

SERFF Tracking Number: CAPD-127320657 State: New York
Filing Company: CDPHP Universal Benefits Inc State Tracking Number: 2011070154
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: Crystal Run
Project Name/Number: 2012 Crystal Run/

Filing at a Glance

Company: CDPHP Universal Benefits Inc
Product Name: Crystal Run
TOI: H15G Group Health -
Hospital/Surgical/Medical Expense
Sub-TOI: H15G.003 Small Group Only
Filing Type: Rate Adjustment pursuant to
Section 4308(c)

SERFF Tr Num: CAPD-127320657 State: New York
SERFF Status: Closed-APPR State Tr Num: 2011070154
Approved
Co Tr Num: State Status:

Reviewer(s): [REDACTED]
[REDACTED]
[REDACTED]

Author: [REDACTED] Disposition Date: 09/19/2011
Date Submitted: 07/21/2011 Disposition Status: APPR Approved
Implementation Date: 01/01/2012

Implementation Date Requested: 01/01/2012
State Filing Description:

General Information

Project Name: 2012 Crystal Run
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/27/2011
State Status Changed:
Created By: [REDACTED]
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: [REDACTED]
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:
2012 Crystal Run

Company and Contact

Filing Contact Information

[REDACTED]

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500 Patroon Creek Blvd
Albany, NY 12206

Filing Company Information

CDPHP Universal Benefits Inc CoCode: 47027 State of Domicile: New York
Patroon Creek Corporate Center Group Code: -99 Company Type:
1223 Washington Avenue Group Name: State ID Number:
Albany, NY 12206-1057 FEIN Number: 16-1520935
(518) 641-3000 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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: Article 43
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.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, "File and Use" Rate Adjustment, 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.): Yes File and Approve
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?

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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

SERFF Tracking Number: CAPD-127320657 State: New York
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 Product Name: Crystal Run
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Rate Information

Rate data applies to filing.

Filing Method: Rate Adjustment Pursuant to 4308(c)
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 8.650%
Effective Date of Last Rate Revision: 10/01/2011
Filing Method of Last Filing: Certification Pursuant to 4308(c)

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 required):	Minimum % Change (where required):
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CDPHP Universal Benefits Inc	Increase	7.980%	7.980%	\$27,996	23	\$351,048	8.270%	7.650%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:			61			18		
Policy Holders:			17			6		

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Product Name: Crystal Run
Project Name/Number: 2012 Crystal Run/

Rate Review Details

COMPANY:

Company Name: CDPHP Universal Benefits Inc
HHS Issuer Id: 92551
Product Names: Crystal Run EPO/HDEPO
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: 02-0003-2010

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 79
Benefit Change: None
Percent Change Requested: Min: 6.43 Max: 8.27 Avg: 7.98

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 155.14 Max: 343.87 Avg: 309.98

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual \$: Min: 167.96 Max: 365.99 Avg: 334.59

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Manual		New		15. 2012 SG UBI Crystal Run.pdf

CDPHP Universal Benefits, Inc.
Crystal Run Rate Manual
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CDPHP Universal Benefits, Inc.
Crystal Run
Small Group Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	Quarter 1	Quarter 1	2011	2012	Quarter 2	Quarter 2
			Quarter 1	Quarter 1	Amount of	Percent	Quarter 2	Quarter 2	Amount of	Percent
			Current	Proposed	Adjustment	Change	Current	Proposed	Adjustment	Change
			First Quarter 2012 (1/1/2012 - 3/31/2012)				Second Quarter 2012 (4/1/2012 - 6/30/2012)			
CR	CREPCPY001	CREPCPY112								
		Individual - ALL TIERS	\$ 338.18	\$ 366.13	\$ 27.95	8.26%	\$ 345.45	\$ 371.87	\$ 26.42	7.65%
		Family - TWO TIER	\$ -	\$ 878.70	\$ 878.70	0.00%	\$ -	\$ 892.50	\$ 892.50	0.00%
		Double - THREE TIER	\$ -	\$ 787.17	\$ 787.17	0.00%	\$ -	\$ 799.53	\$ 799.53	0.00%
		Family - THREE TIER	\$ -	\$ 988.54	\$ 988.54	0.00%	\$ -	\$ 1,004.06	\$ 1,004.06	0.00%
		Employee/Spouse - FOUR TIER	\$ 777.81	\$ 842.09	\$ 64.28	8.26%	\$ 794.54	\$ 855.31	\$ 60.77	7.65%
		Employee/Child(rn) - FOUR TIER	\$ 659.45	\$ 713.95	\$ 54.50	8.26%	\$ 673.63	\$ 725.16	\$ 51.53	7.65%
		Family - FOUR TIER	\$ 1,014.54	\$ 1,098.38	\$ 83.84	8.26%	\$ 1,036.35	\$ 1,115.62	\$ 79.27	7.65%
CR	CREPTRN001	CREPTRN112								
		Individual - ALL TIERS	\$ 284.74	\$ 308.26	\$ 23.52	8.26%	\$ 290.86	\$ 313.10	\$ 22.24	7.65%
		Family - TWO TIER	\$ -	\$ 739.83	\$ 739.83	0.00%	\$ -	\$ 751.45	\$ 751.45	0.00%
		Double - THREE TIER	\$ -	\$ 662.77	\$ 662.77	0.00%	\$ -	\$ 673.17	\$ 673.17	0.00%
		Family - THREE TIER	\$ -	\$ 832.31	\$ 832.31	0.00%	\$ -	\$ 845.38	\$ 845.38	0.00%
		Employee/Spouse - FOUR TIER	\$ 654.90	\$ 709.00	\$ 54.10	8.26%	\$ 668.98	\$ 720.14	\$ 51.16	7.65%
		Employee/Child(rn) - FOUR TIER	\$ 555.24	\$ 601.11	\$ 45.87	8.26%	\$ 567.18	\$ 610.55	\$ 43.37	7.65%
		Family - FOUR TIER	\$ 854.22	\$ 924.79	\$ 70.57	8.26%	\$ 872.58	\$ 939.31	\$ 66.73	7.65%
CR	CREPQHD001	CREPQHD112								
		Individual - ALL TIERS	\$ 185.39	\$ 200.71	\$ 15.32	8.26%	\$ 189.38	\$ 203.86	\$ 14.48	7.65%
		Family - TWO TIER	\$ -	\$ 481.71	\$ 481.71	0.00%	\$ -	\$ 489.27	\$ 489.27	0.00%
		Double - THREE TIER	\$ -	\$ 431.53	\$ 431.53	0.00%	\$ -	\$ 438.31	\$ 438.31	0.00%
		Family - THREE TIER	\$ -	\$ 541.92	\$ 541.92	0.00%	\$ -	\$ 550.43	\$ 550.43	0.00%
		Employee/Spouse - FOUR TIER	\$ 426.40	\$ 461.64	\$ 35.24	8.26%	\$ 435.57	\$ 468.88	\$ 33.31	7.65%
		Employee/Child(rn) - FOUR TIER	\$ 361.51	\$ 391.39	\$ 29.88	8.27%	\$ 369.29	\$ 397.53	\$ 28.24	7.65%
		Family - FOUR TIER	\$ 556.17	\$ 602.13	\$ 45.96	8.26%	\$ 568.14	\$ 611.59	\$ 43.45	7.65%
CR	CREPQRX310	CREPQRX312								
		Individual - ALL TIERS	\$ 37.64	\$ 40.75	\$ 3.11	8.26%	\$ 38.45	\$ 41.39	\$ 2.94	7.65%
		Family - TWO TIER	\$ -	\$ 97.81	\$ 97.81	0.00%	\$ -	\$ 99.35	\$ 99.35	0.00%
		Double - THREE TIER	\$ -	\$ 87.62	\$ 87.62	0.00%	\$ -	\$ 89.00	\$ 89.00	0.00%
		Family - THREE TIER	\$ -	\$ 110.04	\$ 110.04	0.00%	\$ -	\$ 111.76	\$ 111.76	0.00%
		Employee/Spouse - FOUR TIER	\$ 86.57	\$ 93.74	\$ 7.17	8.28%	\$ 88.44	\$ 95.21	\$ 6.77	7.65%
		Employee/Child(rn) - FOUR TIER	\$ 73.40	\$ 79.47	\$ 6.07	8.27%	\$ 74.98	\$ 80.72	\$ 5.74	7.66%
		Family - FOUR TIER	\$ 112.92	\$ 122.26	\$ 9.34	8.27%	\$ 115.35	\$ 124.18	\$ 8.83	7.65%
CR	CRUNLRX310	CRUNLRX312								
		Individual - ALL TIERS	\$ 68.43	\$ 74.08	\$ 5.65	8.26%	\$ 69.90	\$ 75.24	\$ 5.34	7.64%
		Family - TWO TIER	\$ -	\$ 177.79	\$ 177.79	0.00%	\$ -	\$ 180.58	\$ 180.58	0.00%
		Double - THREE TIER	\$ -	\$ 159.27	\$ 159.27	0.00%	\$ -	\$ 161.77	\$ 161.77	0.00%
		Family - THREE TIER	\$ -	\$ 200.02	\$ 200.02	0.00%	\$ -	\$ 203.16	\$ 203.16	0.00%
		Employee/Spouse - FOUR TIER	\$ 157.39	\$ 170.38	\$ 12.99	8.25%	\$ 160.77	\$ 173.06	\$ 12.29	7.64%
		Employee/Child(rn) - FOUR TIER	\$ 133.44	\$ 144.46	\$ 11.02	8.26%	\$ 136.31	\$ 146.72	\$ 10.41	7.64%
		Family - FOUR TIER	\$ 205.29	\$ 222.24	\$ 16.95	8.26%	\$ 209.70	\$ 225.73	\$ 16.03	7.64%
CR	CRUNLRX410	CRUNLRX412								
		Individual - ALL TIERS	\$ 65.68	\$ 71.10	\$ 5.42	8.25%	\$ 67.09	\$ 72.22	\$ 5.13	7.65%
		Family - TWO TIER	\$ -	\$ 170.65	\$ 170.65	0.00%	\$ -	\$ 173.33	\$ 173.33	0.00%
		Double - THREE TIER	\$ -	\$ 152.87	\$ 152.87	0.00%	\$ -	\$ 155.27	\$ 155.27	0.00%
		Family - THREE TIER	\$ -	\$ 191.98	\$ 191.98	0.00%	\$ -	\$ 194.99	\$ 194.99	0.00%
		Employee/Spouse - FOUR TIER	\$ 151.06	\$ 163.54	\$ 12.48	8.26%	\$ 154.31	\$ 166.10	\$ 11.79	7.64%
		Employee/Child(rn) - FOUR TIER	\$ 128.08	\$ 138.65	\$ 10.57	8.25%	\$ 130.83	\$ 140.83	\$ 10.00	7.64%
		Family - FOUR TIER	\$ 197.04	\$ 213.31	\$ 16.27	8.26%	\$ 201.27	\$ 216.66	\$ 15.39	7.65%
CR	SNF + Make Available	CREPSNF112								
		Individual - ALL TIERS	\$ 3.77	\$ 4.08	\$ 0.31	8.22%	\$ 3.85	\$ 4.14	\$ 0.29	7.53%
		Family - TWO TIER	\$ -	\$ 9.79	\$ 9.79	0.00%	\$ -	\$ 9.94	\$ 9.94	0.00%
		Double - THREE TIER	\$ -	\$ 8.77	\$ 8.77	0.00%	\$ -	\$ 8.90	\$ 8.90	0.00%
		Family - THREE TIER	\$ -	\$ 11.01	\$ 11.01	0.00%	\$ -	\$ 11.18	\$ 11.18	0.00%
		Employee/Spouse - FOUR TIER	\$ 8.67	\$ 9.38	\$ 0.71	8.19%	\$ 8.86	\$ 9.53	\$ 0.67	7.56%
		Employee/Child(rn) - FOUR TIER	\$ 7.35	\$ 7.95	\$ 0.60	8.16%	\$ 7.51	\$ 8.08	\$ 0.57	7.59%
		Family - FOUR TIER	\$ 11.31	\$ 12.23	\$ 0.92	8.13%	\$ 11.55	\$ 12.42	\$ 0.87	7.53%
CR	CREPABR110	CREPABR112								
		Individual - ALL TIERS	\$ 2.95	\$ 3.19	\$ 0.24	8.14%	\$ 3.01	\$ 3.24	\$ 0.23	7.64%
		Family - TWO TIER	\$ -	\$ 7.64	\$ 7.64	0.00%	\$ -	\$ 7.76	\$ 7.76	0.00%
		Double - THREE TIER	\$ -	\$ 6.85	\$ 6.85	0.00%	\$ -	\$ 6.96	\$ 6.96	0.00%
		Family - THREE TIER	\$ -	\$ 8.60	\$ 8.60	0.00%	\$ -	\$ 8.74	\$ 8.74	0.00%
		Employee/Spouse - FOUR TIER	\$ 6.79	\$ 7.33	\$ 0.54	7.95%	\$ 6.92	\$ 7.44	\$ 0.52	7.51%
		Employee/Child(rn) - FOUR TIER	\$ 5.75	\$ 6.21	\$ 0.46	8.00%	\$ 5.87	\$ 6.31	\$ 0.44	7.50%
		Family - FOUR TIER	\$ 8.85	\$ 9.56	\$ 0.71	8.02%	\$ 9.03	\$ 9.71	\$ 0.68	7.53%
CR	CREPBHS110 + SNF	CREPBHS112								
		Individual - ALL TIERS	\$ 5.12	\$ 5.54	\$ 0.42	8.20%	\$ 5.23	\$ 5.63	\$ 0.40	7.65%
		Family - TWO TIER	\$ -	\$ 13.30	\$ 13.30	0.00%	\$ -	\$ 13.51	\$ 13.51	0.00%
		Double - THREE TIER	\$ -	\$ 11.91	\$ 11.91	0.00%	\$ -	\$ 12.10	\$ 12.10	0.00%
		Family - THREE TIER	\$ -	\$ 14.96	\$ 14.96	0.00%	\$ -	\$ 15.19	\$ 15.19	0.00%
		Employee/Spouse - FOUR TIER	\$ 11.78	\$ 12.74	\$ 0.96	8.15%	\$ 12.03	\$ 12.94	\$ 0.91	7.56%
		Employee/Child(rn) - FOUR TIER	\$ 9.98	\$ 10.80	\$ 0.82	8.22%	\$ 10.20	\$ 10.97	\$ 0.77	7.55%
		Family - FOUR TIER	\$ 15.36	\$ 16.62	\$ 1.26	8.20%	\$ 15.69	\$ 16.88	\$ 1.19	7.58%

