGF2075																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 895.71	$ -	0.00%	N/A	$ 907.34	$ -	0.00%	N/A	$ 919.57	$ -	0.00%	N/A	$ 932.41	$ -	0.00%
			Family	N/A	$ 1,501.63	$ -	0.00%	N/A	$ 1,521.13	$ -	0.00%	N/A	$ 1,541.62	$ -	0.00%	N/A	$ 1,563.16	$ -	0.00%
Platinum	HMO	N/A	SHPF1093																
			Single	N/A	$ 587.55	$ -	0.00%	N/A	$ 595.17	$ -	0.00%	N/A	$ 603.19	$ -	0.00%	N/A	$ 611.62	$ -	0.00%
			Double	N/A	$ 1,175.09	$ -	0.00%	N/A	$ 1,190.35	$ -	0.00%	N/A	$ 1,206.39	$ -	0.00%	N/A	$ 1,223.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 998.83	$ -	0.00%	N/A	$ 1,011.80	$ -	0.00%	N/A	$ 1,025.43	$ -	0.00%	N/A	$ 1,039.75	$ -	0.00%
			Family	N/A	$ 1,674.51	$ -	0.00%	N/A	$ 1,696.24	$ -	0.00%	N/A	$ 1,719.10	$ -	0.00%	N/A	$ 1,743.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1094																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,010.32	$ -	0.00%	N/A	$ 1,023.44	$ -	0.00%	N/A	$ 1,037.23	$ -	0.00%	N/A	$ 1,051.72	$ -	0.00%
			Family	N/A	$ 1,693.77	$ -	0.00%	N/A	$ 1,715.76	$ -	0.00%	N/A	$ 1,738.88	$ -	0.00%	N/A	$ 1,763.17	$ -	0.00%
Platinum	HMO	N/A	SHPF1095																
			Single	N/A	$ 576.30	$ -	0.00%	N/A	$ 583.78	$ -	0.00%	N/A	$ 591.65	$ -	0.00%	N/A	$ 599.91	$ -	0.00%
			Double	N/A	$ 1,152.60	$ -	0.00%	N/A	$ 1,167.56	$ -	0.00%	N/A	$ 1,183.29	$ -	0.00%	N/A	$ 1,199.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 979.71	$ -	0.00%	N/A	$ 992.43	$ -	0.00%	N/A	$ 1,005.80	$ -	0.00%	N/A	$ 1,019.85	$ -	0.00%
			Family	N/A	$ 1,642.45	$ -	0.00%	N/A	$ 1,663.77	$ -	0.00%	N/A	$ 1,686.19	$ -	0.00%	N/A	$ 1,709.75	$ -	0.00%
Gold	HMO	N/A	SHGF2088																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 889.47	$ -	0.00%	N/A	$ 901.01	$ -	0.00%	N/A	$ 913.16	$ -	0.00%	N/A	$ 925.91	$ -	0.00%
			Family	N/A	$ 1,491.17	$ -	0.00%	N/A	$ 1,510.52	$ -	0.00%	N/A	$ 1,530.88	$ -	0.00%	N/A	$ 1,552.26	$ -	0.00%

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Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1107																
			Single	N/A	$ 573.78	$ -	0.00%	N/A	$ 581.22	$ -	0.00%	N/A	$ 589.06	$ -	0.00%	N/A	$ 597.29	$ -	0.00%
			Double	N/A	$ 1,147.55	$ -	0.00%	N/A	$ 1,162.45	$ -	0.00%	N/A	$ 1,178.11	$ -	0.00%	N/A	$ 1,194.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 975.42	$ -	0.00%	N/A	$ 988.08	$ -	0.00%	N/A	$ 1,001.40	$ -	0.00%	N/A	$ 1,015.39	$ -	0.00%
			Family	N/A	$ 1,635.26	$ -	0.00%	N/A	$ 1,656.49	$ -	0.00%	N/A	$ 1,678.81	$ -	0.00%	N/A	$ 1,702.26	$ -	0.00%
Platinum	HMO	N/A	SHPF1108																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 986.64	$ -	0.00%	N/A	$ 999.45	$ -	0.00%	N/A	$ 1,012.92	$ -	0.00%	N/A	$ 1,027.07	$ -	0.00%
			Family	N/A	$ 1,654.07	$ -	0.00%	N/A	$ 1,675.55	$ -	0.00%	N/A	$ 1,698.13	$ -	0.00%	N/A	$ 1,721.85	$ -	0.00%
Platinum	HMO	N/A	SHPF1109																
			Single	N/A	$ 562.79	$ -	0.00%	N/A	$ 570.10	$ -	0.00%	N/A	$ 577.78	$ -	0.00%	N/A	$ 585.85	$ -	0.00%
			Double	N/A	$ 1,125.58	$ -	0.00%	N/A	$ 1,140.20	$ -	0.00%	N/A	$ 1,155.56	$ -	0.00%	N/A	$ 1,171.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 956.75	$ -	0.00%	N/A	$ 969.17	$ -	0.00%	N/A	$ 982.23	$ -	0.00%	N/A	$ 995.95	$ -	0.00%
			Family	N/A	$ 1,603.96	$ -	0.00%	N/A	$ 1,624.78	$ -	0.00%	N/A	$ 1,646.67	$ -	0.00%	N/A	$ 1,669.68	$ -	0.00%
Gold	HMO	N/A	SHGF2101																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 868.62	$ -	0.00%	N/A	$ 879.90	$ -	0.00%	N/A	$ 891.75	$ -	0.00%	N/A	$ 904.21	$ -	0.00%
			Family	N/A	$ 1,456.22	$ -	0.00%	N/A	$ 1,475.12	$ -	0.00%	N/A	$ 1,495.00	$ -	0.00%	N/A	$ 1,515.88	$ -	0.00%
Platinum	HMO	N/A	SHPF1121																
			Single	N/A	$ 577.80	$ -	0.00%	N/A	$ 585.30	$ -	0.00%	N/A	$ 593.19	$ -	0.00%	N/A	$ 601.48	$ -	0.00%
			Double	N/A	$ 1,155.61	$ -	0.00%	N/A	$ 1,170.61	$ -	0.00%	N/A	$ 1,186.38	$ -	0.00%	N/A	$ 1,202.96	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.13	$ -	0.00%	N/A	$ 1,023.88	$ -	0.00%	N/A	$ 1,037.29	$ -	0.00%	N/A	$ 1,051.37	$ -	0.00%
			Family	N/A	$ 1,675.60	$ -	0.00%	N/A	$ 1,696.98	$ -	0.00%	N/A	$ 1,719.46	$ -	0.00%	N/A	$ 1,743.07	$ -	0.00%
Platinum	HMO	N/A	SHPF1122																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,022.43	$ -	0.00%	N/A	$ 1,035.32	$ -	0.00%	N/A	$ 1,048.89	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%
			Family	N/A	$ 1,694.55	$ -	0.00%	N/A	$ 1,716.17	$ -	0.00%	N/A	$ 1,738.91	$ -	0.00%	N/A	$ 1,762.79	$ -	0.00%
Platinum	HMO	N/A	SHPF1123																
			Single	N/A	$ 566.74	$ -	0.00%	N/A	$ 574.10	$ -	0.00%	N/A	$ 581.84	$ -	0.00%	N/A	$ 589.96	$ -	0.00%
			Double	N/A	$ 1,133.48	$ -	0.00%	N/A	$ 1,148.20	$ -	0.00%	N/A	$ 1,163.67	$ -	0.00%	N/A	$ 1,179.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 992.32	$ -	0.00%	N/A	$ 1,004.83	$ -	0.00%	N/A	$ 1,017.98	$ -	0.00%	N/A	$ 1,031.80	$ -	0.00%
			Family	N/A	$ 1,644.07	$ -	0.00%	N/A	$ 1,665.04	$ -	0.00%	N/A	$ 1,687.09	$ -	0.00%	N/A	$ 1,710.26	$ -	0.00%
Gold	HMO	N/A	SHGF2124																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 903.58	$ -	0.00%	N/A	$ 914.93	$ -	0.00%	N/A	$ 926.87	$ -	0.00%	N/A	$ 939.42	$ -	0.00%
			Family	N/A	$ 1,495.30	$ -	0.00%	N/A	$ 1,514.34	$ -	0.00%	N/A	$ 1,534.35	$ -	0.00%	N/A	$ 1,555.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1135																
			Single	N/A	$ 591.67	$ -	0.00%	N/A	$ 599.35	$ -	0.00%	N/A	$ 607.43	$ -	0.00%	N/A	$ 615.91	$ -	0.00%
			Double	N/A	$ 1,183.34	$ -	0.00%	N/A	$ 1,198.70	$ -	0.00%	N/A	$ 1,214.86	$ -	0.00%	N/A	$ 1,231.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.70	$ -	0.00%	N/A	$ 1,047.76	$ -	0.00%	N/A	$ 1,061.49	$ -	0.00%	N/A	$ 1,075.91	$ -	0.00%
			Family	N/A	$ 1,715.12	$ -	0.00%	N/A	$ 1,737.01	$ -	0.00%	N/A	$ 1,760.03	$ -	0.00%	N/A	$ 1,784.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1136																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,046.27	$ -	0.00%	N/A	$ 1,059.48	$ -	0.00%	N/A	$ 1,073.37	$ -	0.00%	N/A	$ 1,087.96	$ -	0.00%
			Family	N/A	$ 1,734.52	$ -	0.00%	N/A	$ 1,756.66	$ -	0.00%	N/A	$ 1,779.95	$ -	0.00%	N/A	$ 1,804.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1137																
			Single	N/A	$ 580.34	$ -	0.00%	N/A	$ 587.88	$ -	0.00%	N/A	$ 595.80	$ -	0.00%	N/A	$ 604.12	$ -	0.00%
			Double	N/A	$ 1,160.69	$ -	0.00%	N/A	$ 1,175.76	$ -	0.00%	N/A	$ 1,191.60	$ -	0.00%	N/A	$ 1,208.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.44	$ -	0.00%	N/A	$ 1,028.25	$ -	0.00%	N/A	$ 1,041.72	$ -	0.00%	N/A	$ 1,055.87	$ -	0.00%
			Family	N/A	$ 1,682.84	$ -	0.00%	N/A	$ 1,704.31	$ -	0.00%	N/A	$ 1,726.89	$ -	0.00%	N/A	$ 1,750.61	$ -	0.00%
Gold	HMO	N/A	SHGF2137																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 924.57	$ -	0.00%	N/A	$ 936.20	$ -	0.00%	N/A	$ 948.43	$ -	0.00%	N/A	$ 961.27	$ -	0.00%
			Family	N/A	$ 1,530.49	$ -	0.00%	N/A	$ 1,549.99	$ -	0.00%	N/A	$ 1,570.48	$ -	0.00%	N/A	$ 1,592.02	$ -	0.00%
Platinum	HMO	N/A	SHPF1149																
			Single	N/A	$ 573.78	$ -	0.00%	N/A	$ 581.22	$ -	0.00%	N/A	$ 589.06	$ -	0.00%	N/A	$ 597.29	$ -	0.00%
			Double	N/A	$ 1,147.55	$ -	0.00%	N/A	$ 1,162.45	$ -	0.00%	N/A	$ 1,178.11	$ -	0.00%	N/A	$ 1,194.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.28	$ -	0.00%	N/A	$ 1,016.94	$ -	0.00%	N/A	$ 1,030.26	$ -	0.00%	N/A	$ 1,044.25	$ -	0.00%
			Family	N/A	$ 1,664.12	$ -	0.00%	N/A	$ 1,685.35	$ -	0.00%	N/A	$ 1,707.67	$ -	0.00%	N/A	$ 1,731.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1150																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.50	$ -	0.00%	N/A	$ 1,028.31	$ -	0.00%	N/A	$ 1,041.78	$ -	0.00%	N/A	$ 1,055.93	$ -	0.00%
			Family	N/A	$ 1,682.93	$ -	0.00%	N/A	$ 1,704.41	$ -	0.00%	N/A	$ 1,726.99	$ -	0.00%	N/A	$ 1,750.71	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1151																
			Single	N/A	$ 562.79	$ -	0.00%	N/A	$ 570.10	$ -	0.00%	N/A	$ 577.78	$ -	0.00%	N/A	$ 585.85	$ -	0.00%
			Double	N/A	$ 1,125.58	$ -	0.00%	N/A	$ 1,140.20	$ -	0.00%	N/A	$ 1,155.56	$ -	0.00%	N/A	$ 1,171.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 985.61	$ -	0.00%	N/A	$ 998.03	$ -	0.00%	N/A	$ 1,011.09	$ -	0.00%	N/A	$ 1,024.81	$ -	0.00%