CDPHP Universal Benefits, Inc.
Crystal Run
Small Group Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	Quarter 1	Quarter 1	2011	2012	Quarter 2	Quarter 2	Quarter 2	Quarter 2
			Current Rate	Proposed Rate	Amount of Adjustment	Percent Change	Current Rate	Proposed Rate	Amount of Adjustment	Percent Change		
			First Quarter 2012 (1/1/2012 - 3/31/2012)				Second Quarter 2012 (4/1/2012 - 6/30/2012)					
CR	SNF + Make Available	CREPQSNF112										
		Individual - ALL TIERS	\$ 3.77	\$ 4.08	\$ 0.31	8.22%	\$ 3.85	\$ 4.14	\$ 0.29	7.53%		
		Family - TWO TIER	\$ -	\$ 9.79	\$ 9.79	0.00%	\$ -	\$ 9.94	\$ 9.94	0.00%		
		Double - THREE TIER	\$ -	\$ 8.77	\$ 8.77	0.00%	\$ -	\$ 8.90	\$ 8.90	0.00%		
		Family - THREE TIER	\$ -	\$ 11.01	\$ 11.01	0.00%	\$ -	\$ 11.18	\$ 11.18	0.00%		
		Employee/Spouse - FOUR TIER	\$ 8.67	\$ 9.38	\$ 0.71	8.19%	\$ 8.86	\$ 9.53	\$ 0.67	7.56%		
		Employee/Child(rn) - FOUR TIER	\$ 7.35	\$ 7.95	\$ 0.60	8.16%	\$ 7.51	\$ 8.08	\$ 0.57	7.59%		
CR	CREPQABR110	CREPQABR112										
		Individual - ALL TIERS	\$ 2.95	\$ 3.19	\$ 0.24	8.14%	\$ 3.01	\$ 3.24	\$ 0.23	7.64%		
		Family - TWO TIER	\$ -	\$ 7.64	\$ 7.64	0.00%	\$ -	\$ 7.76	\$ 7.76	0.00%		
		Double - THREE TIER	\$ -	\$ 6.85	\$ 6.85	0.00%	\$ -	\$ 6.96	\$ 6.96	0.00%		
		Family - THREE TIER	\$ -	\$ 8.60	\$ 8.60	0.00%	\$ -	\$ 8.74	\$ 8.74	0.00%		
		Employee/Spouse - FOUR TIER	\$ 6.79	\$ 7.33	\$ 0.54	7.95%	\$ 6.92	\$ 7.44	\$ 0.52	7.51%		
		Employee/Child(rn) - FOUR TIER	\$ 5.75	\$ 6.21	\$ 0.46	8.00%	\$ 5.87	\$ 6.31	\$ 0.44	7.50%		
CR	CREPQBHS110 + SNF	CREPQBHS112										
		Individual - ALL TIERS	\$ 5.12	\$ 5.54	\$ 0.42	8.20%	\$ 5.23	\$ 5.63	\$ 0.40	7.65%		
		Family - TWO TIER	\$ -	\$ 13.30	\$ 13.30	0.00%	\$ -	\$ 13.51	\$ 13.51	0.00%		
		Double - THREE TIER	\$ -	\$ 11.91	\$ 11.91	0.00%	\$ -	\$ 12.10	\$ 12.10	0.00%		
		Family - THREE TIER	\$ -	\$ 14.96	\$ 14.96	0.00%	\$ -	\$ 15.19	\$ 15.19	0.00%		
		Employee/Spouse - FOUR TIER	\$ 11.78	\$ 12.74	\$ 0.96	8.15%	\$ 12.03	\$ 12.94	\$ 0.91	7.56%		
		Employee/Child(rn) - FOUR TIER	\$ 9.98	\$ 10.80	\$ 0.82	8.22%	\$ 10.20	\$ 10.97	\$ 0.77	7.55%		
CR	CRLQVSN111	CRLQVSN112										
		Individual - ALL TIERS	\$ -	\$ 3.56	\$ -	0.00%	\$ -	\$ 3.61	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 8.53	\$ -	0.00%	\$ -	\$ 8.67	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 7.64	\$ -	0.00%	\$ -	\$ 7.76	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 9.60	\$ -	0.00%	\$ -	\$ 9.75	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 8.18	\$ -	0.00%	\$ -	\$ 8.30	\$ -	0.00%		
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 6.93	\$ -	0.00%	\$ -	\$ 7.04	\$ -	0.00%		
CR	CRLQVSN211	CRLQVSN212										
		Individual - ALL TIERS	\$ -	\$ 7.26	\$ -	0.00%	\$ -	\$ 7.38	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 17.43	\$ -	0.00%	\$ -	\$ 17.70	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 15.61	\$ -	0.00%	\$ -	\$ 15.86	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 19.61	\$ -	0.00%	\$ -	\$ 19.92	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 16.70	\$ -	0.00%	\$ -	\$ 16.97	\$ -	0.00%		
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 14.16	\$ -	0.00%	\$ -	\$ 14.38	\$ -	0.00%		
CR	CRLVSN111	CRLVSN112										
		Individual - ALL TIERS	\$ -	\$ 3.56	\$ -	0.00%	\$ -	\$ 3.61	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 8.53	\$ -	0.00%	\$ -	\$ 8.67	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 7.64	\$ -	0.00%	\$ -	\$ 7.76	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 9.60	\$ -	0.00%	\$ -	\$ 9.75	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 8.18	\$ -	0.00%	\$ -	\$ 8.30	\$ -	0.00%		
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 6.93	\$ -	0.00%	\$ -	\$ 7.04	\$ -	0.00%		
CR	CRLVSN211	CRLVSN212										
		Individual - ALL TIERS	\$ -	\$ 7.26	\$ -	0.00%	\$ -	\$ 7.38	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 17.43	\$ -	0.00%	\$ -	\$ 17.70	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 15.61	\$ -	0.00%	\$ -	\$ 15.86	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 19.61	\$ -	0.00%	\$ -	\$ 19.92	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 16.70	\$ -	0.00%	\$ -	\$ 16.97	\$ -	0.00%		
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 14.16	\$ -	0.00%	\$ -	\$ 14.38	\$ -	0.00%		

CDPHP Universal Benefits, Inc.
Crystal Run
Small Group Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	Quarter 3	Quarter 3	2011	2012	Quarter 4	Quarter 4	Quarter 4	Quarter 4
			Quarter 3 Current Rate	Quarter 3 Proposed Rate	Amount of Adjustment	Percent Change	Quarter 4 Current Rate	Quarter 4 Proposed Rate	Amount of Adjustment	Percent Change		
			Third Quarter 2012 (7/1/2012 - 9/30/2012)				Fourth Quarter 2012 (10/1/2012 - 12/31/2012)					
CR	CREPCPY001	CREPCPY112										
		Individual - ALL TIERS	\$ 352.88	\$ 377.71	\$ 24.83	7.04%	\$ 360.47	\$ 383.64	\$ 23.17	6.43%		
		Family - TWO TIER	\$ -	\$ 906.51	\$ 906.51	0.00%	\$ 865.12	\$ 920.74	\$ 55.62	6.43%		
		Double - THREE TIER	\$ -	\$ 812.08	\$ 812.08	0.00%	\$ 775.00	\$ 824.83	\$ 49.83	6.43%		
		Family - THREE TIER	\$ -	\$ 1,019.82	\$ 1,019.82	0.00%	\$ 973.26	\$ 1,035.84	\$ 62.58	6.43%		
		Employee/Spouse - FOUR TIER	\$ 811.62	\$ 868.74	\$ 57.12	7.04%	\$ 829.07	\$ 882.38	\$ 53.31	6.43%		
		Employee/Chld(m) - FOUR TIER	\$ 688.12	\$ 736.54	\$ 48.42	7.04%	\$ 702.91	\$ 748.10	\$ 45.19	6.43%		
		Family - FOUR TIER	\$ 1,058.64	\$ 1,133.14	\$ 74.50	7.04%	\$ 1,081.40	\$ 1,150.93	\$ 69.53	6.43%		
CR	CREPTRN001	CREPTRN112										
		Individual - ALL TIERS	\$ 297.11	\$ 318.02	\$ 20.91	7.04%	\$ 303.50	\$ 323.01	\$ 19.51	6.43%		
		Family - TWO TIER	\$ -	\$ 763.24	\$ 763.24	0.00%	\$ 728.39	\$ 775.23	\$ 46.84	6.43%		
		Double - THREE TIER	\$ -	\$ 683.74	\$ 683.74	0.00%	\$ 652.52	\$ 694.47	\$ 41.95	6.43%		
		Family - THREE TIER	\$ -	\$ 858.65	\$ 858.65	0.00%	\$ 819.44	\$ 872.13	\$ 52.69	6.43%		
		Employee/Spouse - FOUR TIER	\$ 683.35	\$ 731.44	\$ 48.09	7.04%	\$ 698.05	\$ 742.93	\$ 44.88	6.43%		
		Employee/Chld(m) - FOUR TIER	\$ 579.36	\$ 620.14	\$ 40.78	7.04%	\$ 591.82	\$ 629.87	\$ 38.05	6.43%		
		Family - FOUR TIER	\$ 891.33	\$ 954.05	\$ 62.72	7.04%	\$ 910.49	\$ 969.03	\$ 58.54	6.43%		
CR	CREPQHD001	CREPQHD112										
		Individual - ALL TIERS	\$ 193.45	\$ 207.06	\$ 13.61	7.04%	\$ 197.61	\$ 210.31	\$ 12.70	6.43%		
		Family - TWO TIER	\$ -	\$ 496.95	\$ 496.95	0.00%	\$ 474.26	\$ 504.75	\$ 30.49	6.43%		
		Double - THREE TIER	\$ -	\$ 445.19	\$ 445.19	0.00%	\$ 424.86	\$ 452.18	\$ 27.32	6.43%		
		Family - THREE TIER	\$ -	\$ 559.07	\$ 559.07	0.00%	\$ 533.54	\$ 567.85	\$ 34.31	6.43%		
		Employee/Spouse - FOUR TIER	\$ 444.94	\$ 476.25	\$ 31.31	7.04%	\$ 454.50	\$ 483.72	\$ 29.22	6.43%		
		Employee/Chld(m) - FOUR TIER	\$ 377.23	\$ 403.77	\$ 26.54	7.04%	\$ 385.34	\$ 410.11	\$ 24.77	6.43%		
		Family - FOUR TIER	\$ 580.35	\$ 621.19	\$ 40.84	7.04%	\$ 592.83	\$ 630.94	\$ 38.11	6.43%		
CR	CREPQRX310	CREPQRX312										
		Individual - ALL TIERS	\$ 39.28	\$ 42.04	\$ 2.76	7.03%	\$ 40.12	\$ 42.70	\$ 2.58	6.43%		
		Family - TWO TIER	\$ -	\$ 100.91	\$ 100.91	0.00%	\$ 96.30	\$ 102.49	\$ 6.19	6.43%		
		Double - THREE TIER	\$ -	\$ 90.40	\$ 90.40	0.00%	\$ 86.27	\$ 91.81	\$ 5.54	6.42%		
		Family - THREE TIER	\$ -	\$ 113.52	\$ 113.52	0.00%	\$ 108.34	\$ 115.30	\$ 6.96	6.42%		
		Employee/Spouse - FOUR TIER	\$ 90.34	\$ 96.70	\$ 6.36	7.04%	\$ 92.29	\$ 98.22	\$ 5.93	6.43%		
		Employee/Chld(m) - FOUR TIER	\$ 76.60	\$ 81.99	\$ 5.39	7.04%	\$ 78.24	\$ 83.27	\$ 5.03	6.43%		
		Family - FOUR TIER	\$ 117.84	\$ 126.13	\$ 8.29	7.03%	\$ 120.37	\$ 128.11	\$ 7.74	6.43%		
CR	CRUNLRX310	CRUNLRX312										
		Individual - ALL TIERS	\$ 71.40	\$ 76.42	\$ 5.02	7.03%	\$ 72.94	\$ 77.62	\$ 4.68	6.42%		
		Family - TWO TIER	\$ -	\$ 183.42	\$ 183.42	0.00%	\$ 175.04	\$ 186.30	\$ 11.26	6.43%		
		Double - THREE TIER	\$ -	\$ 164.31	\$ 164.31	0.00%	\$ 156.81	\$ 166.89	\$ 10.08	6.43%		
		Family - THREE TIER	\$ -	\$ 206.35	\$ 206.35	0.00%	\$ 196.92	\$ 209.59	\$ 12.67	6.43%		
		Employee/Spouse - FOUR TIER	\$ 164.22	\$ 175.78	\$ 11.56	7.04%	\$ 167.75	\$ 178.54	\$ 10.79	6.43%		
		Employee/Chld(m) - FOUR TIER	\$ 139.23	\$ 149.03	\$ 9.80	7.04%	\$ 142.22	\$ 151.37	\$ 9.15	6.43%		
		Family - FOUR TIER	\$ 214.20	\$ 229.27	\$ 15.07	7.04%	\$ 218.81	\$ 232.87	\$ 14.06	6.43%		
CR	CRUNLRX410	CRUNLRX412										
		Individual - ALL TIERS	\$ 68.53	\$ 73.35	\$ 4.82	7.03%	\$ 70.00	\$ 74.50	\$ 4.50	6.43%		
		Family - TWO TIER	\$ -	\$ 176.05	\$ 176.05	0.00%	\$ 168.01	\$ 178.81	\$ 10.80	6.43%		
		Double - THREE TIER	\$ -	\$ 157.71	\$ 157.71	0.00%	\$ 150.51	\$ 160.18	\$ 9.67	6.42%		
		Family - THREE TIER	\$ -	\$ 198.05	\$ 198.05	0.00%	\$ 189.01	\$ 201.16	\$ 12.15	6.43%		
		Employee/Spouse - FOUR TIER	\$ 157.62	\$ 168.71	\$ 11.09	7.04%	\$ 161.01	\$ 171.36	\$ 10.35	6.43%		
		Employee/Chld(m) - FOUR TIER	\$ 133.63	\$ 143.04	\$ 9.41	7.04%	\$ 136.51	\$ 145.28	\$ 8.77	6.42%		
		Family - FOUR TIER	\$ 205.59	\$ 220.06	\$ 14.47	7.04%	\$ 210.01	\$ 223.51	\$ 13.50	6.43%		
CR	SNF + Make Available	CREPSNF112										
		Individual - ALL TIERS	\$ 3.93	\$ 4.21	\$ 0.28	7.12%	\$ 4.01	\$ 4.27	\$ 0.26	6.48%		
		Family - TWO TIER	\$ -	\$ 10.10	\$ 10.10	0.00%	\$ 9.64	\$ 10.25	\$ 0.61	6.33%		
		Double - THREE TIER	\$ -	\$ 9.04	\$ 9.04	0.00%	\$ 8.63	\$ 9.19	\$ 0.56	6.49%		
		Family - THREE TIER	\$ -	\$ 11.36	\$ 11.36	0.00%	\$ 10.84	\$ 11.54	\$ 0.70	6.46%		
		Employee/Spouse - FOUR TIER	\$ 9.04	\$ 9.68	\$ 0.64	7.08%	\$ 9.23	\$ 9.83	\$ 0.60	6.50%		
		Employee/Chld(m) - FOUR TIER	\$ 7.66	\$ 8.20	\$ 0.54	7.05%	\$ 7.83	\$ 8.33	\$ 0.50	6.39%		
		Family - FOUR TIER	\$ 11.79	\$ 12.62	\$ 0.83	7.04%	\$ 12.04	\$ 12.82	\$ 0.78	6.48%		
CR	CREPABR110	CREPABR112										
		Individual - ALL TIERS	\$ 3.07	\$ 3.29	\$ 0.22	7.17%	\$ 3.14	\$ 3.34	\$ 0.20	6.37%		
		Family - TWO TIER	\$ -	\$ 7.89	\$ 7.89	0.00%	\$ 7.53	\$ 8.01	\$ 0.48	6.37%		
		Double - THREE TIER	\$ -	\$ 7.07	\$ 7.07	0.00%	\$ 6.74	\$ 7.18	\$ 0.44	6.53%		
		Family - THREE TIER	\$ -	\$ 8.87	\$ 8.87	0.00%	\$ 8.47	\$ 9.01	\$ 0.54	6.38%		
		Employee/Spouse - FOUR TIER	\$ 7.06	\$ 7.56	\$ 0.50	7.08%	\$ 7.21	\$ 7.68	\$ 0.47	6.52%		
		Employee/Chld(m) - FOUR TIER	\$ 5.99	\$ 6.41	\$ 0.42	7.01%	\$ 6.12	\$ 6.51	\$ 0.39	6.37%		
		Family - FOUR TIER	\$ 9.21	\$ 9.86	\$ 0.65	7.06%	\$ 9.41	\$ 10.01	\$ 0.60	6.38%		
CR	CREPBHS110 + SNF	CREPBHS112										
		Individual - ALL TIERS	\$ 5.34	\$ 5.72	\$ 0.38	7.12%	\$ 5.45	\$ 5.81	\$ 0.36	6.61%		
		Family - TWO TIER	\$ -	\$ 13.72	\$ 13.72	0.00%	\$ 13.09	\$ 13.93	\$ 0.84	6.42%		
		Double - THREE TIER	\$ -	\$ 12.29	\$ 12.29	0.00%	\$ 11.73	\$ 12.48	\$ 0.75	6.39%		
		Family - THREE TIER	\$ -	\$ 15.43	\$ 15.43	0.00%	\$ 14.73	\$ 15.67	\$ 0.94	6.38%		
		Employee/Spouse - FOUR TIER	\$ 12.28	\$ 13.15	\$ 0.87	7.08%	\$ 12.55	\$ 13.35	\$ 0.80	6.37%		
		Employee/Chld(m) - FOUR TIER	\$ 10.41	\$ 11.15	\$ 0.74	7.11%	\$ 10.63	\$ 11.32	\$ 0.69	6.49%		
		Family - FOUR TIER	\$ 16.02	\$ 17.15	\$ 1.13	7.05%	\$ 16.36	\$ 17.42	\$ 1.06	6.48%		

CDPHP Universal Benefits, Inc.
Crystal Run
Small Group Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	Quarter 3	Quarter 3	2011	2012	Quarter 4	Quarter 4	Quarter 4	Quarter 4
			Quarter 3	Quarter 3	Quarter 3	Quarter 3	Quarter 4	Quarter 4	Quarter 4	Quarter 4		
			Current	Proposed	Amount of	Percent	Current	Proposed	Amount of	Percent	Amount of	Percent
			Rate	Rate	Adjustment	Change	Rate	Rate	Adjustment	Change	Adjustment	Change
			Third Quarter 2012 (7/1/2012 - 9/30/2012)				Fourth Quarter 2012 (10/1/2012 - 12/31/2012)					
CR	SNF + Make Available	CREPQSNF112										
		Individual - ALL TIERS	\$ 3.93	\$ 4.21	\$ 0.28	7.12%	\$ 4.01	\$ 4.27	\$ 0.26	6.48%		
		Family - TWO TIER	\$ -	\$ 10.10	\$ 10.10	0.00%	\$ 9.64	\$ 10.25	\$ 0.61	6.33%		
		Double - THREE TIER	\$ -	\$ 9.04	\$ 9.04	0.00%	\$ 8.63	\$ 9.19	\$ 0.56	6.49%		
		Family - THREE TIER	\$ -	\$ 11.36	\$ 11.36	0.00%	\$ 10.84	\$ 11.54	\$ 0.70	6.46%		
		Employee/Spouse - FOUR TIER	\$ 9.04	\$ 9.68	\$ 0.64	7.08%	\$ 9.23	\$ 9.83	\$ 0.60	6.50%		
		Employee/Child(m) - FOUR TIER	\$ 7.66	\$ 8.20	\$ 0.54	7.05%	\$ 7.83	\$ 8.33	\$ 0.50	6.39%		
		Family - FOUR TIER	\$ 11.79	\$ 12.62	\$ 0.83	7.04%	\$ 12.04	\$ 12.82	\$ 0.78	6.48%		
CR	CREPQABR110	CREPQABR112										
		Individual - ALL TIERS	\$ 3.07	\$ 3.29	\$ 0.22	7.17%	\$ 3.14	\$ 3.34	\$ 0.20	6.37%		
		Family - TWO TIER	\$ -	\$ 7.89	\$ 7.89	0.00%	\$ 7.53	\$ 8.01	\$ 0.48	6.37%		
		Double - THREE TIER	\$ -	\$ 7.07	\$ 7.07	0.00%	\$ 6.74	\$ 7.18	\$ 0.44	6.53%		
		Family - THREE TIER	\$ -	\$ 8.87	\$ 8.87	0.00%	\$ 8.47	\$ 9.01	\$ 0.54	6.38%		
		Employee/Spouse - FOUR TIER	\$ 7.06	\$ 7.56	\$ 0.50	7.08%	\$ 7.21	\$ 7.68	\$ 0.47	6.52%		
		Employee/Child(m) - FOUR TIER	\$ 5.99	\$ 6.41	\$ 0.42	7.01%	\$ 6.12	\$ 6.51	\$ 0.39	6.37%		
		Family - FOUR TIER	\$ 9.21	\$ 9.86	\$ 0.65	7.06%	\$ 9.41	\$ 10.01	\$ 0.60	6.38%		
CR	CREPQBHS110 + SNF	CREPQBHS112										
		Individual - ALL TIERS	\$ 5.34	\$ 5.72	\$ 0.38	7.12%	\$ 5.45	\$ 5.81	\$ 0.36	6.61%		
		Family - TWO TIER	\$ -	\$ 13.72	\$ 13.72	0.00%	\$ 13.09	\$ 13.93	\$ 0.84	6.42%		
		Double - THREE TIER	\$ -	\$ 12.29	\$ 12.29	0.00%	\$ 11.73	\$ 12.48	\$ 0.75	6.39%		
		Family - THREE TIER	\$ -	\$ 15.43	\$ 15.43	0.00%	\$ 14.73	\$ 15.67	\$ 0.94	6.38%		
		Employee/Spouse - FOUR TIER	\$ 12.28	\$ 13.15	\$ 0.87	7.08%	\$ 12.55	\$ 13.35	\$ 0.80	6.37%		
		Employee/Child(m) - FOUR TIER	\$ 10.41	\$ 11.15	\$ 0.74	7.11%	\$ 10.63	\$ 11.32	\$ 0.69	6.49%		
		Family - FOUR TIER	\$ 16.02	\$ 17.15	\$ 1.13	7.05%	\$ 16.36	\$ 17.42	\$ 1.06	6.48%		
CR	CRLQVSN111	CRLQVSN112										
		Individual - ALL TIERS	\$ -	\$ 3.67	\$ -	0.00%	\$ 3.50	\$ 3.73	\$ 0.23	6.57%		
		Family - TWO TIER	\$ -	\$ 8.80	\$ -	0.00%	\$ 8.40	\$ 8.94	\$ 0.54	6.43%		
		Double - THREE TIER	\$ -	\$ 7.89	\$ -	0.00%	\$ 7.52	\$ 8.01	\$ 0.49	6.52%		
		Family - THREE TIER	\$ -	\$ 9.90	\$ -	0.00%	\$ 9.44	\$ 10.06	\$ 0.62	6.57%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 8.44	\$ -	0.00%	\$ 8.05	\$ 8.57	\$ 0.52	6.46%		
		Employee/Child(m) - FOUR TIER	\$ -	\$ 7.15	\$ -	0.00%	\$ 6.82	\$ 7.26	\$ 0.44	6.45%		
		Family - FOUR TIER	\$ -	\$ 11.00	\$ -	0.00%	\$ 10.49	\$ 11.18	\$ 0.69	6.58%		
CR	CRLQVSN211	CRLQVSN212										
		Individual - ALL TIERS	\$ -	\$ 7.49	\$ -	0.00%	\$ 7.15	\$ 7.61	\$ 0.46	6.43%		
		Family - TWO TIER	\$ -	\$ 17.98	\$ -	0.00%	\$ 17.17	\$ 18.26	\$ 1.09	6.35%		
		Double - THREE TIER	\$ -	\$ 16.11	\$ -	0.00%	\$ 15.38	\$ 16.36	\$ 0.98	6.37%		
		Family - THREE TIER	\$ -	\$ 20.23	\$ -	0.00%	\$ 19.31	\$ 20.55	\$ 1.24	6.42%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 17.23	\$ -	0.00%	\$ 16.45	\$ 17.50	\$ 1.05	6.38%		
		Employee/Child(m) - FOUR TIER	\$ -	\$ 14.61	\$ -	0.00%	\$ 13.95	\$ 14.84	\$ 0.89	6.38%		
		Family - FOUR TIER	\$ -	\$ 22.48	\$ -	0.00%	\$ 21.46	\$ 22.83	\$ 1.37	6.38%		
CR	CRLVSN111	CRLVSN112										
		Individual - ALL TIERS	\$ -	\$ 3.67	\$ -	0.00%	\$ 3.50	\$ 3.73	\$ 0.23	6.57%		
		Family - TWO TIER	\$ -	\$ 8.80	\$ -	0.00%	\$ 8.40	\$ 8.94	\$ 0.54	6.43%		
		Double - THREE TIER	\$ -	\$ 7.89	\$ -	0.00%	\$ 7.52	\$ 8.01	\$ 0.49	6.52%		
		Family - THREE TIER	\$ -	\$ 9.90	\$ -	0.00%	\$ 9.44	\$ 10.06	\$ 0.62	6.57%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 8.44	\$ -	0.00%	\$ 8.05	\$ 8.57	\$ 0.52	6.46%		
		Employee/Child(m) - FOUR TIER	\$ -	\$ 7.15	\$ -	0.00%	\$ 6.82	\$ 7.26	\$ 0.44	6.45%		
		Family - FOUR TIER	\$ -	\$ 11.00	\$ -	0.00%	\$ 10.49	\$ 11.18	\$ 0.69	6.58%		
CR	CRLVSN211	CRLVSN212										
		Individual - ALL TIERS	\$ -	\$ 7.49	\$ -	0.00%	\$ 7.15	\$ 7.61	\$ 0.46	6.43%		
		Family - TWO TIER	\$ -	\$ 17.98	\$ -	0.00%	\$ 17.17	\$ 18.26	\$ 1.09	6.35%		
		Double - THREE TIER	\$ -	\$ 16.11	\$ -	0.00%	\$ 15.38	\$ 16.36	\$ 0.98	6.37%		
		Family - THREE TIER	\$ -	\$ 20.23	\$ -	0.00%	\$ 19.31	\$ 20.55	\$ 1.24	6.42%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 17.23	\$ -	0.00%	\$ 16.45	\$ 17.50	\$ 1.05	6.38%		
		Employee/Child(m) - FOUR TIER	\$ -	\$ 14.61	\$ -	0.00%	\$ 13.95	\$ 14.84	\$ 0.89	6.38%		
		Family - FOUR TIER	\$ -	\$ 22.48	\$ -	0.00%	\$ 21.46	\$ 22.83	\$ 1.37	6.38%		

CDPHP Universal Benefits, Inc.
Crystal Run
Sole Proprietor Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	Quarter 1	Quarter 1	2011	2012	Quarter 2	Quarter 2
			Current Rate	Proposed Rate	Amount of Adjustment	Percent Change	Current Rate	Proposed Rate	Amount of Adjustment	Percent Change
			<i>First Quarter 2012 (1/1/2012 - 3/31/2012)</i>				<i>Second Quarter 2012 (4/1/2012 - 6/30/2012)</i>			
CR	CREPCPY001	CREPCPY112								
		Individual - ALL TIERS	\$ 385.53	\$ 417.38	\$ 31.85	8.26%	\$ 393.81	\$ 423.94	\$ 30.13	7.65%
		Family - TWO TIER	\$ -	\$ 1,001.72	\$ 1,001.72	0.00%	\$ -	\$ 1,017.45	\$ 1,017.45	0.00%
		Double - THREE TIER	\$ -	\$ 897.38	\$ 897.38	0.00%	\$ -	\$ 911.46	\$ 911.46	0.00%
		Family - THREE TIER	\$ -	\$ 1,126.94	\$ 1,126.94	0.00%	\$ -	\$ 1,144.63	\$ 1,144.63	0.00%
		Employee/Spouse - FOUR TIER	\$ 886.72	\$ 959.98	\$ 73.26	8.26%	\$ 905.76	\$ 975.05	\$ 69.29	7.65%
		Employee/Chld(rn) - FOUR TIER	\$ 751.78	\$ 813.90	\$ 62.12	8.26%	\$ 767.93	\$ 826.68	\$ 58.75	7.65%
		Family - FOUR TIER	\$ 1,156.59	\$ 1,252.15	\$ 95.56	8.26%	\$ 1,181.43	\$ 1,271.81	\$ 90.38	7.65%
CR	CREPTRN001	CREPTRN112								
		Individual - ALL TIERS	\$ 324.60	\$ 351.42	\$ 26.82	8.26%	\$ 331.58	\$ 356.94	\$ 25.36	7.65%
		Family - TWO TIER	\$ -	\$ 843.41	\$ 843.41	0.00%	\$ -	\$ 856.65	\$ 856.65	0.00%
		Double - THREE TIER	\$ -	\$ 755.55	\$ 755.55	0.00%	\$ -	\$ 767.41	\$ 767.41	0.00%
		Family - THREE TIER	\$ -	\$ 948.83	\$ 948.83	0.00%	\$ -	\$ 963.73	\$ 963.73	0.00%
		Employee/Spouse - FOUR TIER	\$ 746.58	\$ 808.27	\$ 61.69	8.26%	\$ 762.63	\$ 820.95	\$ 58.32	7.65%
		Employee/Chld(rn) - FOUR TIER	\$ 632.97	\$ 685.27	\$ 52.30	8.26%	\$ 646.58	\$ 696.03	\$ 49.45	7.65%
		Family - FOUR TIER	\$ 973.80	\$ 1,054.26	\$ 80.46	8.26%	\$ 994.74	\$ 1,070.81	\$ 76.07	7.65%
CR	CREPQHD001	CREPQHD112								
		Individual - ALL TIERS	\$ 211.34	\$ 228.81	\$ 17.47	8.27%	\$ 215.89	\$ 232.40	\$ 16.51	7.65%
		Family - TWO TIER	\$ -	\$ 549.15	\$ 549.15	0.00%	\$ -	\$ 557.77	\$ 557.77	0.00%
		Double - THREE TIER	\$ -	\$ 491.94	\$ 491.94	0.00%	\$ -	\$ 499.67	\$ 499.67	0.00%
		Family - THREE TIER	\$ -	\$ 617.79	\$ 617.79	0.00%	\$ -	\$ 627.49	\$ 627.49	0.00%
		Employee/Spouse - FOUR TIER	\$ 486.08	\$ 526.27	\$ 40.19	8.27%	\$ 496.55	\$ 534.53	\$ 37.98	7.65%
		Employee/Chld(rn) - FOUR TIER	\$ 412.11	\$ 446.18	\$ 34.07	8.27%	\$ 420.99	\$ 453.19	\$ 32.20	7.65%
		Family - FOUR TIER	\$ 634.02	\$ 686.43	\$ 52.41	8.27%	\$ 647.67	\$ 697.21	\$ 49.54	7.65%
CR	CREPQRX310	CREPQRX312								
		Individual - ALL TIERS	\$ 42.91	\$ 46.46	\$ 3.55	8.27%	\$ 43.83	\$ 47.19	\$ 3.36	7.67%
		Family - TWO TIER	\$ -	\$ 111.50	\$ 111.50	0.00%	\$ -	\$ 113.25	\$ 113.25	0.00%
		Double - THREE TIER	\$ -	\$ 99.89	\$ 99.89	0.00%	\$ -	\$ 101.46	\$ 101.46	0.00%
		Family - THREE TIER	\$ -	\$ 125.44	\$ 125.44	0.00%	\$ -	\$ 127.41	\$ 127.41	0.00%
		Employee/Spouse - FOUR TIER	\$ 98.69	\$ 106.86	\$ 8.17	8.28%	\$ 100.81	\$ 108.54	\$ 7.73	7.67%
		Employee/Chld(rn) - FOUR TIER	\$ 83.67	\$ 90.60	\$ 6.93	8.28%	\$ 85.47	\$ 92.02	\$ 6.55	7.66%
		Family - FOUR TIER	\$ 128.73	\$ 139.38	\$ 10.65	8.27%	\$ 131.49	\$ 141.57	\$ 10.08	7.67%
CR	CRUNLRX310	CRUNLRX312								
		Individual - ALL TIERS	\$ 78.01	\$ 84.45	\$ 6.44	8.26%	\$ 79.69	\$ 85.78	\$ 6.09	7.64%
		Family - TWO TIER	\$ -	\$ 202.68	\$ 202.68	0.00%	\$ -	\$ 205.87	\$ 205.87	0.00%
		Double - THREE TIER	\$ -	\$ 181.57	\$ 181.57	0.00%	\$ -	\$ 184.42	\$ 184.42	0.00%
		Family - THREE TIER	\$ -	\$ 228.02	\$ 228.02	0.00%	\$ -	\$ 231.60	\$ 231.60	0.00%
		Employee/Spouse - FOUR TIER	\$ 179.42	\$ 194.24	\$ 14.82	8.26%	\$ 183.29	\$ 197.29	\$ 14.00	7.64%
		Employee/Chld(rn) - FOUR TIER	\$ 152.12	\$ 164.68	\$ 12.56	8.26%	\$ 155.40	\$ 167.27	\$ 11.87	7.64%
		Family - FOUR TIER	\$ 234.03	\$ 253.35	\$ 19.32	8.26%	\$ 239.07	\$ 257.33	\$ 18.26	7.64%
CR	CRUNLRX410	CRUNLRX412								
		Individual - ALL TIERS	\$ 74.88	\$ 81.06	\$ 6.18	8.25%	\$ 76.48	\$ 82.33	\$ 5.85	7.65%
		Family - TWO TIER	\$ -	\$ 194.54	\$ 194.54	0.00%	\$ -	\$ 197.59	\$ 197.59	0.00%
		Double - THREE TIER	\$ -	\$ 174.27	\$ 174.27	0.00%	\$ -	\$ 177.01	\$ 177.01	0.00%
		Family - THREE TIER	\$ -	\$ 218.85	\$ 218.85	0.00%	\$ -	\$ 222.29	\$ 222.29	0.00%
		Employee/Spouse - FOUR TIER	\$ 172.22	\$ 186.43	\$ 14.21	8.25%	\$ 175.90	\$ 189.36	\$ 13.46	7.65%
		Employee/Chld(rn) - FOUR TIER	\$ 146.02	\$ 158.06	\$ 12.04	8.25%	\$ 149.14	\$ 160.54	\$ 11.40	7.64%
		Family - FOUR TIER	\$ 224.64	\$ 243.17	\$ 18.53	8.25%	\$ 229.44	\$ 246.99	\$ 17.55	7.65%
CR	SNF + Make Available	CREPSNF112								
		Individual - ALL TIERS	\$ 4.30	\$ 4.65	\$ 0.35	8.14%	\$ 4.39	\$ 4.72	\$ 0.33	7.52%
		Family - TWO TIER	\$ -	\$ 11.16	\$ 11.16	0.00%	\$ -	\$ 11.33	\$ 11.33	0.00%
		Double - THREE TIER	\$ -	\$ 9.99	\$ 9.99	0.00%	\$ -	\$ 10.15	\$ 10.15	0.00%
		Family - THREE TIER	\$ -	\$ 12.55	\$ 12.55	0.00%	\$ -	\$ 12.75	\$ 12.75	0.00%
		Employee/Spouse - FOUR TIER	\$ 9.89	\$ 10.69	\$ 0.80	8.09%	\$ 10.09	\$ 10.86	\$ 0.77	7.63%
		Employee/Chld(rn) - FOUR TIER	\$ 8.39	\$ 9.06	\$ 0.67	7.99%	\$ 8.56	\$ 9.21	\$ 0.65	7.59%
		Family - FOUR TIER	\$ 12.90	\$ 13.95	\$ 1.05	8.14%	\$ 13.17	\$ 14.16	\$ 0.99	7.52%
CR	CREPABR110	CREPABR112								
		Individual - ALL TIERS	\$ 3.36	\$ 3.63	\$ 0.27	8.04%	\$ 3.43	\$ 3.69	\$ 0.26	7.58%
		Family - TWO TIER	\$ -	\$ 8.71	\$ 8.71	0.00%	\$ -	\$ 8.85	\$ 8.85	0.00%
		Double - THREE TIER	\$ -	\$ 7.81	\$ 7.81	0.00%	\$ -	\$ 7.93	\$ 7.93	0.00%
		Family - THREE TIER	\$ -	\$ 9.80	\$ 9.80	0.00%	\$ -	\$ 9.96	\$ 9.96	0.00%
		Employee/Spouse - FOUR TIER	\$ 7.73	\$ 8.35	\$ 0.62	8.02%	\$ 7.89	\$ 8.48	\$ 0.59	7.48%
		Employee/Chld(rn) - FOUR TIER	\$ 6.55	\$ 7.08	\$ 0.53	8.09%	\$ 6.69	\$ 7.19	\$ 0.50	7.47%
		Family - FOUR TIER	\$ 10.08	\$ 10.89	\$ 0.81	8.04%	\$ 10.29	\$ 11.06	\$ 0.77	7.48%
CR	CREPBHS110 + SNF	CREPBHS112								
		Individual - ALL TIERS	\$ 5.84	\$ 6.32	\$ 0.48	8.22%	\$ 5.96	\$ 6.42	\$ 0.46	7.72%
		Family - TWO TIER	\$ -	\$ 15.16	\$ 15.16	0.00%	\$ -	\$ 15.40	\$ 15.40	0.00%
		Double - THREE TIER	\$ -	\$ 13.58	\$ 13.58	0.00%	\$ -	\$ 13.79	\$ 13.79	0.00%
		Family - THREE TIER	\$ -	\$ 17.05	\$ 17.05	0.00%	\$ -	\$ 17.32	\$ 17.32	0.00%
		Employee/Spouse - FOUR TIER	\$ 13.43	\$ 14.53	\$ 1.10	8.19%	\$ 13.70	\$ 14.76	\$ 1.06	7.74%
		Employee/Chld(rn) - FOUR TIER	\$ 11.39	\$ 12.32	\$ 0.93	8.17%	\$ 11.63	\$ 12.51	\$ 0.88	7.57%
		Family - FOUR TIER	\$ 17.52	\$ 18.95	\$ 1.43	8.16%	\$ 17.88	\$ 19.25	\$ 1.37	7.66%