			Family	N/A	$ 1,632.82	$ -	0.00%	N/A	$ 1,653.64	$ -	0.00%	N/A	$ 1,675.53	$ -	0.00%	N/A	$ 1,698.54	$ -	0.00%
Gold	HMO	N/A	SHGF2150																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 897.48	$ -	0.00%	N/A	$ 908.76	$ -	0.00%	N/A	$ 920.61	$ -	0.00%	N/A	$ 933.07	$ -	0.00%
			Family	N/A	$ 1,485.08	$ -	0.00%	N/A	$ 1,503.98	$ -	0.00%	N/A	$ 1,523.86	$ -	0.00%	N/A	$ 1,544.74	$ -	0.00%
Platinum	HMO	N/A	SHPF1163																
			Single	N/A	$ 577.80	$ -	0.00%	N/A	$ 585.30	$ -	0.00%	N/A	$ 593.19	$ -	0.00%	N/A	$ 601.48	$ -	0.00%
			Double	N/A	$ 1,155.61	$ -	0.00%	N/A	$ 1,170.61	$ -	0.00%	N/A	$ 1,186.38	$ -	0.00%	N/A	$ 1,202.96	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,011.13	$ -	0.00%	N/A	$ 1,023.88	$ -	0.00%	N/A	$ 1,037.29	$ -	0.00%	N/A	$ 1,051.37	$ -	0.00%
			Family	N/A	$ 1,675.60	$ -	0.00%	N/A	$ 1,696.98	$ -	0.00%	N/A	$ 1,719.46	$ -	0.00%	N/A	$ 1,743.07	$ -	0.00%
Platinum	HMO	N/A	SHPF1164																
			Single	N/A	$ 584.45	$ -	0.00%	N/A	$ 592.04	$ -	0.00%	N/A	$ 600.02	$ -	0.00%	N/A	$ 608.40	$ -	0.00%
			Double	N/A	$ 1,168.90	$ -	0.00%	N/A	$ 1,184.08	$ -	0.00%	N/A	$ 1,200.03	$ -	0.00%	N/A	$ 1,216.80	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,022.43	$ -	0.00%	N/A	$ 1,035.32	$ -	0.00%	N/A	$ 1,048.89	$ -	0.00%	N/A	$ 1,063.14	$ -	0.00%
			Family	N/A	$ 1,694.55	$ -	0.00%	N/A	$ 1,716.17	$ -	0.00%	N/A	$ 1,738.91	$ -	0.00%	N/A	$ 1,762.79	$ -	0.00%
Platinum	HMO	N/A	SHPF1165																
			Single	N/A	$ 566.74	$ -	0.00%	N/A	$ 574.10	$ -	0.00%	N/A	$ 581.84	$ -	0.00%	N/A	$ 589.96	$ -	0.00%
			Double	N/A	$ 1,133.48	$ -	0.00%	N/A	$ 1,148.20	$ -	0.00%	N/A	$ 1,163.67	$ -	0.00%	N/A	$ 1,179.93	$ -	0.00%
			Emp/Child(ren)	N/A	$ 992.32	$ -	0.00%	N/A	$ 1,004.83	$ -	0.00%	N/A	$ 1,017.98	$ -	0.00%	N/A	$ 1,031.80	$ -	0.00%
			Family	N/A	$ 1,644.07	$ -	0.00%	N/A	$ 1,665.04	$ -	0.00%	N/A	$ 1,687.09	$ -	0.00%	N/A	$ 1,710.26	$ -	0.00%
Gold	HMO	N/A	SHGF2163																
			Single	N/A	$ 514.54	$ -	0.00%	N/A	$ 521.22	$ -	0.00%	N/A	$ 528.24	$ -	0.00%	N/A	$ 535.62	$ -	0.00%
			Double	N/A	$ 1,029.08	$ -	0.00%	N/A	$ 1,042.44	$ -	0.00%	N/A	$ 1,056.49	$ -	0.00%	N/A	$ 1,071.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 903.58	$ -	0.00%	N/A	$ 914.93	$ -	0.00%	N/A	$ 926.87	$ -	0.00%	N/A	$ 939.42	$ -	0.00%
			Family	N/A	$ 1,495.30	$ -	0.00%	N/A	$ 1,514.34	$ -	0.00%	N/A	$ 1,534.35	$ -	0.00%	N/A	$ 1,555.38	$ -	0.00%
Platinum	HMO	N/A	SHPF1177																
			Single	N/A	$ 587.55	$ -	0.00%	N/A	$ 595.17	$ -	0.00%	N/A	$ 603.19	$ -	0.00%	N/A	$ 611.62	$ -	0.00%
			Double	N/A	$ 1,175.09	$ -	0.00%	N/A	$ 1,190.35	$ -	0.00%	N/A	$ 1,206.39	$ -	0.00%	N/A	$ 1,223.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.69	$ -	0.00%	N/A	$ 1,040.66	$ -	0.00%	N/A	$ 1,054.29	$ -	0.00%	N/A	$ 1,068.61	$ -	0.00%
			Family	N/A	$ 1,703.37	$ -	0.00%	N/A	$ 1,725.10	$ -	0.00%	N/A	$ 1,747.96	$ -	0.00%	N/A	$ 1,771.98	$ -	0.00%
Platinum	HMO	N/A	SHPF1178																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,039.18	$ -	0.00%	N/A	$ 1,052.30	$ -	0.00%	N/A	$ 1,066.09	$ -	0.00%	N/A	$ 1,080.58	$ -	0.00%
			Family	N/A	$ 1,722.63	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,767.74	$ -	0.00%	N/A	$ 1,792.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1179																
			Single	N/A	$ 576.30	$ -	0.00%	N/A	$ 583.78	$ -	0.00%	N/A	$ 591.65	$ -	0.00%	N/A	$ 599.91	$ -	0.00%
			Double	N/A	$ 1,152.60	$ -	0.00%	N/A	$ 1,167.56	$ -	0.00%	N/A	$ 1,183.29	$ -	0.00%	N/A	$ 1,199.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,008.57	$ -	0.00%	N/A	$ 1,021.29	$ -	0.00%	N/A	$ 1,034.66	$ -	0.00%	N/A	$ 1,048.71	$ -	0.00%
			Family	N/A	$ 1,671.31	$ -	0.00%	N/A	$ 1,692.63	$ -	0.00%	N/A	$ 1,715.05	$ -	0.00%	N/A	$ 1,738.61	$ -	0.00%
Gold	HMO	N/A	SHGF2176																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.33	$ -	0.00%	N/A	$ 929.87	$ -	0.00%	N/A	$ 942.02	$ -	0.00%	N/A	$ 954.77	$ -	0.00%
			Family	N/A	$ 1,520.03	$ -	0.00%	N/A	$ 1,539.38	$ -	0.00%	N/A	$ 1,559.74	$ -	0.00%	N/A	$ 1,581.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1191																
			Single	N/A	$ 591.67	$ -	0.00%	N/A	$ 599.35	$ -	0.00%	N/A	$ 607.43	$ -	0.00%	N/A	$ 615.91	$ -	0.00%
			Double	N/A	$ 1,183.34	$ -	0.00%	N/A	$ 1,198.70	$ -	0.00%	N/A	$ 1,214.86	$ -	0.00%	N/A	$ 1,231.83	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,034.70	$ -	0.00%	N/A	$ 1,047.76	$ -	0.00%	N/A	$ 1,061.49	$ -	0.00%	N/A	$ 1,075.91	$ -	0.00%
			Family	N/A	$ 1,715.12	$ -	0.00%	N/A	$ 1,737.01	$ -	0.00%	N/A	$ 1,760.03	$ -	0.00%	N/A	$ 1,784.21	$ -	0.00%
Platinum	HMO	N/A	SHPF1192																
			Single	N/A	$ 598.48	$ -	0.00%	N/A	$ 606.25	$ -	0.00%	N/A	$ 614.42	$ -	0.00%	N/A	$ 623.00	$ -	0.00%
			Double	N/A	$ 1,196.96	$ -	0.00%	N/A	$ 1,212.49	$ -	0.00%	N/A	$ 1,228.83	$ -	0.00%	N/A	$ 1,246.00	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,046.27	$ -	0.00%	N/A	$ 1,059.48	$ -	0.00%	N/A	$ 1,073.37	$ -	0.00%	N/A	$ 1,087.96	$ -	0.00%
			Family	N/A	$ 1,734.52	$ -	0.00%	N/A	$ 1,756.66	$ -	0.00%	N/A	$ 1,779.95	$ -	0.00%	N/A	$ 1,804.41	$ -	0.00%
Platinum	HMO	N/A	SHPF1193																
			Single	N/A	$ 580.34	$ -	0.00%	N/A	$ 587.88	$ -	0.00%	N/A	$ 595.80	$ -	0.00%	N/A	$ 604.12	$ -	0.00%
			Double	N/A	$ 1,160.69	$ -	0.00%	N/A	$ 1,175.76	$ -	0.00%	N/A	$ 1,191.60	$ -	0.00%	N/A	$ 1,208.25	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.44	$ -	0.00%	N/A	$ 1,028.25	$ -	0.00%	N/A	$ 1,041.72	$ -	0.00%	N/A	$ 1,055.87	$ -	0.00%
			Family	N/A	$ 1,682.84	$ -	0.00%	N/A	$ 1,704.31	$ -	0.00%	N/A	$ 1,726.89	$ -	0.00%	N/A	$ 1,750.61	$ -	0.00%
Gold	HMO	N/A	SHGF2189																
			Single	N/A	$ 526.89	$ -	0.00%	N/A	$ 533.73	$ -	0.00%	N/A	$ 540.92	$ -	0.00%	N/A	$ 548.48	$ -	0.00%
			Double	N/A	$ 1,053.78	$ -	0.00%	N/A	$ 1,067.46	$ -	0.00%	N/A	$ 1,081.84	$ -	0.00%	N/A	$ 1,096.95	$ -	0.00%
			Emp/Child(ren)	N/A	$ 924.57	$ -	0.00%	N/A	$ 936.20	$ -	0.00%	N/A	$ 948.43	$ -	0.00%	N/A	$ 961.27	$ -	0.00%
			Family	N/A	$ 1,530.49	$ -	0.00%	N/A	$ 1,549.99	$ -	0.00%	N/A	$ 1,570.48	$ -	0.00%	N/A	$ 1,592.02	$ -	0.00%

Capital District Physicians' Health Plan
Utica/Watertown Region
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 Quarter 1 Current Rate	2014 Quarter 1 Proposed Rate	Quarter 1 Amount of Adjustment	Quarter 1 Percent Change	2013 Quarter 2 Current Rate	2014 Quarter 2 Proposed Rate	Quarter 2 Amount of Adjustment	Quarter 2 Percent Change	2013 Quarter 3 Current Rate	2014 Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	2013 Quarter 4 Current Rate	2014 Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
				First Quarter 2014 (1/1/2014 - 3/31/2014)				*Second Quarter 2014 (4/1/2014 - 6/30/2014)*				*Third Quarter 2014 (7/1/2014 - 9/30/2014)*				*Fourth Quarter 2014 (10/1/2014 - 12/31/2014)*			
Platinum	HMO	N/A	SHPF1205																
			Single	N/A	$ 587.55	$ -	0.00%	N/A	$ 595.17	$ -	0.00%	N/A	$ 603.19	$ -	0.00%	N/A	$ 611.62	$ -	0.00%
			Double	N/A	$ 1,175.09	$ -	0.00%	N/A	$ 1,190.35	$ -	0.00%	N/A	$ 1,206.39	$ -	0.00%	N/A	$ 1,223.24	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,027.69	$ -	0.00%	N/A	$ 1,040.66	$ -	0.00%	N/A	$ 1,054.29	$ -	0.00%	N/A	$ 1,068.61	$ -	0.00%
			Family	N/A	$ 1,703.37	$ -	0.00%	N/A	$ 1,725.10	$ -	0.00%	N/A	$ 1,747.96	$ -	0.00%	N/A	$ 1,771.98	$ -	0.00%
Platinum	HMO	N/A	SHPF1206																
			Single	N/A	$ 594.31	$ -	0.00%	N/A	$ 602.02	$ -	0.00%	N/A	$ 610.13	$ -	0.00%	N/A	$ 618.66	$ -	0.00%
			Double	N/A	$ 1,188.61	$ -	0.00%	N/A	$ 1,204.04	$ -	0.00%	N/A	$ 1,220.27	$ -	0.00%	N/A	$ 1,237.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,039.18	$ -	0.00%	N/A	$ 1,052.30	$ -	0.00%	N/A	$ 1,066.09	$ -	0.00%	N/A	$ 1,080.58	$ -	0.00%
			Family	N/A	$ 1,722.63	$ -	0.00%	N/A	$ 1,744.62	$ -	0.00%	N/A	$ 1,767.74	$ -	0.00%	N/A	$ 1,792.03	$ -	0.00%
Platinum	HMO	N/A	SHPF1207																
			Single	N/A	$ 576.30	$ -	0.00%	N/A	$ 583.78	$ -	0.00%	N/A	$ 591.65	$ -	0.00%	N/A	$ 599.91	$ -	0.00%
			Double	N/A	$ 1,152.60	$ -	0.00%	N/A	$ 1,167.56	$ -	0.00%	N/A	$ 1,183.29	$ -	0.00%	N/A	$ 1,199.82	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,008.57	$ -	0.00%	N/A	$ 1,021.29	$ -	0.00%	N/A	$ 1,034.66	$ -	0.00%	N/A	$ 1,048.71	$ -	0.00%
			Family	N/A	$ 1,671.31	$ -	0.00%	N/A	$ 1,692.63	$ -	0.00%	N/A	$ 1,715.05	$ -	0.00%	N/A	$ 1,738.61	$ -	0.00%
Gold	HMO	N/A	SHGF2202																
			Single	N/A	$ 523.22	$ -	0.00%	N/A	$ 530.01	$ -	0.00%	N/A	$ 537.15	$ -	0.00%	N/A	$ 544.65	$ -	0.00%
			Double	N/A	$ 1,046.43	$ -	0.00%	N/A	$ 1,060.02	$ -	0.00%	N/A	$ 1,074.30	$ -	0.00%	N/A	$ 1,089.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 918.33	$ -	0.00%	N/A	$ 929.87	$ -	0.00%	N/A	$ 942.02	$ -	0.00%	N/A	$ 954.77	$ -	0.00%
			Family	N/A	$ 1,520.03	$ -	0.00%	N/A	$ 1,539.38	$ -	0.00%	N/A	$ 1,559.74	$ -	0.00%	N/A	$ 1,581.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1219																
			Single	N/A	$ 573.78	$ -	0.00%	N/A	$ 581.22	$ -	0.00%	N/A	$ 589.06	$ -	0.00%	N/A	$ 597.29	$ -	0.00%
			Double	N/A	$ 1,147.55	$ -	0.00%	N/A	$ 1,162.45	$ -	0.00%	N/A	$ 1,178.11	$ -	0.00%	N/A	$ 1,194.57	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,004.28	$ -	0.00%	N/A	$ 1,016.94	$ -	0.00%	N/A	$ 1,030.26	$ -	0.00%	N/A	$ 1,044.25	$ -	0.00%
			Family	N/A	$ 1,664.12	$ -	0.00%	N/A	$ 1,685.35	$ -	0.00%	N/A	$ 1,707.67	$ -	0.00%	N/A	$ 1,731.12	$ -	0.00%
Platinum	HMO	N/A	SHPF1220																
			Single	N/A	$ 580.38	$ -	0.00%	N/A	$ 587.91	$ -	0.00%	N/A	$ 595.83	$ -	0.00%	N/A	$ 604.16	$ -	0.00%
			Double	N/A	$ 1,160.75	$ -	0.00%	N/A	$ 1,175.82	$ -	0.00%	N/A	$ 1,191.67	$ -	0.00%	N/A	$ 1,208.31	$ -	0.00%
			Emp/Child(ren)	N/A	$ 1,015.50	$ -	0.00%	N/A	$ 1,028.31	$ -	0.00%	N/A	$ 1,041.78	$ -	0.00%	N/A	$ 1,055.93	$ -	0.00%
			Family	N/A	$ 1,682.93	$ -	0.00%	N/A	$ 1,704.41	$ -	0.00%	N/A	$ 1,726.99	$ -	0.00%	N/A	$ 1,750.71	$ -	0.00%
Platinum	HMO	N/A	SHPF1221																
			Single	N/A	$ 562.79	$ -	0.00%	N/A	$ 570.10	$ -	0.00%	N/A	$ 577.78	$ -	0.00%	N/A	$ 585.85	$ -	0.00%
			Double	N/A	$ 1,125.58	$ -	0.00%	N/A	$ 1,140.20	$ -	0.00%	N/A	$ 1,155.56	$ -	0.00%	N/A	$ 1,171.70	$ -	0.00%
			Emp/Child(ren)	N/A	$ 985.61	$ -	0.00%	N/A	$ 998.03	$ -	0.00%	N/A	$ 1,011.09	$ -	0.00%	N/A	$ 1,024.81	$ -	0.00%
			Family	N/A	$ 1,632.82	$ -	0.00%	N/A	$ 1,653.64	$ -	0.00%	N/A	$ 1,675.53	$ -	0.00%	N/A	$ 1,698.54	$ -	0.00%
Gold	HMO	N/A	SHGF2215																
			Single	N/A	$ 510.95	$ -	0.00%	N/A	$ 517.59	$ -	0.00%	N/A	$ 524.56	$ -	0.00%	N/A	$ 531.89	$ -	0.00%
			Double	N/A	$ 1,021.91	$ -	0.00%	N/A	$ 1,035.17	$ -	0.00%	N/A	$ 1,049.12	$ -	0.00%	N/A	$ 1,063.78	$ -	0.00%
			Emp/Child(ren)	N/A	$ 897.48	$ -	0.00%	N/A	$ 908.76	$ -	0.00%	N/A	$ 920.61	$ -	0.00%	N/A	$ 933.07	$ -	0.00%
			Family	N/A	$ 1,485.08	$ -	0.00%	N/A	$ 1,503.98	$ -	0.00%	N/A	$ 1,523.86	$ -	0.00%	N/A	$ 1,544.74	$ -	0.00%