CDPHP Universal Benefits, Inc.
Crystal Run
Sole Proprietor Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	Quarter 1	Quarter 1	2011	2012	Quarter 2	Quarter 2	Quarter 2	Quarter 2
			Quarter 1	Quarter 1	Amount of	Percent	Quarter 2	Quarter 2	Amount of	Percent		
			Current	Proposed	Adjustment	Change	Current	Proposed	Adjustment	Change	Amount of	Percent
			Rate	Rate			Rate	Rate			Adjustment	Change
			<i>First Quarter 2012 (1/1/2012 - 3/31/2012)</i>				<i>Second Quarter 2012 (4/1/2012 - 6/30/2012)</i>					
CR	SNF + Make Available	CREPQSNF112										
		Individual - ALL TIERS	\$ 4.30	\$ 4.65	\$ 0.35	8.14%	\$ 4.39	\$ 4.72	\$ 0.33	7.52%		
		Family - TWO TIER	\$ -	\$ 11.16	\$ 11.16	0.00%	\$ -	\$ 11.33	\$ 11.33	0.00%		
		Double - THREE TIER	\$ -	\$ 9.99	\$ 9.99	0.00%	\$ -	\$ 10.15	\$ 10.15	0.00%		
		Family - THREE TIER	\$ -	\$ 12.55	\$ 12.55	0.00%	\$ -	\$ 12.75	\$ 12.75	0.00%		
		Employee/Spouse - FOUR TIER	\$ 9.89	\$ 10.69	\$ 0.80	8.09%	\$ 10.09	\$ 10.86	\$ 0.77	7.63%		
		Employee/Chld(m) - FOUR TIER	\$ 8.39	\$ 9.06	\$ 0.67	7.99%	\$ 8.56	\$ 9.21	\$ 0.65	7.59%		
		Family - FOUR TIER	\$ 12.90	\$ 13.95	\$ 1.05	8.14%	\$ 13.17	\$ 14.16	\$ 0.99	7.52%		
CR	CREPQABR110	CREPQABR112										
		Individual - ALL TIERS	\$ 3.36	\$ 3.63	\$ 0.27	8.04%	\$ 3.43	\$ 3.69	\$ 0.26	7.58%		
		Family - TWO TIER	\$ -	\$ 8.71	\$ 8.71	0.00%	\$ -	\$ 8.85	\$ 8.85	0.00%		
		Double - THREE TIER	\$ -	\$ 7.81	\$ 7.81	0.00%	\$ -	\$ 7.93	\$ 7.93	0.00%		
		Family - THREE TIER	\$ -	\$ 9.80	\$ 9.80	0.00%	\$ -	\$ 9.96	\$ 9.96	0.00%		
		Employee/Spouse - FOUR TIER	\$ 7.73	\$ 8.35	\$ 0.62	8.02%	\$ 7.89	\$ 8.48	\$ 0.59	7.48%		
		Employee/Chld(m) - FOUR TIER	\$ 6.55	\$ 7.08	\$ 0.53	8.09%	\$ 6.69	\$ 7.19	\$ 0.50	7.47%		
		Family - FOUR TIER	\$ 10.08	\$ 10.89	\$ 0.81	8.04%	\$ 10.29	\$ 11.06	\$ 0.77	7.48%		
CR	CREPQBHS110 + SNF	CREPQBHS112										
		Individual - ALL TIERS	\$ 5.84	\$ 6.32	\$ 0.48	8.22%	\$ 5.96	\$ 6.42	\$ 0.46	7.72%		
		Family - TWO TIER	\$ -	\$ 15.16	\$ 15.16	0.00%	\$ -	\$ 15.40	\$ 15.40	0.00%		
		Double - THREE TIER	\$ -	\$ 13.58	\$ 13.58	0.00%	\$ -	\$ 13.79	\$ 13.79	0.00%		
		Family - THREE TIER	\$ -	\$ 17.05	\$ 17.05	0.00%	\$ -	\$ 17.32	\$ 17.32	0.00%		
		Employee/Spouse - FOUR TIER	\$ 13.43	\$ 14.53	\$ 1.10	8.19%	\$ 13.70	\$ 14.76	\$ 1.06	7.74%		
		Employee/Chld(m) - FOUR TIER	\$ 11.39	\$ 12.32	\$ 0.93	8.17%	\$ 11.63	\$ 12.51	\$ 0.88	7.57%		
		Family - FOUR TIER	\$ 17.52	\$ 18.95	\$ 1.43	8.16%	\$ 17.88	\$ 19.25	\$ 1.37	7.66%		
CR	CRLQVSN111	CRLQVSN112										
		Individual - ALL TIERS	\$ -	\$ 4.05	\$ -	0.00%	\$ -	\$ 4.12	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 9.73	\$ -	0.00%	\$ -	\$ 9.88	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 8.71	\$ -	0.00%	\$ -	\$ 8.85	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 10.94	\$ -	0.00%	\$ -	\$ 11.11	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 9.32	\$ -	0.00%	\$ -	\$ 9.47	\$ -	0.00%		
		Employee/Chld(m) - FOUR TIER	\$ -	\$ 7.90	\$ -	0.00%	\$ -	\$ 8.03	\$ -	0.00%		
		Family - FOUR TIER	\$ -	\$ 12.16	\$ -	0.00%	\$ -	\$ 12.35	\$ -	0.00%		
CR	CRLQVSN211	CRLQVSN212										
		Individual - ALL TIERS	\$ -	\$ 8.28	\$ -	0.00%	\$ -	\$ 8.41	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 19.87	\$ -	0.00%	\$ -	\$ 20.18	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 17.80	\$ -	0.00%	\$ -	\$ 18.08	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 22.35	\$ -	0.00%	\$ -	\$ 22.70	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 19.04	\$ -	0.00%	\$ -	\$ 19.34	\$ -	0.00%		
		Employee/Chld(m) - FOUR TIER	\$ -	\$ 16.14	\$ -	0.00%	\$ -	\$ 16.40	\$ -	0.00%		
		Family - FOUR TIER	\$ -	\$ 24.84	\$ -	0.00%	\$ -	\$ 25.23	\$ -	0.00%		
CR	CRLVSN111	CRLVSN112										
		Individual - ALL TIERS	\$ -	\$ 4.05	\$ -	0.00%	\$ -	\$ 4.12	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 9.73	\$ -	0.00%	\$ -	\$ 9.88	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 8.71	\$ -	0.00%	\$ -	\$ 8.85	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 10.94	\$ -	0.00%	\$ -	\$ 11.11	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 9.32	\$ -	0.00%	\$ -	\$ 9.47	\$ -	0.00%		
		Employee/Chld(m) - FOUR TIER	\$ -	\$ 7.90	\$ -	0.00%	\$ -	\$ 8.03	\$ -	0.00%		
		Family - FOUR TIER	\$ -	\$ 12.16	\$ -	0.00%	\$ -	\$ 12.35	\$ -	0.00%		
CR	CRLVSN211	CRLVSN212										
		Individual - ALL TIERS	\$ -	\$ 8.28	\$ -	0.00%	\$ -	\$ 8.41	\$ -	0.00%		
		Family - TWO TIER	\$ -	\$ 19.87	\$ -	0.00%	\$ -	\$ 20.18	\$ -	0.00%		
		Double - THREE TIER	\$ -	\$ 17.80	\$ -	0.00%	\$ -	\$ 18.08	\$ -	0.00%		
		Family - THREE TIER	\$ -	\$ 22.35	\$ -	0.00%	\$ -	\$ 22.70	\$ -	0.00%		
		Employee/Spouse - FOUR TIER	\$ -	\$ 19.04	\$ -	0.00%	\$ -	\$ 19.34	\$ -	0.00%		
		Employee/Chld(m) - FOUR TIER	\$ -	\$ 16.14	\$ -	0.00%	\$ -	\$ 16.40	\$ -	0.00%		
		Family - FOUR TIER	\$ -	\$ 24.84	\$ -	0.00%	\$ -	\$ 25.23	\$ -	0.00%		

CDPHP Universal Benefits, Inc.
Crystal Run
Sole Proprietor Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	2011	2012	2011	2012	2011	2012
			Quarter 3 Current Rate	Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	Quarter 4 Current Rate	Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
			<i>Third Quarter 2012 (7/1/2012 - 9/30/2012)</i>				<i>Fourth Quarter 2012 (10/1/2012 - 12/31/2012)</i>			
CR	CREPCPY001	CREPCPY112								
		Individual - ALL TIERS	\$ 402.28	\$ 430.59	\$ 28.31	7.04%	\$ 410.93	\$ 437.35	\$ 26.42	6.43%
		Family - TWO TIER	\$ -	\$ 1,033.42	\$ 1,033.42	0.00%	\$ 986.23	\$ 1,049.65	\$ 63.42	6.43%
		Double - THREE TIER	\$ -	\$ 925.77	\$ 925.77	0.00%	\$ 883.50	\$ 940.31	\$ 56.81	6.43%
		Family - THREE TIER	\$ -	\$ 1,162.60	\$ 1,162.60	0.00%	\$ 1,109.51	\$ 1,180.85	\$ 71.34	6.43%
		Employee/Spouse - FOUR TIER	\$ 925.24	\$ 990.36	\$ 65.12	7.04%	\$ 945.14	\$ 1,005.91	\$ 60.77	6.43%
		Employee/Chld(rn) - FOUR TIER	\$ 784.45	\$ 839.66	\$ 55.21	7.04%	\$ 801.31	\$ 852.84	\$ 51.53	6.43%
		Family - FOUR TIER	\$ 1,206.84	\$ 1,291.78	\$ 84.94	7.04%	\$ 1,232.79	\$ 1,312.06	\$ 79.27	6.43%
CR	CREPTRN001	CREPTRN112								
		Individual - ALL TIERS	\$ 338.71	\$ 362.54	\$ 23.83	7.04%	\$ 345.99	\$ 368.23	\$ 22.24	6.43%
		Family - TWO TIER	\$ -	\$ 870.10	\$ 870.10	0.00%	\$ 830.38	\$ 883.76	\$ 53.38	6.43%
		Double - THREE TIER	\$ -	\$ 779.46	\$ 779.46	0.00%	\$ 743.88	\$ 791.70	\$ 47.82	6.43%
		Family - THREE TIER	\$ -	\$ 978.86	\$ 978.86	0.00%	\$ 934.18	\$ 994.23	\$ 60.05	6.43%
		Employee/Spouse - FOUR TIER	\$ 779.03	\$ 833.84	\$ 54.81	7.04%	\$ 795.78	\$ 846.94	\$ 51.16	6.43%
		Employee/Chld(rn) - FOUR TIER	\$ 660.48	\$ 706.95	\$ 46.47	7.04%	\$ 674.68	\$ 718.05	\$ 43.37	6.43%
		Family - FOUR TIER	\$ 1,016.13	\$ 1,087.62	\$ 71.49	7.04%	\$ 1,037.98	\$ 1,104.70	\$ 66.72	6.43%
CR	CREPQHD001	CREPQHD112								
		Individual - ALL TIERS	\$ 220.53	\$ 236.05	\$ 15.52	7.04%	\$ 225.27	\$ 239.76	\$ 14.49	6.43%
		Family - TWO TIER	\$ -	\$ 566.53	\$ 566.53	0.00%	\$ 540.65	\$ 575.42	\$ 34.77	6.43%
		Double - THREE TIER	\$ -	\$ 507.51	\$ 507.51	0.00%	\$ 484.33	\$ 515.48	\$ 31.15	6.43%
		Family - THREE TIER	\$ -	\$ 637.34	\$ 637.34	0.00%	\$ 608.23	\$ 647.35	\$ 39.12	6.43%
		Employee/Spouse - FOUR TIER	\$ 507.22	\$ 542.92	\$ 35.70	7.04%	\$ 518.12	\$ 551.44	\$ 33.32	6.43%
		Employee/Chld(rn) - FOUR TIER	\$ 430.03	\$ 460.30	\$ 30.27	7.04%	\$ 439.28	\$ 467.53	\$ 28.25	6.43%
		Family - FOUR TIER	\$ 661.59	\$ 708.16	\$ 46.57	7.04%	\$ 675.81	\$ 719.28	\$ 43.47	6.43%
CR	CREPQRX310	CREPQRX312								
		Individual - ALL TIERS	\$ 44.78	\$ 47.93	\$ 3.15	7.03%	\$ 45.74	\$ 48.68	\$ 2.94	6.43%
		Family - TWO TIER	\$ -	\$ 115.03	\$ 115.03	0.00%	\$ 109.78	\$ 116.84	\$ 7.06	6.43%
		Double - THREE TIER	\$ -	\$ 103.05	\$ 103.05	0.00%	\$ 98.35	\$ 104.67	\$ 6.32	6.43%
		Family - THREE TIER	\$ -	\$ 129.41	\$ 129.41	0.00%	\$ 123.51	\$ 131.44	\$ 7.93	6.42%
		Employee/Spouse - FOUR TIER	\$ 102.99	\$ 110.24	\$ 7.25	7.04%	\$ 105.21	\$ 111.97	\$ 6.76	6.43%
		Employee/Chld(rn) - FOUR TIER	\$ 87.32	\$ 93.46	\$ 6.14	7.03%	\$ 89.20	\$ 94.93	\$ 5.73	6.42%
		Family - FOUR TIER	\$ 134.34	\$ 143.79	\$ 9.45	7.03%	\$ 137.23	\$ 146.05	\$ 8.82	6.43%
CR	CRUNLRX310	CRUNLRX312								
		Individual - ALL TIERS	\$ 81.40	\$ 87.12	\$ 5.72	7.03%	\$ 83.15	\$ 88.49	\$ 5.34	6.42%
		Family - TWO TIER	\$ -	\$ 209.10	\$ 209.10	0.00%	\$ 199.56	\$ 212.38	\$ 12.82	6.42%
		Double - THREE TIER	\$ -	\$ 187.32	\$ 187.32	0.00%	\$ 178.77	\$ 190.26	\$ 11.49	6.43%
		Family - THREE TIER	\$ -	\$ 235.23	\$ 235.23	0.00%	\$ 224.51	\$ 238.93	\$ 14.42	6.42%
		Employee/Spouse - FOUR TIER	\$ 187.22	\$ 200.39	\$ 13.17	7.03%	\$ 191.25	\$ 203.53	\$ 12.28	6.42%
		Employee/Chld(rn) - FOUR TIER	\$ 158.73	\$ 169.89	\$ 11.16	7.03%	\$ 162.14	\$ 172.56	\$ 10.42	6.43%
		Family - FOUR TIER	\$ 244.20	\$ 261.37	\$ 17.17	7.03%	\$ 249.45	\$ 265.48	\$ 16.03	6.43%
CR	CRUNLRX410	CRUNLRX412								
		Individual - ALL TIERS	\$ 78.12	\$ 83.62	\$ 5.50	7.04%	\$ 79.80	\$ 84.93	\$ 5.13	6.43%
		Family - TWO TIER	\$ -	\$ 200.69	\$ 200.69	0.00%	\$ 191.52	\$ 203.84	\$ 12.32	6.43%
		Double - THREE TIER	\$ -	\$ 179.79	\$ 179.79	0.00%	\$ 171.57	\$ 182.61	\$ 11.04	6.43%
		Family - THREE TIER	\$ -	\$ 225.78	\$ 225.78	0.00%	\$ 215.46	\$ 229.32	\$ 13.86	6.43%
		Employee/Spouse - FOUR TIER	\$ 179.68	\$ 192.33	\$ 12.65	7.04%	\$ 183.54	\$ 195.35	\$ 11.81	6.43%
		Employee/Chld(rn) - FOUR TIER	\$ 152.33	\$ 163.06	\$ 10.73	7.04%	\$ 155.61	\$ 165.62	\$ 10.01	6.43%
		Family - FOUR TIER	\$ 234.36	\$ 250.87	\$ 16.51	7.04%	\$ 239.40	\$ 254.80	\$ 15.40	6.43%
CR	SNF + Make Available	CREPSNF112								
		Individual - ALL TIERS	\$ 4.48	\$ 4.80	\$ 0.32	7.14%	\$ 4.57	\$ 4.87	\$ 0.30	6.56%
		Family - TWO TIER	\$ -	\$ 11.51	\$ 11.51	0.00%	\$ 10.98	\$ 11.69	\$ 0.71	6.47%
		Double - THREE TIER	\$ -	\$ 10.31	\$ 10.31	0.00%	\$ 9.84	\$ 10.47	\$ 0.63	6.40%
		Family - THREE TIER	\$ -	\$ 12.95	\$ 12.95	0.00%	\$ 12.35	\$ 13.15	\$ 0.80	6.48%
		Employee/Spouse - FOUR TIER	\$ 10.30	\$ 11.03	\$ 0.73	7.09%	\$ 10.53	\$ 11.20	\$ 0.67	6.36%
		Employee/Chld(rn) - FOUR TIER	\$ 8.73	\$ 9.35	\$ 0.62	7.10%	\$ 8.92	\$ 9.50	\$ 0.58	6.50%
		Family - FOUR TIER	\$ 13.44	\$ 14.39	\$ 0.95	7.07%	\$ 13.73	\$ 14.61	\$ 0.88	6.41%
CR	CREPABR110	CREPABR112								
		Individual - ALL TIERS	\$ 3.50	\$ 3.75	\$ 0.25	7.14%	\$ 3.58	\$ 3.80	\$ 0.22	6.15%
		Family - TWO TIER	\$ -	\$ 8.99	\$ 8.99	0.00%	\$ 8.58	\$ 9.13	\$ 0.55	6.41%
		Double - THREE TIER	\$ -	\$ 8.05	\$ 8.05	0.00%	\$ 7.69	\$ 8.18	\$ 0.49	6.37%
		Family - THREE TIER	\$ -	\$ 10.11	\$ 10.11	0.00%	\$ 9.65	\$ 10.27	\$ 0.62	6.42%
		Employee/Spouse - FOUR TIER	\$ 8.05	\$ 8.62	\$ 0.57	7.08%	\$ 8.22	\$ 8.75	\$ 0.53	6.45%
		Employee/Chld(rn) - FOUR TIER	\$ 6.83	\$ 7.30	\$ 0.47	6.88%	\$ 6.97	\$ 7.42	\$ 0.45	6.46%
		Family - FOUR TIER	\$ 10.50	\$ 11.24	\$ 0.74	7.05%	\$ 10.73	\$ 11.41	\$ 0.68	6.34%
CR	CREPBHS110 + SNF	CREPBHS112								
		Individual - ALL TIERS	\$ 6.09	\$ 6.52	\$ 0.43	7.06%	\$ 6.22	\$ 6.62	\$ 0.40	6.43%
		Family - TWO TIER	\$ -	\$ 15.64	\$ 15.64	0.00%	\$ 14.93	\$ 15.88	\$ 0.95	6.36%
		Double - THREE TIER	\$ -	\$ 14.01	\$ 14.01	0.00%	\$ 13.38	\$ 14.23	\$ 0.85	6.35%
		Family - THREE TIER	\$ -	\$ 17.59	\$ 17.59	0.00%	\$ 16.80	\$ 17.87	\$ 1.07	6.37%
		Employee/Spouse - FOUR TIER	\$ 14.00	\$ 14.99	\$ 0.99	7.07%	\$ 14.31	\$ 15.22	\$ 0.91	6.36%
		Employee/Chld(rn) - FOUR TIER	\$ 11.87	\$ 12.71	\$ 0.84	7.08%	\$ 12.13	\$ 12.91	\$ 0.78	6.43%
		Family - FOUR TIER	\$ 18.27	\$ 19.55	\$ 1.28	7.01%	\$ 18.66	\$ 19.85	\$ 1.19	6.38%