Capital District Physicians' Health Plan
Benefit Summary
Small Group Rates Off-Exchange
Proposed Premium Rates Effective 1/1/2014

Form Number	Size	Product	Metal Tier	2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1009	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	0
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1010	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	0
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1011	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	0
01-0006-2014	SG	HMO	Gold	N/A	SHGF2010	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	0
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1023	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1024	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1025	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
01-0006-2014;01-0011-2014	SG	HMO	Gold	N/A	SHGF2023	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1037	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1038	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1039	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive
01-0006-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2036	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1051	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1052	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1053	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP
01-0006-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2049	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1065	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1066	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1067	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Gold	N/A	SHGF2062	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1079	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1080	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1081	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Gold	N/A	SHGF2075	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1093	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1094	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1095	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + No Contraceptives
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Gold	N/A	SHGF2088	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1107	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1108	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1109	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + No Contraceptives
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Gold	N/A	SHGF2101	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + No Contraceptives
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1121	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Riders + Dental
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1122	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders + Dental
01-0006-2014	SG	HMO	Platinum	N/A	SHPF1123	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders + Dental
01-0006-2014	SG	HMO	Gold	N/A	SHGF2124	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Riders + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1135	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1136	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Platinum	N/A	SHPF1137	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + Dental
01-0006-2014;01-0011-2014	SG	HMO	Gold	N/A	SHGF2137	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1149	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1150	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Platinum	N/A	SHPF1151	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive + Dental
01-0006-2014;01-0013-2014	SG	HMO	Gold	N/A	SHGF2150	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1163	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1164	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Platinum	N/A	SHPF1165	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + Dental
01-0006-2014;01-0012-2014	SG	HMO	Gold	N/A	SHGF2163	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + Dental
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1177	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1178	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1179	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0013-201	SG	HMO	Gold	N/A	SHGF2176	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive + Dental
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1191	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1192	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1193	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-201	SG	HMO	Gold	N/A	SHGF2189	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1205	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1206	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Platinum	N/A	SHPF1207	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0011-2014;01-0012-2014;01-0013-201	SG	HMO	Gold	N/A	SHGF2202	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1219	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1220	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Platinum	N/A	SHPF1221	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP +No Contraceptive+ Dental
01-0006-2014;01-0013-2014;01-0012-201	SG	HMO	Gold	N/A	SHGF2215	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP +No Contraceptive+ Dental

Exhibit C

Capital District Physicians' Health Plan
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.2%	1.03	0.638	1.000	0.622	
Double	14.7%	2.00	0.294	2.000	0.295	
Emp/Child(ren)	0.9%	2.71	0.025	1.700	0.016	
Family	22.1%	3.92	0.868	2.850	0.631	
Total 4T	100.0%		1.826		1.563	1.168
						1.168

Capital District Physicians' Health Plan
HMO Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2014 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1305**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Essex
	Columbia	Dutchess	Chenango	Hamilton
	Fulton	Orange	Tioga	Herkimer
	Greene	Ulster	Madison	
	Montgomery			Oneida
	Rensselaer			Otsego
	Saratoga			
	Schenectady			
	Schoharie			
	Warren			
	Washington			

Capital District Physicians' Health Plan
HMO Product
Tier Factors

VI. Tier Factors

2014 Rating Factors		
Rating Method	**Contract Type**	**Small Group**
4-Tier	Individual	1
	Employee + Spouse	2.00
	Employee + Child(ren)	1.70
	Family	2.85

Capital District Physicians' Health Plan
Small Group HMO Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a small group on exchange UBI benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
SHPF1009	$536.44	$ 1,072.89	$ 911.95	$ 1,528.86
Final Rates	**$536.44**	**$1,072.89**	**$911.95**	**$1,528.86**

Capital District Physicians' Health Plan
HMO Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

84.90%

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO

Exhibit B

Trend Summary

Annualized trend from base period to 2014 projection period

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.37%	5.68%	2.62%	-2.55%	2.85%
Outpatient Facility	3.66%	5.82%	7.44%	1.46%	7.92%
Professional	0.77%	2.76%	3.48%	1.21%	3.82%
Other Medical	2.48%	2.28%	3.30%	1.23%	3.46%
Capitation			11.45%	0.00%	11.45%
Prescription Drug	2.50%	3.00%	5.57%	2.50%	6.61%
Overall Trends			4.69%	1.61%	5.09%

Projected 2014

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.47%	5.77%	3.16%	-2.73%	3.42%
Outpatient Facility	3.15%	3.93%	7.20%	1.00%	7.68%
Professional	1.05%	2.02%	3.10%	1.55%	3.32%
Other Medical	2.37%	0.75%	3.13%	1.31%	3.27%
Capitation					
Prescription Drug	2.50%	2.99%	5.57%	2.50%	6.58%
Overall Trends			4.69%	1.61%	5.09%

Projected 2015

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	0.00%	6.18%	6.18%	0.00%	6.44%
Outpatient Facility	3.56%	4.09%	7.80%	2.35%	8.20%
Professional	1.22%	2.04%	3.29%	1.64%	3.52%
Other Medical	2.40%	0.72%	3.14%	1.33%	3.27%
Capitation					
Prescription Drug	2.50%	3.00%	5.58%	2.50%	6.56%
Overall Trends	2.10%	3.31%	5.48%	1.98%	5.91%