CDPHP Universal Benefits, Inc.
Crystal Run
Sole Proprietor Rates
Proposed Premium Rates Effective 1/1/2012

Product Line	Old Rider Name	New Rider Name	2011	2012	2011	2012	2011	2012	2011	2012
			Quarter 3 Current Rate	Quarter 3 Proposed Rate	Quarter 3 Amount of Adjustment	Quarter 3 Percent Change	Quarter 4 Current Rate	Quarter 4 Proposed Rate	Quarter 4 Amount of Adjustment	Quarter 4 Percent Change
			<i>Third Quarter 2012 (7/1/2012 - 9/30/2012)</i>				<i>Fourth Quarter 2012 (10/1/2012 - 12/31/2012)</i>			
CR	SNF + Make Available	CREPQSNF112								
		Individual - ALL TIERS	\$ 4.48	\$ 4.80	\$ 0.32	7.14%	\$ 4.57	\$ 4.87	\$ 0.30	6.56%
		Family - TWO TIER	\$ -	\$ 11.51	\$ 11.51	0.00%	\$ 10.98	\$ 11.69	\$ 0.71	6.47%
		Double - THREE TIER	\$ -	\$ 10.31	\$ 10.31	0.00%	\$ 9.84	\$ 10.47	\$ 0.63	6.40%
		Family - THREE TIER	\$ -	\$ 12.95	\$ 12.95	0.00%	\$ 12.35	\$ 13.15	\$ 0.80	6.48%
		Employee/Spouse - FOUR TIER	\$ 10.30	\$ 11.03	\$ 0.73	7.09%	\$ 10.53	\$ 11.20	\$ 0.67	6.36%
		Employee/Child(rn) - FOUR TIER	\$ 8.73	\$ 9.35	\$ 0.62	7.10%	\$ 8.92	\$ 9.50	\$ 0.58	6.50%
		Family - FOUR TIER	\$ 13.44	\$ 14.39	\$ 0.95	7.07%	\$ 13.73	\$ 14.61	\$ 0.88	6.41%
CR	CREPQABR110	CREPQABR112								
		Individual - ALL TIERS	\$ 3.50	\$ 3.75	\$ 0.25	7.14%	\$ 3.58	\$ 3.80	\$ 0.22	6.15%
		Family - TWO TIER	\$ -	\$ 8.99	\$ 8.99	0.00%	\$ 8.58	\$ 9.13	\$ 0.55	6.41%
		Double - THREE TIER	\$ -	\$ 8.05	\$ 8.05	0.00%	\$ 7.69	\$ 8.18	\$ 0.49	6.37%
		Family - THREE TIER	\$ -	\$ 10.11	\$ 10.11	0.00%	\$ 9.65	\$ 10.27	\$ 0.62	6.42%
		Employee/Spouse - FOUR TIER	\$ 8.05	\$ 8.62	\$ 0.57	7.08%	\$ 8.22	\$ 8.75	\$ 0.53	6.45%
		Employee/Child(rn) - FOUR TIER	\$ 6.83	\$ 7.30	\$ 0.47	6.88%	\$ 6.97	\$ 7.42	\$ 0.45	6.46%
		Family - FOUR TIER	\$ 10.50	\$ 11.24	\$ 0.74	7.05%	\$ 10.73	\$ 11.41	\$ 0.68	6.34%
CR	CREPQBHS110 + SNF	CREPQBHS112								
		Individual - ALL TIERS	\$ 6.09	\$ 6.52	\$ 0.43	7.06%	\$ 6.22	\$ 6.62	\$ 0.40	6.43%
		Family - TWO TIER	\$ -	\$ 15.64	\$ 15.64	0.00%	\$ 14.93	\$ 15.88	\$ 0.95	6.36%
		Double - THREE TIER	\$ -	\$ 14.01	\$ 14.01	0.00%	\$ 13.38	\$ 14.23	\$ 0.85	6.35%
		Family - THREE TIER	\$ -	\$ 17.59	\$ 17.59	0.00%	\$ 16.80	\$ 17.87	\$ 1.07	6.37%
		Employee/Spouse - FOUR TIER	\$ 14.00	\$ 14.99	\$ 0.99	7.07%	\$ 14.31	\$ 15.22	\$ 0.91	6.36%
		Employee/Child(rn) - FOUR TIER	\$ 11.87	\$ 12.71	\$ 0.84	7.08%	\$ 12.13	\$ 12.91	\$ 0.78	6.43%
		Family - FOUR TIER	\$ 18.27	\$ 19.55	\$ 1.28	7.01%	\$ 18.66	\$ 19.85	\$ 1.19	6.38%
CR	CRLQVSN111	CRLQVSN112								
		Individual - ALL TIERS	\$ -	\$ 4.18	\$ -	0.00%	\$ 3.99	\$ 4.25	\$ 0.26	6.52%
		Family - TWO TIER	\$ -	\$ 10.03	\$ -	0.00%	\$ 9.57	\$ 10.19	\$ 0.62	6.48%
		Double - THREE TIER	\$ -	\$ 8.99	\$ -	0.00%	\$ 8.57	\$ 9.13	\$ 0.56	6.53%
		Family - THREE TIER	\$ -	\$ 11.29	\$ -	0.00%	\$ 10.77	\$ 11.47	\$ 0.70	6.50%
		Employee/Spouse - FOUR TIER	\$ -	\$ 9.62	\$ -	0.00%	\$ 9.17	\$ 9.77	\$ 0.60	6.54%
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 8.15	\$ -	0.00%	\$ 7.78	\$ 8.28	\$ 0.50	6.43%
		Family - FOUR TIER	\$ -	\$ 12.54	\$ -	0.00%	\$ 11.96	\$ 12.74	\$ 0.78	6.52%
CR	CRLQVSN211	CRLQVSN212								
		Individual - ALL TIERS	\$ -	\$ 8.54	\$ -	0.00%	\$ 8.15	\$ 8.68	\$ 0.53	6.50%
		Family - TWO TIER	\$ -	\$ 20.50	\$ -	0.00%	\$ 19.57	\$ 20.82	\$ 1.25	6.39%
		Double - THREE TIER	\$ -	\$ 18.36	\$ -	0.00%	\$ 17.53	\$ 18.65	\$ 1.12	6.39%
		Family - THREE TIER	\$ -	\$ 23.06	\$ -	0.00%	\$ 22.02	\$ 23.42	\$ 1.40	6.36%
		Employee/Spouse - FOUR TIER	\$ -	\$ 19.64	\$ -	0.00%	\$ 18.76	\$ 19.95	\$ 1.19	6.34%
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 16.65	\$ -	0.00%	\$ 15.90	\$ 16.92	\$ 1.02	6.42%
		Family - FOUR TIER	\$ -	\$ 25.62	\$ -	0.00%	\$ 24.46	\$ 26.03	\$ 1.57	6.42%
CR	CRLVSN111	CRLVSN112								
		Individual - ALL TIERS	\$ -	\$ 4.18	\$ -	0.00%	\$ 3.99	\$ 4.25	\$ 0.26	6.52%
		Family - TWO TIER	\$ -	\$ 10.03	\$ -	0.00%	\$ 9.57	\$ 10.19	\$ 0.62	6.48%
		Double - THREE TIER	\$ -	\$ 8.99	\$ -	0.00%	\$ 8.57	\$ 9.13	\$ 0.56	6.53%
		Family - THREE TIER	\$ -	\$ 11.29	\$ -	0.00%	\$ 10.77	\$ 11.47	\$ 0.70	6.50%
		Employee/Spouse - FOUR TIER	\$ -	\$ 9.62	\$ -	0.00%	\$ 9.17	\$ 9.77	\$ 0.60	6.54%
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 8.15	\$ -	0.00%	\$ 7.78	\$ 8.28	\$ 0.50	6.43%
		Family - FOUR TIER	\$ -	\$ 12.54	\$ -	0.00%	\$ 11.96	\$ 12.74	\$ 0.78	6.52%
CR	CRLVSN211	CRLVSN212								
		Individual - ALL TIERS	\$ -	\$ 8.54	\$ -	0.00%	\$ 8.15	\$ 8.68	\$ 0.53	6.50%
		Family - TWO TIER	\$ -	\$ 20.50	\$ -	0.00%	\$ 19.57	\$ 20.82	\$ 1.25	6.39%
		Double - THREE TIER	\$ -	\$ 18.36	\$ -	0.00%	\$ 17.53	\$ 18.65	\$ 1.12	6.39%
		Family - THREE TIER	\$ -	\$ 23.06	\$ -	0.00%	\$ 22.02	\$ 23.42	\$ 1.40	6.36%
		Employee/Spouse - FOUR TIER	\$ -	\$ 19.64	\$ -	0.00%	\$ 18.76	\$ 19.95	\$ 1.19	6.34%
		Employee/Child(rn) - FOUR TIER	\$ -	\$ 16.65	\$ -	0.00%	\$ 15.90	\$ 16.92	\$ 1.02	6.42%
		Family - FOUR TIER	\$ -	\$ 25.62	\$ -	0.00%	\$ 24.46	\$ 26.03	\$ 1.57	6.42%

CDPHP Universal Benefits, Inc.
Crystal Run
Student/Dependent Factors
Factors Effective 1/1/2012

** Applied only to Base Medical and Pharmacy rates

	Form Number	2011 Plan Code	2012 Plan Code	Benefit	2012 Factor
Small Group	Crystal Run EPO	CREPELG2910	CREPELG2912	Add qualifying dependents until age 30	1.024
	Crystal Run EPO	CREPQELG2910	CREPQELG2912	Add qualifying dependents until age 30	1.024
Sole Proprietor	Crystal Run EPO	CREPELG2910	CREPELG2912	Add qualifying dependents until age 30	1.024
	Crystal Run EPO	CREPQELG2910	CREPQELG2912	Add qualifying dependents until age 30	1.024

CDPHP Universal Benefits, Inc.
 Crystal Run
 Benefit Summary

Proposed Premium Rates Effective 1/1/2012

Form Number	Group		Product	2011 Plan Code	2012 Plan Code	Office Visit	Specialist		Outpatient		ER	Ambulance	DME	Coinsurance	INN Single /	INN Single / Family	OON Single /		OON Single /
	Size	Prod Line					Family Deductible	OOP Max	Family Deductible	Max									
02-0003-2010	SG	Copay EPO	Medical	CREPCPY001	CREPCPY112	\$25	\$50	\$500	\$300	\$75	\$75	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
02-0003-2010	SG	Transitional EPC	Medical	CREPTRN001	CREPTRN112	\$40	\$40	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	50%	80%	\$2,000	\$17,000	N/A	N/A	N/A	N/A
02-0003-2010	SG	Qualified High D	Medical	CREPQHD001	CREPQHD112	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	50%	80%	\$2,500	\$5,000	N/A	N/A	N/A	N/A
02-0003-2010	SP	Copay EPO	Medical	CREPCPY001	CREPCPY112	\$25	\$50	\$500	\$300	\$75	\$75	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
02-0003-2010	SP	Transitional EPC	Medical	CREPTRN001	CREPTRN112	\$40	\$40	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	50%	80%	\$2,000	\$17,000	N/A	N/A	N/A	N/A
02-0003-2010	SP	Qualified High D	Medical	CREPQHD001	CREPQHD112	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	50%	80%	\$2,500	\$5,000	N/A	N/A	N/A	N/A

CDPHP Universal Benefits Inc.
 Crystal Run EPO Contract
 Rate Manual
 Rx Descriptions

Form Number	Group Size	Product	Type	2011 Plan Code	2012 Plan Code	Generic Copay	Brand Copay	Non Form Copay	Deductible	OOP Max	CDPH P Cap	Member max per script	Member Coins	Generics & Mail Order Carved out of max	Includes Contraceptives
02-0003-2010	SG	Copay EPO	Rx	CRUNLRX310	CRUNLRX312	\$10	\$50	\$80	\$50	0	0	0	0	No	Yes
02-0003-2010	SG	Transitional EPO	Rx	CRUNLRX410	CRUNLRX412	\$10	\$50	\$80	\$100	0	0	0	0	No	Yes
02-0003-2010	SG	Qualified High Deductible	Rx	CREPQRX310	CREPQRX312	\$10	50%	50%	50%	0	0	0	50%	No	Yes
02-0003-2010	SP	Copay EPO	Rx	CRUNLRX310	CRUNLRX312	\$10	\$50	\$80	\$50	0	0	0	0	No	Yes
02-0003-2010	SP	Transitional EPO	Rx	CRUNLRX410	CRUNLRX412	\$10	\$50	\$80	\$100	0	0	0	0	No	Yes
02-0003-2010	SP	Qualified High Deductible	Rx	CREPQRX310	CREPQRX312	\$10	50%	50%	50%	0	0	0	50%	No	Yes