Quarterly Trends	Annual	Quarterly
Q1 2014 - Q2 2014	5.29%	1.30%
Q2 2014 - Q3 2014	5.50%	1.35%
Q3 2014 - Q4 2014	5.71%	1.40%

Exhibit C

Capital District Physicians' Health Plan
Small Group
Conversion Factor Summary - 4-tier only

IV. Conversion Factor

	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
Four Tier Premiums						
Single	62.2%	1.03	0.638	1.000	0.622	
Double	14.7%	2.00	0.294	2.000	0.295	
Emp/Child(ren)	0.9%	2.71	0.025	1.700	0.016	
Family	22.1%	3.92	0.868	2.850	0.631	
Total 4T	100.0%		1.826		1.563	1.168
						1.168

Exhbit D

Capital District Physicians' Health Plan
HMO
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

2014 Rating Factors				
Rating Region	**Region 1 (Albany Area)**	**Region 3 (Mid-Hudson Area)**	**Region 6 (Syracuse Area)**	**Region 7 (Utica/Watertown Area)**
Regional Rating Factor	**1.0000**	**1.1305**	**1.1215**	**1.0771**
Counties:	Albany	Delaware	Broome	Essex
	Columbia	Dutchess	Chenango	Hamilton
	Fulton	Orange	Tioga	Herkimer
	Greene	Ulster	Madison	
	Montgomery			Oneida
	Rensselaer			Otsego
	Saratoga			
	Schenectady			
	Schoharie			
	Warren			
	Washington			

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO
Benefit Plan Designs

Plan Code	Original Benefit Plan	Exchange Plan/LOB	HIOS Issuer ID	HPID #	HIOS Product ID	HIOS Plan ID	DFS Form #	Plan Name	Metal Tier (Optional)	AV	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260017	01-0006-2014	SHPF1024	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260018	01-0006-2014	SHPF1038	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260019	01-0006-2014	SHPF1052	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260020	01-0006-2014	SHPF1066	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260021	01-0006-2014	SHPF1080	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260022	01-0006-2014	SHPF1094	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + No Contraceptives
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260023	01-0006-2014	SHPF1108	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + No Contraceptives
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260024	01-0006-2014	SHPF1122	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260025	01-0006-2014	SHPF1136	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260026	01-0006-2014	SHPF1150	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Contraceptive + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260027	01-0006-2014	SHPF1164	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260028	01-0006-2014	SHPF1178	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + No contraceptive + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260029	01-0006-2014	SHPF1192	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP + Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260030	01-0006-2014	SHPF1206	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29 + DP +No Contraceptive+ Denta
318	HA6513 w/ HMRXS8A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260031	01-0006-2014	SHPF1220	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	DP +No Contraceptive+ Dental
318	HA6513 w/ HMRXS8A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260032	01-0006-2014	SHPF1010	Platinum	91.1%	25	25	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260001	01-0006-2014	SHPF1023	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260002	01-0006-2014	SHPF1037	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260003	01-0006-2014	SHPF1051	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260004	01-0006-2014	SHPF1065	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260005	01-0006-2014	SHPF1079	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260006	01-0006-2014	SHPF1093	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + No Contraceptives
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260007	01-0006-2014	SHPF1107	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + No Contraceptives
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260008	01-0006-2014	SHPF1121	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Riders + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260009	01-0006-2014	SHPF1135	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260010	01-0006-2014	SHPF1149	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	No Contraceptive + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260011	01-0006-2014	SHPF1163	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260012	01-0006-2014	SHPF1177	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + No contraceptive + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260013	01-0006-2014	SHPF1191	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP + Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260014	01-0006-2014	SHPF1205	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	Age 29 + DP +No Contraceptive+ Denta
315	HA6513 w/ HMRXS19A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260015	01-0006-2014	SHPF1219	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	DP +No Contraceptive+ Dental
315	HA6513 w/ HMRXS19A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260016	01-0006-2014	SHPF1009	Platinum	90.1%	25	35	1000	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	50%/50%/50%	
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260033	01-0006-2014	SHPF1025	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260034	01-0006-2014	SHPF1039	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260035	01-0006-2014	SHPF1053	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260036	01-0006-2014	SHPF1067	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260037	01-0006-2014	SHPF1081	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260038	01-0006-2014	SHPF1095	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + No Contraceptives
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260039	01-0006-2014	SHPF1109	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + No Contraceptives
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260040	01-0006-2014	SHPF1123	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260041	01-0006-2014	SHPF1137	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260042	01-0006-2014	SHPF1151	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Contraceptive + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG UBI	94788		94788NY026	94788NY0260048	01-0006-2014	SHPF1011	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260043	01-0006-2014	SHPF1165	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260044	01-0006-2014	SHPF1179	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + No contraceptive + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260045	01-0006-2014	SHPF1193	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP + Dental
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260046	01-0006-2014	SHPF1207	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29 + DP +No Contraceptive+ Denta
319	HM2513 w/ HMRXS37A13	Off Exchange - SG HMO	94788		94788NY026	94788NY0260047	01-0006-2014	SHPF1221	Platinum	88.3%	20	30	500	150	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	DP +No Contraceptive+ Dental
320		Off Exchange - SG UBI	94788		94788NY026	94788NY0260064	01-0006-2014	SHGF2010	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260049	01-0006-2014	SHGF2023	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260050	01-0006-2014	SHGF2036	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260051	01-0006-2014	SHGF2049	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260052	01-0006-2014	SHGF2062	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260053	01-0006-2014	SHGF2075	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260054	01-0006-2014	SHGF2088	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + No Contraceptives
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260055	01-0006-2014	SHGF2101	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + No Contraceptives
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260056	01-0006-2014	SHGF2124	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Riders + Dental
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260057	01-0006-2014	SHGF2137	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + Dental
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260058	01-0006-2014	SHGF2150	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	No Contraceptive + Dental
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260059	01-0006-2014	SHGF2163	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP + Dental
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260060	01-0006-2014	SHGF2176	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + No contraceptive + Dental
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260061	01-0006-2014	SHGF2189	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP + Dental
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260062	01-0006-2014	SHGF2202	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	Age 29 + DP +No Contraceptive+ Denta
320		Off Exchange - SG HMO	94788		94788NY026	94788NY0260063	01-0006-2014	SHGF2215	Gold	81.9%	70	70	1000	250	200	200	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$80/$100	DP +No Contraceptive+ Dental

Capital District Physicians' Health Plan Exhibit F
Premium Rate Filing
Small Group HMO
Impact of Additional Essential Health Benefits

		PMPM	
1	Pediatric Vision	$0.26	Utilization and Cost based on CHPs, spread over all commercial membership
2	Hearing Aids	$0.04	Utilization and Cost based on CHP's, Medicaid and Commercial products to produce credible data
3	Skilled Nursing Facility	$0.00	No additional cost added due to low utilization of this benefit
4	Gym Membership	$3.50	Benefit includes reimbursement of $200 for Subscriber; $100 for Spouse every 6 months with proof of compliance
		$3.80	
	Starting PMPM Trended	$342.91	
	Factor (Exhibit 8, line 13)	1.0111	