**CDPHP Universal Benefits Inc.
Crystal Run EPO Contract
Rate Manual
Rider Descriptions**

Form Number	Group Size	Product Line	Plan Type	2011 Plan Code	2012 Plan Code	Benefits
02-0003-2010	SG	Copay/Trans EPO	Eligibility Rider	CREPELG2910	CREPELG2912	Add qualifying dependents until age 30
02-0003-2010	SG	Qualified High Deductible	Eligibility Rider	CREPQELG2910	CREPQELG2912	Add qualifying dependents until age 30
02-0003-2010	SG	Copay/Trans EPO	Medical Rider	CREPABR110	CREPABR112	30 visits PT, 30 visits OT, 20 visits ST, DME @ 50%, domestic partner
02-0003-2010	SG	Copay/Trans EPO	Medical Rider	CREPBHS110 + SNF	CREPBHS112	Federal Parity, 365 days SNF
02-0003-2010	SG	Copay/Trans EPO	Medical Rider	SNF + Make Available	CREPSNF112	365 days SNF, 7 days IP detox, 30 days IP SA rehab, additional Timothy's Law benefits beyond 30/20
02-0003-2010	SG	Qualified High Deductible	Medical Rider	CREPQABR110	CREPQABR112	30 visits PT, 30 visits OT, 20 visits ST, DME @ 50%, domestic partner
02-0003-2010	SG	Qualified High Deductible	Medical Rider	CREPQBHS110 + SNF	CREPQBHS112	Federal Parity, 365 days SNF
02-0003-2010	SG	Qualified High Deductible	Medical Rider	SNF + Make Available	CREPQSNF112	365 days SNF, 7 days IP detox, 30 days IP SA rehab, additional Timothy's Law benefits beyond 30/20
CRVISN2011	SG	Qualified High Deductible	Vision	CRLQVSNS111	CRLQVSNS112	Routine Eye Exam Every 12 Months
CRVISN2011	SG	Qualified High Deductible	Vision	CRLQVSNS211	CRLQVSNS212	Vision Hardware and Routine Eye Exam Every 12 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)
CRVISN2011	SG	Copay/Trans EPO	Vision	CRLVSNS111	CRLVSNS112	Routine Eye Exam Every 12 Months
CRVISN2011	SG	Copay/Trans EPO	Vision	CRLVSNS211	CRLVSNS212	Vision Hardware and Routine Eye Exam Every 12 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)
02-0003-2010	SP	Copay/Trans EPO	Eligibility Rider	CREPELG2910	CREPELG2912	Add qualifying dependents until age 30
02-0003-2010	SP	Qualified High Deductible	Eligibility Rider	CREPQELG2910	CREPQELG2912	Add qualifying dependents until age 30
02-0003-2010	SP	Copay/Trans EPO	Medical Rider	CREPABR110	CREPABR112	30 visits PT, 30 visits OT, 20 visits ST, DME @ 50%, domestic partner
02-0003-2010	SP	Copay/Trans EPO	Medical Rider	CREPBHS110 + SNF	CREPBHS112	Federal Parity, 365 days SNF
02-0003-2010	SP	Copay/Trans EPO	Medical Rider	SNF + Make Available	CREPSNF112	365 days SNF, 7 days IP detox, 30 days IP SA rehab, additional Timothy's Law benefits beyond 30/20
02-0003-2010	SP	Qualified High Deductible	Medical Rider	CREPQABR110	CREPQABR112	30 visits PT, 30 visits OT, 20 visits ST, DME @ 50%, domestic partner
02-0003-2010	SP	Qualified High Deductible	Medical Rider	CREPQBHS110 + SNF	CREPQBHS112	Federal Parity, 365 days SNF
02-0003-2010	SP	Qualified High Deductible	Medical Rider	SNF + Make Available	CREPQSNF112	365 days SNF, 7 days IP detox, 30 days IP SA rehab, additional Timothy's Law benefits beyond 30/20
CRVISN2011	SP	Qualified High Deductible	Vision	CRLQVSNS111	CRLQVSNS112	Routine Eye Exam Every 12 Months
CRVISN2011	SP	Qualified High Deductible	Vision	CRLQVSNS211	CRLQVSNS212	Vision Hardware and Routine Eye Exam Every 12 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)
CRVISN2011	SP	Copay/Trans EPO	Vision	CRLVSNS111	CRLVSNS112	Routine Eye Exam Every 12 Months
CRVISN2011	SP	Copay/Trans EPO	Vision	CRLVSNS211	CRLVSNS212	Vision Hardware and Routine Eye Exam Every 12 Months (Low Option Hardware: \$75 Frames & Lenses/\$75 Contract Lenses)

**CDPHP Universal Benefits, Inc.
 UBI Product
 Conversion Factor Summary**

IV. Conversion Factor

Group	Contract Mix	Average Contract Size	Weighted Contract Size	Desired Loading Factors	Weighted Loading Factors	Conversion Factor
<u>Two Tier Premiums</u>						
Single	61.9%	1.00	0.619	1.00	0.619	
Family	38.1%	2.86	1.091	2.40	0.914	
Total	100.0%		1.710		1.533	1.115
<u>Three Tier Premiums</u>						
Single	61.9%	1.00	0.619	1.00	0.619	
Double	19.9%	2.00	0.398	2.15	0.428	
Family	18.2%	3.84	0.698	2.70	0.491	
Total	100.0%		1.715		1.538	1.115
<u>Four Tier Premiums</u>						
Single	61.9%	1.00	0.619	1.00	0.619	
Emp/Spouse	12.0%	2.00	0.240	2.30	0.276	
Emp/Child	7.9%	2.00	0.158	1.95	0.154	
Emp/Child(ren)	5.4%	3.38	0.183	1.95	0.105	
Family	12.8%	4.03	0.516	3.00	0.384	
Total	100.0%		1.715		1.538	1.115
						1.115

**CDPHP Universal Benefits, Inc
Crystal Run Product
Tier Factors**

VI. Tier Factors

2012 Rating Factors - UBI		
Rating Method	Contract Type	Small Group
2-Tier	Individual	1
	Family	2.40
3-Tier	Individual	1
	Employee + 1	2.15
	Family	2.70
4-Tier	Individual	1
	Employee + Spouse	2.30
	Employee + Child(ren)	1.95
	Family	3.00

**CDPHP Universal Benefits, Inc.
Crystal Run
Rate Manual
Commission Schedule and Incentives**

VIII. Commission Schedule and Incentives

Crystal Run Small Group Copay & Transitional EPO
- Up to 4 percent commission

Crystal Run High Deductible EPO
- Up to 6 percent commission

CDPHP Universal Benefits, Inc.
Rate Application for Small Group UBI
FORM # Crystal Run EPO Contract

IX. Underwriting Guidelines

All employer groups with two or more employees are eligible to enroll in one of CDPHP UBI's group benefit plans. An eligible group employee is defined as a full-time or part-time employee working a minimum of 15 hours per week. Sole Proprietors who are members of an association or a chamber of commerce doing business with CDPHP UBI, are eligible to obtain group coverage through that chamber or association. A subscriber who leaves employment with an employer currently enrolled in CDPHP, is eligible for one of CDPHP UBI's Non Group contracts or may enroll through COBRA if offered by his or her previous employer.

Small groups are defined as employer groups with two (2) to fifty (50) eligible employees. An association with member employers of fifty or fewer employees is considered a small group. CDPHP does not offer all riders to small groups.

To be eligible to be a group policyholder with this special network product, an employer must be located in CDPHP UBI's approved service area. To be eligible to enroll as a CDPHP subscriber, the member must reside or work in the Crystal Run network's service area: Orange and Sullivan counties.

CDPHP UBI does not medically underwrite its small group products.

Condition of coverage requires the timely payment of premiums.

**CDPHP Universal Benefits, Inc.
Small Group UBI Product
Sample Rate Calculation**

VIII. Rate Calculation

<i>Sample rate calculation for a small group 3-tier Crystal Run benefit package.</i>			
Plan Code	Individual	Double	Family
CREPCPY112	\$ 366.13	\$ 787.17	\$ 988.54
CRUNLRX312	\$ 74.08	\$ 159.27	\$ 200.02
CREPSNF112	\$ 4.08	\$ 8.77	\$ 11.01
Final Rates	\$444.29	\$955.21	\$1,199.57

<i>Sample rate calculation for a sole proprietor 3-tier Crystal Run benefit package.</i>			
Plan Code	Individual	Double	Family
CREPCPY112	\$ 417.38	\$ 897.38	\$ 1,126.94
CRUNLRX312	\$ 84.45	\$ 181.57	\$ 228.02
CREPSNF112	\$ 4.65	\$ 9.99	\$ 12.55
Final Rates	\$ 506.48	\$1,088.94	\$1,367.51

**CDPHP Universal Benefits, Inc.
UBI Product
Expected Loss Ratio**

All policy forms in all regions

IX. Expected Loss Ratio

Transitional Plan
85.60%

Qualified High
85.60%

Deductible Plan
83.60%

SERFF Tracking Number: CAPD-127320657 State: New York
 Filing Company: CDPHP Universal Benefits Inc State Tracking Number: 2011070154
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: Crystal Run
 Project Name/Number: 2012 Crystal Run/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments:		
Attachment: Checklist_CR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum/Actuarial Certification		
Comments:		
Attachments: 1. Actuarial Memorandum -Crystal Run.pdf 2. Actuarial Certification - CR.pdf 3. Compliance Certification - CR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 1 - General Information		
Comments:		
Attachment: 8. Exhibit 1 (General Information) - CR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request		
Comments:		
Attachment:		

SERFF Tracking Number: CAPD-127320657 State: New York
 Filing Company: CDPHP Universal Benefits Inc State Tracking Number: 2011070154
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
 Expense
 Product Name: Crystal Run
 Project Name/Number: 2012 Crystal Run/

9. Exhibit 2 (FOIL Request) - CR.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 3 - Narrative Summary

Comments:

Attachment:

10. Exhibit 3 (Narrative Summary) - CR.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes

Comments:

Attachments:

11. Exhibit 4 (Summary of Rate Changes) - CR.pdf
 11. Exhibit 4 (Summary of Rate Changes) - CR.xlsx

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 5 - Distribution of Contracts Affected by Proposed Rate Adjustments

Comments:

Attachments:

12. Exhibit 5 (Distribution of Contracts) - CR.pdf
 12. Exhibit 5 (Distribution of Contracts) - CR.xls
 12a. Exhibit 5 (Distribution of Contracts) - CR_Redacted.pdf
 12a. Exhibit 5 (Distribution of Contracts) - CR_Redacted.xls

Item Status: **Status Date:**

Standard Exhibit 6 - Summary of

SERFF Tracking Number: CAPD-127320657 State: New York
Filing Company: CDPHP Universal Benefits Inc State Tracking Number: 2011070154
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: Crystal Run
Project Name/Number: 2012 Crystal Run/

Satisfied - Item: Policy Form and Product Changes

Comments:

Attachments:

- 13. Exhibit 6 (Policy Forms) - CR.pdf
- 13. Exhibit 6 (Policy Forms) - CR.xls

Item Status:

**Status
Date:**

Bypassed - Item: Standard Exhibit 7 - Historical Data

Bypass Reason: No Historical data available. Product began selling January 2011.

Comments:

Item Status:

**Status
Date:**

Satisfied - Item: Initial Notice of Proposed Rate
Adjustment

Comments:

Attachment:

Cry Run 2012 range.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Final Notice of Proposed Rate
Adjustment

Comments:

Attachment:

Small Group UBI 60-Day.pdf

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 5/24/2011

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

Rate Adjustment Pursuant to Section 3231(e)(1): This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

Rate Adjustment Pursuant to Section 4308(c): This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure as described in Section 4317(a) of the Insurance Law. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates as described in Section 4317(a) of the Insurance Law. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot 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. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section 3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c). The "Normal Pre-Approval" SERFF filing type

NEW YORK INSURANCE DEPARTMENT

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A “Normal Pre-Approval” SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recent approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2011; a benefit revision is submitted January 2011 to be effective July 1, 2011; this form and rate filing can include rolling rate tables for third and fourth quarter 2011, but not beyond fourth quarter 2011).

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a “Normal Pre-Approval” SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission 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. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2003, Microsoft Excel 2003, or Adobe Acrobat 9.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DEFINITIONS		<ul style="list-style-type: none"> a. Company refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing. b. A company’s commercial book of business includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. Loss ratio refers to incurred claims divided by earned premiums for a given period of time. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered 	

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		<p>lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums <u>do not include</u> any adjustment for assessments or taxes.</p> <p>d. Market segment refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc.</p> <p>e. Product street name refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department.</p> <p>f. Rate applicability period refers to the length of time in which the rates in a rate table are assumed to remain in effect.</p> <p>(i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability period for this table is January 1, 2012 through December 31, 2012.</p> <p>(ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as February 1, 2012 through January 31, 2013.</p> <p>g. Standardized earned premium is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective).</p> <p>(i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarters 2011 and 1st and 2nd quarters 2012. The 2nd quarter 2011 rates have already been approved. Therefore, the 2nd quarter 2011 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2011 rate level. If the 2nd quarter 2011 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2011 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit.</p> <p>(ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2010 rate for plan design A is \$100, the first quarter 2011 rate is \$116.99, and the second quarter 2011 rate is \$121.67. These increases reflect</p>	
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		<p>no revision to the underlying covered benefits. The second quarter 2011 rate table is the standard rate level. Contract X was paying \$100 per month for January-December 2010. At renewal January 1, 2011, the premium was scheduled to increase to \$116.99 but a change to plan design B occurred that reduced the premium by 5% to \$111.14 for January 2011 and later. The second quarter 2011 rate for plan design A is \$121.67 and the second quarter 2011 rate for plan design B is \$115.58 (\$121.67 x 0.95). The earned premium for this contract for each month from January through December 2010 is standardized to the second quarter 2011 level by adjusting by 121.67/100.00, and the January 2011 earned premium is standardized to the second quarter 2011 level by adjusting by 115.58/111.14.</p>	
<p>ROLLING RATE STRUCTURE</p>		<ul style="list-style-type: none"> a. Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates). b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period. c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates). 	
<p>CHANGES TO PREVIOUSLY APPROVED RATE TABLES</p>		<ul style="list-style-type: none"> a. Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days. b. A company can revise a previously approved non-rolling rate table provided that: <ul style="list-style-type: none"> (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or (ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing. c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) 	

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		<p>the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year’s worth of rates as discussed in the “Rolling Rate Structure” section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1st, 2nd, 3rd and 4th quarter of 2011. The company can not revise the 1st and 2nd quarter 2011 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3rd and 4th quarter 2011 and 1st and 2nd quarter 2012.) The Department may waive these requirements if the company can demonstrate to the Superintendent’s satisfaction that the solvency of the corporation is threatened.</p>	
STANDARD EXHIBITS 1 - 7	Introduction	Exhibits 1 through 7 must be submitted as part of each rate adjustment application. For some of the exhibits the format is defined, while for other exhibits the format is illustrative and the company will need to tailor the material included for the specific rate submission.	In Supporting Documentation Tab
Exhibit 1		<p>General information about the rate adjustment submission.</p> <ol style="list-style-type: none"> The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit. For Type of Insurer, select from the drop down list (HMO, Article 42, Article 43) or make an entry. For “For Profit” or “Non Profit” click on the applicable box and a check mark will appear. Item D – the “new rate effective date” must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2012 effective date would imply that the first renewal cohort affected by the rate submission would be January 2012. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected. This exhibit may be submitted as an Adobe PDF file or as an Excel file. 	<p>Supporting documentation</p> <p>Exhibit 1</p>
Exhibit 2		<p>FOIL Exemption Request.</p> <ol style="list-style-type: none"> A request that the Department exempt from public disclosure any information included in this rate submission, pursuant to New York Public Officers Law Section 87(2)(d) (the “Trade Secret/Competitive Injury Exemption”), must be made by completing this exhibit. A request that the Department apply the Trade Secret/Competitive Injury 	<p>Supporting documentation</p> <p>Exhibit 2</p>

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		<p>Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.</p> <p>c. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. The Department will accept the redacted version of the original document within one week after the original rate filing was submitted.</p> <p>d. The exhibit format is illustrative but the company must include the information indicated in sections A, B, C, D and E. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>e. Enter in section A the insurer information requested.</p> <p>f. Enter in section B the information requested regarding the FOIL contact person at the company.</p> <p>g. Enter in section C the list of documents, exhibits and attachments separately, including the file names of the computer files that are included with the application. Indicate with an asterisk (*) those documents that the company believes contains information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.</p> <p>h. Enter in section D the list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.</p> <p>i. Enter in section E the statement of necessity. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:</p> <ul style="list-style-type: none"> (i) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied; (ii) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and (iii) where applicable, indicates where redactions would suffice to protect the exempt information. 	
Exhibit 3		<p>Narrative Summary.</p> <p>a. The format of the exhibit is illustrative, but must include the required material. The</p>	Supporting documentation