Benefits exceeding Essential Health Benefits (Non-Standard Plan designs only)

PMPM's based on SG HMO Data

		PMPM		
1	Adult Vision	$1.20		One Eye Exam per benefit period (12 months)
2	Vision Hardware	$0.60		$75 allowance for frames/lenses or contact lenses per benefit period (12 months)
3	Pediatric Vision included in	$0.26		
4	Total PMPM	$1.54	(1 + 2 - 3)	
5	Starting PMPM Trended	$342.91		
	Factor (Exhibit 8, line 13)	1.004	(4 / 5)	

Capital District Physicians' Health Plan Exhibit I
Premium Rate Filing
Small Group HMO - Off Exchange Plans
Dental
SERFF # DDPA-128974006

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Dental Services Proposed	Dental Treatment Costs					
	Delta Dental PPO		Delta Dental Premier		Non-Participating	
	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient
Diagnostic	100%	0%	100%	0%	100%	0%
Preventive	100%	0%	100%	0%	100%	0%
Basic Restorative	50%	50%	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Major Restorative	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%
Orthodontics*	50%	50%	50%	50%	50%	50%
TMJ	50%	50%	50%	50%	50%	50%
Annual out-of-pocket maximum per child	$700		N/A		N/A	
Annual out-of-pocket maximum per 2+ children	$1,400		N/A		N/A	
Patient deductible per year	$40		$40		$40	

Deductible is applied to all services.

* Orthodontic services are covered for **medical necessity** only.

See attached schedule for a complete listing of all covered services and limitations.

Prospective Rating Method

Monthly Rates per Child(ren) and Family tier		
Region	Small Group	Individual
Albany Area	$30.74	$30.51
Buffalo Area	$28.80	$28.61
Mid-Hudson Area	$32.93	$32.70
New York City Area	$41.76	$41.48
Rochester Area	$30.82	$30.61
Syracuse Area	$29.75	$29.56
Utica/Watertown Area	$28.86	$28.67
Long Island	$37.01	$36.77

One-Year Rate Guarantee

SERFF # DDPA-128974006

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Assumptions and Guidelines

The products proposed are for individuals and small businesses purchasing dental coverage in New York outside the exchange. Health care reform requirements are not finalized at the Federal level or within the state of New York. Therefore, Delta Dental reserves the right to modify these products to meet requirements as necessary.

Rates assume an effective date of January 1, 2014.

Pediatric Enrollees are covered to age 19.

Rates include 7.0% producer commission.

Rates assume that Delta Dental PPO participating providers are paid at the Delta Dental PPO Maximum Plan Allowance (MPA). Delta Dental PPO participating providers accept the Delta Dental PPO MPA as payment in full. Delta Dental PPO participating providers are paid directly by Delta Dental and by agreement cannot bill the patient more than the applicable copayments or deductibles for the services provided.

Under the Delta Dental PPO program, Delta Dental Premier participating providers are paid at the Delta Dental PPO MPA and are paid directly by Delta Dental. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA. By agreement, Delta Dental Premier participating providers must accept the Delta Dental Premier MPA as payment in full, less any applicable copayments or deductibles for the services provided (and under this scenario the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA).

Non-Participating providers are paid at the Delta Dental PPO MPA. The benefit payment is sent directly to the employee. It is the employee's responsibility to pay the provider. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the amount billed by the Non-Participating provider, plus any applicable copayments or deductibles.

Rates assume that this plan will be purchased in conjunction with a CDPHP medical plan in a bundled arrangement (i.e. both plans are separate) and that CDPHP will be performing marketing, enrollment, billing payment and renewal functions.

Rates assume that the individual products renewal annually effective January 1, 2015 and individuals would also renew on that date. Rates assume that the small group products renew annually, beginning January 1, 2015 and that each small group with these products would renew on their anniversary date, which is based on date of purchase.

Capital District Physicians' Health Plan Exhibit I
Premium Rate Filing
Small Group HMO - Off Exchange Plans
Dental
SERFF # DDPA-128974006

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Dental Services Proposed	Dental Treatment Costs					
	Delta Dental PPO		Delta Dental Premier		Non-Participating	
	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient	Paid By Plan	Paid By Patient
Diagnostic	100%	0%	100%	0%	100%	0%
Preventive	100%	0%	100%	0%	100%	0%
Basic Restorative	50%	50%	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Major Restorative	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%
Orthodontics*	50%	50%	50%	50%	50%	50%
TMJ	50%	50%	50%	50%	50%	50%
Annual out-of-pocket maximum per child	$700		N/A		N/A	
Annual out-of-pocket maximum per 2+ children	$1,400		N/A		N/A	
Patient deductible per year	$40		$40		$40	

Deductible is applied to all services.

* Orthodontic services are covered for **medical necessity** only.

See attached schedule for a complete listing of all covered services and limitations.

Prospective Rating Method

Monthly Rates per Child(ren) and Family tier		
Region	Small Group	Individual
Albany Area	$30.74	$30.51
Buffalo Area	$28.80	$28.61
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Rochester Area	$30.82	$30.61
Syracuse Area	$29.75	$29.56
Utica/Watertown Area	$28.86	$28.67
Long Island	$37.01	$36.77

One-Year Rate Guarantee

SERFF # DDPA-128974006

CDPHP

PEDIATRIC DENTAL PLAN (BUNDLED WITH MEDICAL)

DELTA DENTAL PPO FOR INDIVIDUALS AND SMALL BUSINESSES

Plan 70 (Low Plan)

Assumptions and Guidelines

The products proposed are for individuals and small businesses purchasing dental coverage in New York outside the exchange. Health care reform requirements are not finalized at the Federal level or within the state of New York. Therefore, Delta Dental reserves the right to modify these products to meet requirements as necessary.

Rates assume an effective date of January 1, 2014.

Pediatric Enrollees are covered to age 19.

Rates include 7.0% producer commission.

Rates assume that Delta Dental PPO participating providers are paid at the Delta Dental PPO Maximum Plan Allowance (MPA). Delta Dental PPO participating providers accept the Delta Dental PPO MPA as payment in full. Delta Dental PPO participating providers are paid directly by Delta Dental and by agreement cannot bill the patient more than the applicable copayments or deductibles for the services provided.

Under the Delta Dental PPO program, Delta Dental Premier participating providers are paid at the Delta Dental PPO MPA and are paid directly by Delta Dental. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA. By agreement, Delta Dental Premier participating providers must accept the Delta Dental Premier MPA as payment in full, less any applicable copayments or deductibles for the services provided (and under this scenario the difference between the Delta Dental PPO MPA and the Delta Dental Premier MPA).

Non-Participating providers are paid at the Delta Dental PPO MPA. The benefit payment is sent directly to the employee. It is the employee's responsibility to pay the provider. The employee is responsible for paying the difference between the Delta Dental PPO MPA and the amount billed by the Non-Participating provider, plus any applicable copayments or deductibles.

Rates assume that this plan will be purchased in conjunction with a CDPHP medical plan in a bundled arrangement (i.e. both plans are separate) and that CDPHP will be performing marketing, enrollment, billing payment and renewal functions.

Rates assume that the individual products renewal annually effective January 1, 2015 and individuals would also renew on that date. Rates assume that the small group products renew annually, beginning January 1, 2015 and that each small group with these products would renew on their anniversary date, which is based on date of purchase.