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		<p>exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <ul style="list-style-type: none">b. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company's policyholders and subscribers to help them understand why a rate increase is needed.c. The narrative summary will be a public document.d. It is suggested that once reviewed by the Department, the company post the narrative summary on its website. Any changes to the narrative summary subsequent to the posting are to be submitted to the Department.e. The narrative summary should include, but not be limited to, the following information:<ul style="list-style-type: none">(i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application.(ii) A summary of the proposed rate adjustments. This can be a range as long as the range is consistent with the range(s) stated in the initial notice to policyholders for the various products and rating regions. A range can be no wider than five percentage points.(iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain market segment (e.g., small group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing from period mm/dd/yyyy – mm/dd/yyyy).(iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples:<ul style="list-style-type: none">(a) Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy.(b) A rate structure with a 12 month rate guarantee: a policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.(v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission.(vi) An explanation, in plan language, as to why it is necessary to request such rate change(s). As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type. <p>Each page of the narrative summary should be numbered (i.e., [page] of [pages]).</p>	
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<p>Exhibit 4</p>		<p>Summary of Proposed Percentage Rate Change to Existing Rate.</p> <p>a. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission.</p> <p>b. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but additional rows can be inserted as needed or additional tabs for several such exhibits can be added to the workbook.</p> <p>c. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber’s next rate change date according to the new rate application.</p> <p>Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2012 issues and renewals. The rate change would be the percentage change from the second quarter 2011 rates to proposed second quarter 2012 rates.</p> <p>Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2012. The prior rate application included quarterly rolling rates for each quarter of 2011. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2011 before all the third and fourth quarter 2011 renewals have taken place. The proposed percentage change for fourth quarter 2012 would be the change from the fourth quarter 2011 rates to the proposed fourth quarter 2012 rates.</p> <p>d. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file.</p> <p>e. The weighted averages may be based on membership instead of premium volume.</p> <p>f. The values entered in Sections A and B should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Section A. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Section A and</p>	<p>Supporting Documentation</p> <p>Exhibit 4</p>
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		<p>the drug rider changes are shown in Section B.</p> <p>g. Section A summarizes the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product. Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of contracts by plan design and rating tier.</p> <p>h. Section B summarizes the proposed changes just for the traditional drug riders. <u>Exclude</u> minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row. Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of contracts by plan design and rating tier. Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted average changes among the HD1-HD19 drug riders.</p> <p>i. A separate exhibit should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported.</p> <p>j. Where rate changes differ by rating region within a market segment, separate exhibits are to be submitted by market segment/rating region combination.</p> <p>k. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2012, separate information should be submitted for section A and section B for the impact of the first quarter 2012 rate changes, the impact of the second quarter 2012 rate changes, the impact of the third quarter 2012 rate</p>	
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		<p>changes, and the impact of the fourth quarter 2012 rate changes.</p>	
<p>Exhibit 5</p>		<p>Distribution of Contracts Affected by the Proposed Rate Adjustments.</p> <ol style="list-style-type: none"> a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is essentially fixed, but the company can edit the worksheet to add more rows or tabs as needed. b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. c. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined. d. The distribution basis can be by number of contracts or by number of members. The same basis is to be used for all products within a given rate adjustment submission. The company should indicate the distribution basis used (number of contracts or number of members). The weighted averages can be calculated using the distribution basis chosen instead of on premium volume. e. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder's next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder's next rate change date according to the new rate application. The rate change reflects the impact of the base medical plans and all riders applicable to that contract. f. Enter in section A the information for the various products that do not use a rolling rate structure. g. Enter in section B the information for the various products that use a rolling rate structure. Separate exhibits are to be prepared and submitted for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2012, then separate section B information would be entered for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter. 	
<p>Exhibit 6</p>		<p>Summary of Policy Form and Product Changes.</p> <ol style="list-style-type: none"> a. This exhibit summarizes all rate changes filed pursuant to sections of the New 	<p>Supporting documentation Exhibit 6</p>

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		<p>York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment submission and which affect the percentage changes shown on Exhibits 4 or 5.</p> <p>b. The format of the exhibit is essentially fixed. Extend the worksheet to add more rows as needed. This exhibit must be submitted as a Word document file or an Excel file, even if it is submitted as an Adobe PDF file.</p> <p>c. In section A, list all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment submission. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Exhibits 4 and 5.</p> <p>d. In section B, list all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option.</p> <p>e. In section C, list any “file and use” rate submissions which impact the rate tables in this filing. If the current rates were implemented by a file and use rate filing, and these current rates are being revised with this Section 3231(e)(1) or Section 4308(c) rate filing, or if the percentage changes reported in Exhibits 4 or 5 are impacted by a file and use filing, then list the applicable file and use rate filing(s).</p>	
<p>Exhibit 7</p>		<p>Historical Data by Each Policy Form Included in the Rate Adjustment Filing (formerly the Summary Template).</p> <p>a. This exhibit must be submitted as an Excel file even if it is also submitted as an Adobe PDF file. The format of the exhibit is fixed; add more columns to the right as needed; copy to additional tabs in the Excel workbook as needed to create additional exhibits.</p> <p>b. A separate exhibit is to be submitted for each rating pool (i.e., permitted aggregation of base medical policy forms). Create additional tabs as needed. Data is to be submitted for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical policy form.</p> <p>c. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated.</p> <p>d. Indicate for each base medical policy form the form number, the product name as in the rate manual, and the street product name. Also indicate the other base medical policy forms this form is aggregated with for rate setting. Add additional columns as needed. Add a rightmost column with aggregate values for the entire rating pool (for the appropriate rows). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar</p>	<p>Supporting Documentation</p> <p>Exhibit 7</p>

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		<p>policy forms for small group policy forms and for individual policy forms.</p> <p>e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form.</p> <p>f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the first rolling rate period of a rolling rate structure.</p> <p>g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.)</p> <p>h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be based on members. For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1st, 2nd, 3rd, and 4th quarters of 2012. Rates are for a 12 month period. Indicate the average rate change percentage from the 1st quarter of 2011 rate tables to the 1st quarter 2012 rate tables.)</p> <p>i. For the number of policyholders affected and the number of covered lives affected, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business, “policyholders” is referring to the number of groups, not the number of subscribers or contracts.</p> <p>j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure.</p> <p>k. The experience entered for the two indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders.</p>	
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		<ul style="list-style-type: none"> (i) Each experience period is to be for 12 months (or shorter if a new form). (ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2012. The recent experience period cannot have an ending date earlier than June 30, 2011, i.e., 12 months prior to July 1, 2012.). (iii) The prior period is the immediately prior 12 month experience period (or shorter period if a new form). (iv) The incurred claims for each of the two experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims. l. Enter the annual composite medical trend assumption used for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown. m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology is to be included as part of the actuarial memorandum. The same standard rate level is used for both of the experience periods. n. If the rating differential between the New York rating regions is being revised with this rate filing, separate versions of Exhibit 7 are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined. 	
ACTUARIAL MEMORANDUM	11NYCRR 52.40(a)(1)	Actuarial qualifications: <ul style="list-style-type: none"> a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	Supporting Documentation
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Description of proposed changes in rates, including the following: <ul style="list-style-type: none"> (i) The member weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be 	Supporting Documentation- Actuarial Memorandum

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	<p>11NYCRR 360.11</p>	<p>shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Exhibit 5.) Include comparable information for percentage rate changes implemented during the prior 24 months.</p> <p>(ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2011. The change from each of the 2nd quarter 2011 rolling rate tables to the corresponding 3rd quarter 2011 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated.</p> <p>(iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment submission, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables. For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables).</p> <p>(iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio.</p> <p>(v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes.</p> <p>(vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage</p>	
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		<p>changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage impact of this variance were developed.</p> <p>(viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition.</p> <p>b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department’s approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.</p> <p>c. Include the following:</p> <p>(i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission.</p> <p>(ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2011 and first and second quarter 2012. Rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 to the proposed third quarter 2011 rates. Show a similar table for the proposed fourth quarter 2011, and first and second quarter 2012 rates as well.)</p> <p>d. Discuss the standard premium development used in Exhibit 7. See discussion above on Exhibit 7.</p> <p>e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period.</p> <p>(i) If the source data is actual claims experience, the experience period is to be at</p>	
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		<p>least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period.</p> <ul style="list-style-type: none"> (ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data. (iii) Discuss the credibility of such source data. Since the NAIC and HHS have adopted for the federal MLR rebate calculation 75,000 life years (900,000 member months) as required for full credibility and less than 1,000 life years (12,000 member months) as non credible, the credibility of the source data should be discussed consistent with these parameters. (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment. <p>f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool).</p> <ul style="list-style-type: none"> (i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. (ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. <p>g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission.</p> <ul style="list-style-type: none"> (i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for 	
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Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

		<p>a rolling rate structure, how the percentage change from the existing 2nd quarter 2011 rate table to the proposed 3rd quarter 2011 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed.</p> <p>(ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2011 rate table to the 4th quarter 2011 rate table). Provide justification for these changes between the rolling rate tables.</p> <p>(iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed.</p> <p>(iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g).</p> <p>h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options.</p> <p>i. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within</p>	
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		<p>the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms.</p> <p>j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions.</p> <p>k. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the current premium rates and into the proposed premium rates as a percentage of gross premiums and as \$pmpm. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components:</p> <ul style="list-style-type: none"> (i) Regulatory authority licenses and fees, including New York State 332 assessment expenses; (ii) Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplemental Health Care Exhibit; (iii) Commissions and broker fees; (iv) Premium taxes; (v) Other administrative expenses; (vi) After-tax underwriting margin (profit/contribution to surplus); (vii) State income taxes (and applicable state income tax rate); (viii) Federal income taxes (and applicable federal income tax rate); (ix) Reduction for net investment income, if any; and (x) Net of the above. <p>Discuss how administrative expenses are allocated to the various market segments and product lines.</p>	
<p>Minimum Loss Ratio Requirements</p>	<p>§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)</p>	<p>a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010.</p> <p>b. The minimum loss ratio for the official Medicare Supplemental products is:</p> <ul style="list-style-type: none"> (i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance 	

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		Law, as amended by Chapter 107 of the Laws of 2010; and (ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).	
Actuarial Certification	11NYCRR 52.40(a)(1)	<ul style="list-style-type: none"> 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 incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio incorporated into the proposed rate tables for each permitted aggregation of policy forms within each permitted aggregation of rating regions. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	Supporting Documentation
REVISED RATE MANUAL PAGES	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	<p>Rate Manual.</p> <ul style="list-style-type: none"> a. Table of contents. b. Rate pages, including a page indicating the composition of each rating region. c. Insurer/corporation 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, as applicable. g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual, to the extent applicable. j. Expected loss ratio(s). 	Rate Rule
NOTICES TO POLICYHOLDERS Initial & Final Circular Letter No. XX (2011) Pending	§3231(e)(1)(A) §4308(c)(2)	<ul style="list-style-type: none"> a. A sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Insurance Department. <ul style="list-style-type: none"> (i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Insurance Department. (ii) A range can be used to indicate the rate change provided that the range is no wider than 5 percentage points. (iii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region. 	Supporting Documentation

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		b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	
RATE FILINGS THAT ARE SUBJECT TO REVIEW	PPACA §1003	HHS has defined a “rate filing that is subject to review” as any rate filing where the rate increase over the prior 12 months equals or exceeds a stated threshold. For rate filings that HHS has defined to be a “rate filing that is subject to review”, submit a copy of all documentation required to be submitted to HHS for such rate filing.	

**CDPHP Universal Benefits Inc.
Premium Rate Filing
Form # 02-0003-2010
Crystal Run EPO Contract**

Exemption from FOIL Disclosure Requested

ACTUARIAL MEMORANDUM

CDPHP Universal Benefits, Inc. (UBI) offers Crystal Run EPO products on a community rated basis to small employer groups (2-50) and sole proprietors in Orange and Sullivan counties. This filing explains the development of the renewal rates for calendar year 2012.

This product was originally filed and approved for an October 1, 2010 effective date under SERFF # CAPD-126562219. 2011 fourth quarter rates for this product were approved under SERFF # CAPD-127162052. Sales of this product commenced on January 1, 2011.

Identification

Inc. with regard to rate setting and related items. I meet the Academy qualification standards for rendering this opinion.

Justification of Rates

a. (i) Member weighted average proposed percentage change over the current rates charged

<u>1st Quarter 2012 over 1st Quarter 2011</u>	<u>Small Group</u>
Current Year	8.26%
Prior Year 1	NA
Prior Year 2	NA

<u>2nd Quarter 2012 over 2nd Quarter 2011</u>	<u>Small Group</u>
Current Year	7.65%
Prior Year 1	NA
Prior Year 2	NA

<u>3rd Quarter 2012 over 3rd Quarter 2011</u>	<u>Small Group</u>
Current Year	7.04%
Prior Year 1	NA
Prior Year 2	NA

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<u>4th Quarter 2012 over 4th Quarter 2011</u>	<u>Small Group</u>
Current Year	6.43%
Prior Year 1	NA
Prior Year 2	NA

(ii) Percentage Change over prior quarter

	<u>Small Group</u>
<u>1st Quarter 2012 over 4th Quarter 2011</u>	1.57%
<u>2nd Quarter 2012 over 1st Quarter 2012</u>	1.57%
<u>3rd Quarter 2012 over 2nd Quarter 2012</u>	1.57%
<u>4th Quarter 2012 over 3rd Quarter 2012</u>	1.57%

(iii) Quarterly Percentage Change over prior 24-month period

		Small Group		
		Medical	Pharmacy	Total
2010	Q1	NA	NA	NA
	Q2	NA	NA	NA
	Q3	NA	NA	NA
	Q4	NA	NA	NA
2011	Q1	2.15%	2.15%	2.15%
	Q2	2.15%	2.15%	2.15%
	Q3	2.15%	2.15%	2.15%
	Q4	2.15%	2.15%	2.15%

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Exemption from FOIL Disclosure Requested

- (iv) **Percentage change due to any change in the projected loss ratio from the prior rate filing:** No change
- (v) **Tier structure relationships** No change for 2012. New Rate tiers were added/approved for Q4_2011 under CAPD-127162052. The new tiers have been continued into 2012.
- (vi) **Conversion factors** No change
- (vii) **Variance** NA
- (viii) **Regional factors** No change
- b. **New benefit options** No change
- c. **Changes in rate tables**
The dollar change and percentage change per each rolling rate table is shown in the rate manual.
- d. **Standardized Premium Development**
Since sales of this product did not begin until January 1, 2011, Exhibit A – Standardized Premium was not submitted due to this block not having any prior year experience.
- e. **Source Data used to develop the claims projected for the renewal rate applicability period**
 - (i) No historical data. Sales on this product commenced January 2011.
 - (ii) Not applicable
 - (iii) No historical data. Sales on this product commenced January 2011.
 - (iv) **Adjustment made to source data to develop the projected claims for the renewal rate applicability period** - No historical data. Sales on this product commenced January 2011.
- f. **Assumed annualized claim trend factors**
 - (i) **Composite trend Factors**
For the base medical benefits and for the medical riders, 2012 rate effective periods assumed an annual trend of 5.98%. For the pharmacy riders, a trend factor of 8.95% for 2012 was used. This is consistent with the trend factors used for CDPHP UBI's other commercial small group products.
Trends for the rate period are based on the expectation that medical management will hold medical utilization flat for the projected period and cost increases expected based on provider contract negotiations. Pharmacy trends were obtained from the 2011 Segal Health Plan Cost Trend Survey.

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Premium Rate Filing
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Exemption from FOIL Disclosure Requested

(ii) Utilization and Cost Components

Medical: Utilization: 0.00%
 Unit Cost: 5.98%
Pharmacy: Utilization: 2.4%
 Unit Cost: 6.4%

(iii) Application of annualized trend factors

	Weight *	2012 *
Medical	85.1%	5.98%
Pharmacy	14.9%	8.95%
	Weighted	6.42%
	Qtrly Trend	1.57%

Uses CDPHP UBI Small Group Commercial trend assumptions and weight. Please refer to SERFF # CAPD-127320659

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Exemption from FOIL Disclosure Requested

g. Actuarial Justification of proposed rate change.

(i) Development of percentage change from current rate table

Qtrly Trend Factors		Medical	Pharmacy	Total
2011	Q1	2.15%	2.15%	2.15%
	Q2	2.15%	2.15%	2.15%
	Q3	2.15%	2.15%	2.15%
	Q4	2.15%	2.15%	2.15%
2012	Q1	1.57%	1.57%	1.57%
	Q2	1.57%	1.57%	1.57%
	Q3	1.57%	1.57%	1.57%
	Q4	1.57%	1.57%	1.57%

Annual Trends		Medical	Pharmacy	Total
2011	Q1	N/A	N/A	N/A
	Q2	N/A	N/A	N/A
	Q3	N/A	N/A	N/A
	Q4	8.88%	8.88%	8.88%
2012	Q1	8.26%	8.26%	8.26%
	Q2	7.65%	7.65%	7.65%
	Q3	7.04%	7.04%	7.04%
	Q4	6.43%	6.43%	6.43%

Calculation of Annual Rate Change

Q1_2012 Annual = Q2_11qtrly x Q3_11qtrly x Q4_11qtrly x Q1_12qtrly

Q2_2012 Annual = Q3_11qtrly x Q4_11qtrly x Q1_12qtrly x Q2_12qtrly

Q3_2012 Annual = Q4_11qtrly x Q1_12qtrly x Q2_12qtrly x Q3_12qtrly

Q4_2012 Annual = Q1_12qtrly x Q2_12qtrly x Q3_12qtrly x Q4_12qtrly

(ii) Provide justification for changes between the rolling rate tables.

See g. (i) above

(iii) 1. Standard Direct Pay and Healthy NY stop loss pools Not Applicable

(iv) 2. Regulation 146 and Market Stabilization pool

There were no monies received or paid related to Reg 146 Section 361.6(g) that apply to products in this filing.