April 29, 2013

[redacted] FSA, MAAA
Principal and consulting Actuary
Milliman Inc.
650 California Street
San Francisco, CA 94108

RE: Data Reliance Statement for 2014 Rate Filing

Dear [redacted]

I, [redacted], Senior Vice President of Finance and CFO of Capital District Physicians' Health Plan (CDPHP) and CDPHP Universal Benefits, Inc, hereby affirm that the listings, summaries, exhibits, and analyses relating to the data prepared for and submitted to Ms. Susan E. Pantely, Principal and Consulting Actuary at Milliman, Inc. in support of the actuarial 2014 Rate filings were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and are the same as or derived from the records and other data which form the basis of the Premium Rate Filings, effective January 1, 2014.

Sincerely,

[redacted]

Senior Vice President, Finance and CFO
Capital District Physicans' Health Plan Inc.

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO - Off Exchange
AV Calculator Backup

Exhibit G

318

Plan Name:

SHPF1024
SHPF1038
SHPF1052
SHPF1066
SHPF1080
SHPF1094
SHPF1108
SHPF1122
SHPF1136
SHPF1150
SHPF1164
SHPF1178
SHPF1192
SHPF1206
SHPF1220
SHPF1010

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$2,500.00					
OOP Maximum if Separate ($)	$6,350.00	$1.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		$0.00
Specialist Visit	☐	☐		$25.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$25.00	☐	☐		$0.00
Imaging (CT/PET Scans, MRIs)	☐	☐		$25.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$25.00	☐	☐		$0.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$25.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$25.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	89.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$4.00	☐	☐		
Preferred Brand Drugs	☐	☐		$30.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$60.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	91.1%
Metal Tier:	Platinum

315

Plan Name:

SHPF1023
SHPF1037
SHPF1051
SHPF1065
SHPF1079
SHPF1093
SHPF1107
SHPF1121
SHPF1135
SHPF1149
SHPF1163
SHPF1177
SHPF1191
SHPF1205
SHPF1219
SHPF1009

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☑
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	50.00%				
OOP Maximum ($)	$6,350.00					
OOP Maximum if Separate ($)	$6,350.00	$1.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,000.00	☐	☐		$1.00
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$25.00	☐	☐		
Specialist Visit	☐	☐		$35.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$35.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$35.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$35.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐			☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$35.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	96.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	84.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☑	50%		☐	☐		
Preferred Brand Drugs	☐	☑	50%		☐	☐		
Non-Preferred Brand Drugs	☐	☑	50%		☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☑	50%		☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	90.1%
Metal Tier:	Platinum

319

Plan Name:

SHPF1025
SHPF1039
SHPF1053
SHPF1067
SHPF1081
SHPF1095
SHPF1109
SHPF1123
SHPF1137
SHPF1151
SHPF1011
SHPF1165
SHPF1179
SHPF1193
SHPF1207
SHPF1221

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	☐
Apply Inpatient Copay per Day?	☐
Apply Skilled Nursing Facility Copay per Day?	☐
Use Separate OOP Maximum for Medical and Drug Spending?	☑
Indicate if Plan Meets CSR Standard?	☐
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$6,350.00					
OOP Maximum if Separate ($)	$6,350.00	$1.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$100.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☐	☐		
Specialist Visit	☐	☐		$30.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$30.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$30.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$30.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$50.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$30.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$30.00	☐	☐		
Skilled Nursing Facility	☐	☐		$500.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	94.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	86.0%		☐	☐		
Drugs	☐ All	☐ All			☐ All	☐ All		
Generics	☐	☐		$10.00	☐	☐		
Preferred Brand Drugs	☐	☐		$50.00	☐	☐		
Non-Preferred Brand Drugs	☐	☐		$80.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☐	☐		$80.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.3%
Metal Tier:	Platinum

320

Plan Name:

SHGF2010
SHGF2023
SHGF2036
SHGF2049
SHGF2062
SHGF2075
SHGF2088
SHGF2101
SHGF2124
SHGF2137
SHGF2150
SHGF2163
SHGF2176
SHGF2189
SHGF2202
SHGF2215

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☑
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	☐	Blended Network/POS Plan?	☐
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum ($)	$6,350.00					
OOP Maximum if Separate ($)	$6,350.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☐ All	☐ All		
Emergency Room Services	☐	☐		$200.00	☐	☐		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$1,000.00	☐	☐		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$70.00	☐	☐		
Specialist Visit	☐	☐		$70.00	☐	☐		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$70.00	☐	☐		
Imaging (CT/PET Scans, MRIs)	☐	☐		$70.00	☐	☐		
Rehabilitative Speech Therapy	☐	☐		$70.00	☐	☐		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$70.00	☐	☐		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$70.00	☐	☐		
X-rays and Diagnostic Imaging	☐	☐		$70.00	☐	☐		
Skilled Nursing Facility	☐	☐		$1,000.00	☐	☐		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☐	☑	90.0%		☐	☐		
Outpatient Surgery Physician/Surgical Services	☐	☑	73.0%		☐	☐		
Drugs	☑ All	☐ All			☐ All	☐ All		
Generics	☑	☐		$10.00	☐	☐		
Preferred Brand Drugs	☑	☐		$80.00	☐	☐		
Non-Preferred Brand Drugs	☑	☐		$100.00	☐	☐		
Specialty Drugs (i.e. high-cost)	☑	☐		$100.00	☐	☐		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	☐
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	☐
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	☐
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	☐

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	81.9%
Metal Tier:	Gold

Capital District Physicians' Health Plan
Premium Rate Filing
Small Group HMO

Exhibit B

Trend Summary

Annualized trend from base period to 2014 projection period

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.37%		2.62%	-2.55%	2.85%
Outpatient Facility	3.66%		7.44%	1.46%	7.92%
Professional	0.77%		3.48%	1.21%	3.82%
Other Medical	2.48%		3.30%	1.23%	3.46%
Capitation			11.45%	0.00%	11.45%
Prescription Drug	2.50%		5.57%	2.50%	6.61%
Overall Trends			4.69%	1.61%	5.09%

Projected 2014

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	-2.47%		3.16%	-2.73%	3.42%
Outpatient Facility	3.15%		7.20%	1.00%	7.68%
Professional	1.05%		3.10%	1.55%	3.32%
Other Medical	2.37%		3.13%	1.31%	3.27%
Capitation					
Prescription Drug	2.50%		5.57%	2.50%	6.58%
Overall Trends			4.69%	1.61%	5.09%

Projected 2015

	Utilization	Cost	Allowed PMPM	Cost Sharing	Net PMPM
Inpatient Facility	0.00%		6.18%	0.00%	6.44%
Outpatient Facility	3.56%		7.80%	2.35%	8.20%
Professional	1.22%		3.29%	1.64%	3.52%
Other Medical	2.40%		3.14%	1.33%	3.27%
Capitation					
Prescription Drug	2.50%		5.58%	2.50%	6.56%
Overall Trends	2.10%		5.48%	1.98%	5.91%

Quarterly Trends	Annual	Quarterly
Q1 2014 - Q2 2014	5.29%	1.30%
Q2 2014 - Q3 2014	5.50%	1.35%
Q3 2014 - Q4 2014	5.71%	1.40%