CDPHP Universal Benefits Inc.
Premium Rate Filing
Form # 02-0003-2010
Crystal Run EPO Contract

Exemption from FOIL Disclosure Requested

- h. Demonstration of rate change by benefit option (if variable) - Not Applicable**
- i. Demonstration of rate change by permitted aggregation of policy forms (if variable) – Not Applicable**
- j. Demonstration of rate change by rating region (if variable) – Not applicable**
- k. Non-claim expense components**

The retention for Crystal Run is composed of

	Coplay Plan	Transitional Plan	Qualified High Deductible Plan
Administration	9.90%	9.90%	9.90%
Contribution to Reserves & Surplus	0.50%	0.50%	0.50%
Commissions	<u>4.00%</u>	<u>4.00%</u>	<u>6.00%</u>
Total	14.40%	14.40%	16.40%
Expected Incurred Loss Ratio	85.60%	85.60%	83.60%

Where possible, expenses are recorded directly to products. If this is not possible, expenses are allocated across companies and products. Administrative expenses are primarily incurred by Capital District Physicians’ Health Plan, Inc (CDPHP) and are allocated according the following methodology:

The costs aggregated by cost center include the salary expense, fringe and other administrative costs directly incurred in that function. Rent expense is allocated to each cost center based on budgeted FTEs. Fringe expense is allocated to each cost center based upon payroll expense. Leasehold improvements and cubicles depreciation is allocated to cost centers based on budgeted FTEs.

Where costs aggregated by cost center are not booked directly to specific products, CDPHP allocates expenses across companies and products by applying statistical metrics by cost center.

Each cost center has provided Cost Accounting a statistical metric to allocate their indirect administrative expenses to companies and products. The metrics are generally activity based for operational functions. Overhead related functions generally utilize member months.

Minimum Loss Ratio Requirements

The minimum loss ratio required for the community rated products in this filing is 82%.

**CDPHP Universal Benefits, Inc.
Premium Rate Filing
FORM # 02-0003-2010**

ACTUARIAL MEMORANDUM

Exemption from FOIL Disclosure Requested

Actuarial Certification

I, [REDACTED] Principal and Consulting Actuary, am associated with the firm of Milliman, Inc. I am a member of the American Academy of Actuaries and have been retained by CDPHP Universal Benefits, Inc. with regard to rate setting and related items. I meet the Academy qualification standards to perform this review and make this certification.

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.
- The filing is in compliance with Actuarial Standards of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”.
- The expected loss ratio incorporated into the proposed rate tables meets the minimum requirements of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions.
- The benefits are reasonable in relation to the premiums charged.
- The rates are not unfairly discriminatory.

[REDACTED]
[REDACTED]

7/20/2011

Date

**CDPHP Universal Benefits, Inc.
Premium Rate Filing
Form # 02-0003-2010**

**Accident and Health Insurance Premium Rates
Compliance Certification**

I, [REDACTED] a duly authorized officer of **CDPHP Universal Benefits, Inc.**, do hereby certify that I am knowledgeable as to the laws, regulations and circular letters applicable to the type of insurance coverage and premium rates submitted, and that such rates, actuarial memorandum, supporting rate materials and rate manual pages are in compliance with the applicable laws, regulations and circular letters to the best of my knowledge and belief. I further hereby certify that the information relating to rates set forth in the Accident and Health Insurance Standard Transmittal Form as submitted with, and made part of this filing, is true to the best of my knowledge and belief. I understand that the Insurance Department will rely on this certification, and should it be determined that this certification is materially false or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the Insurance Department against the company and the officer completing this certification.

[REDACTED]

Signature of Authorized Officer

7/20/2011

Date

[REDACTED]
ROBERT R. LITTLE

Print Name of Authorized Officer

500 Patroon Creek Boulevard
Address of Insurer, Article 43
Corporation or HMO

Vice President, Underwriting
Title

Albany, New York 12206-1057
City, State, Zip Code

[REDACTED]

Direct Telephone Number

[REDACTED]

E-Mail Address

[REDACTED]

Fax Number

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:	CDPHP, Universal Benefits Inc. <small>Company submitting the rate adjustment request</small>	Article 43 <small>Type of insurer</small>	<input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Non Profit	47027 <small>Company NAIC Code</small>
	500 Patroon Creek Boulevard, Albany NY 12206 <small>Company mailing address</small>			
B. Contact Person:	[REDACTED] <small>Rate filing contact person name, title</small>	[REDACTED] <small>Contact phone number</small>	[REDACTED] <small>Contact Email address</small>	
C. Actuarial Contact (If different from above):	 <small>Actuary name, title</small>	 <small>Actuary phone number</small>	 <small>Actuary Email address</small>	
D. New Rate Information (See Note #1):	January 1, 2012 -December 31, 2012 <small>New rate applicability period</small>	1/1/2012 <small>New rate effective date</small>	CAPD-127320657 <small>SERFF Tracking Number</small>	
E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement):	Crystal Run			
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).	No			
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).	Yes - mailed 7/21/11			
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			

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 3
NARRATIVE SUMMARY

Company Name: CDPHP Universal Benefits, Inc.
NAIC Code: 47027
SERFF Tracking #: CAPD-127320657

CDPHP Universal Benefits, Inc. (CDPHP UBI) offers EPO and HDPPO products on a community rated basis to small employer groups (2-50) and sole proprietors in Orange and Sullivan counties.

CDPHP UBI has filed with the NYS Department of Insurance a request for approval for changes to premium rates as follows for its Crystal Run products:

Policyholders will receive the rate adjustment on the policyholder's next anniversary on or after January 1, 2012.

Renewals Effective January 1, 2012 to March 31, 2012:

Product Name: **EPO**
Average Rate Adjustment: 8.26%
Number of policyholders affected: 9
Number of members affected: 34

Product Name: **HD**
Average Rate Adjustment: 8.26%
Number of policyholders affected: 2
Number of members affected: 11

Renewals Effective April 1, 2012 to June 30, 2012:

Product Name: **EPO**
Average Rate Adjustment: 7.65%
Number of policyholders affected: 8
Number of members affected: 27

Product Name: **HD**
Average Rate Adjustment: 7.65%
Number of policyholders affected: 4
Number of members affected: 17

Renewals Effective July 1, 2012 to September 30, 2012

Product Name: **EPO**
Average Rate Adjustment: 7.04%
Number of policyholders affected: 0
Number of members affected: 0

Product Name: **HD**

Average Rate Adjustment: 7.04%
Number of policyholders affected: 0
Number of members affected: 0

Renewals effective October 1, 2012 to December 31, 2012

Product Name: **EPO**

Average Rate Adjustment: 6.43%
Number of policyholders affected: 0
Number of members affected: 0

Product Name: **HD**

Average Rate Adjustment: 6.43%
Number of policyholders affected: 0
Number of members affected: 0 There are currently no renewals in these 2 quarters.

These increases are necessary to cover expected increases in claim costs during the rating period attributed to the following:

- Expected increase in utilization, advances in medical technology, and aging of the covered population: 0%
- Expected increase in total costs: 5.98%
- Expected increase in hospital costs: 5.0%, including change in case mix intensity
- Expected increase in physician costs: 7.7%, including change in case mix, care management, and quality incentives.

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
Submit separate exhibits by rating region if the rate changes differ by rating region.
Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => 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).
- => If one policy form is used for more than one products, then a separate row should be entered for each policy form/product name/product street name combination.
- => The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

CDPHP Universal Benefits Inc
Company submitting the rate adjustment request

47027
Company NAIC Code

CAPD-127320657
SERFF tracking number

A. BASE MEDICAL PLAN

- Market Segment:** Small Group/Sole Proprietor => Provide a list of proposed rate changes for each base medical plan type, by product name/street name.
- Rating Region:** All => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
02-003-2010	Crystal Run	EPO	1/1/2012	8.26%	8.26%	8.26%
02-003-2010	Crystal Run	HD	1/1/2012	8.26%	8.27%	8.26%
02-003-2010	Crystal Run	EPO	4/1/2012	7.65%	7.65%	7.65%
02-003-2010	Crystal Run	HD	4/1/2012	7.65%	7.65%	7.65%
02-003-2010	Crystal Run	EPO	7/1/2012	7.04%	7.04%	7.04%
02-003-2010	Crystal Run	HD	7/1/2012	7.04%	7.04%	7.04%
02-003-2010	Crystal Run	EPO	10/1/2012	6.43%	6.43%	6.43%
02-003-2010	Crystal Run	HD	10/1/2012	6.43%	6.43%	6.43%

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

- => Use this Exhibit for the policy forms/products included in the rate adjustment submission.
- => Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
 Submit separate exhibits by rating region if the rate changes differ by rating region.
 Submit separate exhibits for each rolling rate table of a rolling rate structure.
- => This form must be submitted as an Excel file, even if a version is submitted as a PDF file.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => 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).

CDPHP Universal Benefits Inc
 Company submitting the rate adjustment request

47027
 Company NAIC Code

CAPD-127320657
 SERFF tracking number

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "January - March 2012" for a quarterly rolling rate structure.)

B. DRUG RIDERS

- Market Segment:** Small Group/Sole Proprietor => Provide a list of proposed rate changes for drug riders available with base medical products.
 => The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.
- Rating Region:** ALL
 The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.
 => This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Date of New Rate	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
02-003-2010	Crystal Run	EPO	1/1/2012	8.25%	8.26%	8.26%
02-003-2010	Crystal Run	HD	1/1/2012	8.27%	8.27%	8.27%
02-003-2010	Crystal Run	EPO	4/1/2012	7.64%	7.65%	7.64%
02-003-2010	Crystal Run	HD	4/1/2012	7.65%	7.67%	7.66%
02-003-2010	Crystal Run	EPO	7/1/2012	7.03%	7.04%	7.03%
02-003-2010	Crystal Run	HD	7/1/2012	7.03%	7.03%	7.03%
02-003-2010	Crystal Run	EPO	10/1/2012	6.43%	6.43%	6.43%
02-003-2010	Crystal Run	HD	10/1/2012	6.42%	6.43%	6.42%

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: CDPHP Universal Benefits Inc
 NAIC Code: 47027
 SERFF Tracking #: CAPD-127320657

- Instructions:**
- 1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
 - 2) The distribution is by number of contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
 - 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
 - 4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
 - 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
 - 6) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
 - 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
 - 8) Edit the worksheet to add more rows as needed.
 - 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	8.0%	52	0	0	0	52	0	0	0	0	0	0	0	0
02-003-2010	Small/Sole Proprietor	WHV	HD	7.9%	20	0	0	0	20	0	0	0	0	0	0	0	0
	Market Segment Total:			8.0%	72	0	0	0	72	0	0	0	0	0	0	0	0

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

B. For a Rolling Rate Structure, Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 01/01/2012 - 03/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	8.26%	29	0	0	0	29	0	0	0	0	0	0	0	0
02-003-2010	Small/Sole Proprietor	WHV	HD	8.27%	7	0	0	0	7	0	0	0	0	0	0	0	0
	Market Segment Total:			8.26%	36	0	0	0	36	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 04/01/2012 - 06/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	7.65%	23	0	0	0	23	0	0	0	0	0	0	0	0
02-003-2010	Small/Sole Proprietor	WHV	HD	7.65%	13	0	0	0	13	0	0	0	0	0	0	0	0
	Market Segment Total:			7.65%	36	0	0	0	36	0	0	0	0	0	0	0	0

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: CDPHP Universal Benefits Inc
 NAIC Code: 47027
 SERFF Tracking #: CAPD-127320657

Effective Period of New Rolling Rate*: 07/01/2012 - 09/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
02-003-2010	Small/Sole Proprietor	WHV	HD	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Market Segment Total:					0	0	0	0	0	0	0	0	0	0	0	0	0

Effective Period of New Rolling Rate*: 10/01/2012 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
02-003-2010	Small/Sole Proprietor	WHV	HD	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Market Segment Total:					0	0	0	0	0	0	0	0	0	0	0	0	0

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: CDPHP Universal Benefits Inc
 NAIC Code: 47027
 SERFF Tracking #: CAPD-127320657

- Instructions:**
- 1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
 - 2) The distribution is by number of contracts or number of members. The Company should indicate which basis, either number of contracts or number of members, is used in this Exhibit.
 - 3) The Weighted Average Percentage should be developed based on the distribution of contracts or members for that market segment/product and for the market segment in total.
 - 4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
 - 5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, Indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
 - 6) In Section A, provide the distribution of contracts or members affected by proposed rate change for all non-rolling rate contracts by market segment/product.
 - 7) In Section B, provide distribution information for each rolling rate cohort of a rolling rate structure contract affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
 - 8) Edit the worksheet to add more rows as needed.
 - 9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. FOR A NON-ROLLING RATE STRUCTURE -- Distribution of Non Rolling Rate Contracts by Proposed Rate Adjustment

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
02-003-2010	Small/Sole Proprietor	WHV	EPO	8.0%															
02-003-2010	Small/Sole Proprietor	WHV	HD	7.9%															
	Market Segment Total:			8.0%															

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

B. For a Rolling Rate Structure, Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 01/01/2012 - 03/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
02-003-2010	Small/Sole Proprietor	WHV	EPO	8.26%															
02-003-2010	Small/Sole Proprietor	WHV	HD	8.27%															
	Market Segment Total:			8.26%															

Effective Period of New Rolling Rate*: 04/01/2012 - 06/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal													
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
02-003-2010	Small/Sole Proprietor	WHV	EPO	7.65%															
02-003-2010	Small/Sole Proprietor	WHV	HD	7.65%															
	Market Segment Total:			7.65%															

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: CDPHP Universal Benefits Inc
 NAIC Code: 47027
 SERFF Tracking #: CAPD-127320657

Effective Period of New Rolling Rate*: 07/01/2012 - 09/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	0.0%													
02-003-2010	Small/Sole Proprietor	WHV	HD	0.0%													
	Market Segment Total:			0.0%													

Effective Period of New Rolling Rate*: 10/01/2012 - 12/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 6/30/2011	Number of Contracts with Proposed Percentage Rate Change at Renewal											
						Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher	
02-003-2010	Small/Sole Proprietor	WHV	EPO	0.0%													
02-003-2010	Small/Sole Proprietor	WHV	HD	0.0%													
	Market Segment Total:			0.0%													

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
 Use the same format to provide the same information for each rolling rate cohort under each market segment.

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: CDPHP Universal Benefits Inc

NAIC Code: 47027

SERFF Number: CAPD-127320657

Instructions:

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office that impact the rate tables in this filing.
- 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).
- Extend the worksheet to add more rows as needed.

A. List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date

B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	

C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Benefit/Rate Change Effective Date

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

Company Name: _____
NAIC Code: _____
SERFF Number: _____

- A. Complete a separate response for 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.
 - Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
 - Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.
- B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.
- C. 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).
- D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.
- E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).
- F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
1a. Base medical policy form number				
1b. Product Name as in Rate Manual				
1c. Product Street Name as indicated to consumers				
2. Aggregated for rate development with these base medical policy form numbers				
3. Effective date of rate change (MM/DD/YYYY)				
4. Market Segment (large group, small group, individual, or sole proprietor) [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. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]				
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]				
9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)				
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)				
11. Number of policyholders affected by rate change. For group business this is number of groups.				

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
12. Number of covered lives affected by rate change				
13. Expected NY statewide loss ratio for base medical policy form including associated riders				
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)				
14.1 Beginning Date of the experience period (MM/DD/YYYY)				
14.2 Ending Date of the experience period (MM/DD/YYYY)				
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 (\$)				
14.7 Incurred claims for experience period (\$)				
14.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)				
14.9 Earned premiums for experience period (\$mpm)	0.00	0.00	0.00	0.00
14.10 Standardized premiums for experience period (\$mpm)	0.00	0.00	0.00	0.00
14.11 Paid claims for experience period (\$mpm)	0.00	0.00	0.00	0.00
14.12 Incurred claims for experience period (\$mpm)	0.00	0.00	0.00	0.00
14.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.00	0.00	0.00	0.00
14.14 Ratio: Incurred Claims / Earned Premiums	0.000	0.000	0.000	0.000
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.000	0.000	0.000	0.000
14.16 Ratio: Administration Expenses / Earned Premiums	0.000	0.000	0.000	0.000
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.000	0.000	0.000	0.000
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)				
15.1 Beginning date of the experience period (MM/DD/YYYY)				
15.2 Ending Date of the experience period (MM/DD/YYYY)				
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 (\$)				
15.7 Incurred claims for experience period (\$)				
15.8 Administrative expenses for experience period (\$) (including commissions and premium taxes, but excluding federal and state income taxes)				
15.9 Earned premiums for experience period (\$mpm)	0.00	0.00	0.00	0.00

Data Item for Specified Base Medical Policy Form	Response	Response	Response	Response
15.10 Standardized premiums for experience period (\$mpm)	0.00	0.00	0.00	0.00
15.11 Paid claims for experience period (\$mpm)	0.00	0.00	0.00	0.00
15.12 Incurred claims for experience period (\$mpm)	0.00	0.00	0.00	0.00
15.13 Administrative expenses for experience period (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.00	0.00	0.00	0.00
15.14 Ratio: Incurred Claims / Earned Premiums	0.000	0.000	0.000	0.000
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.000	0.000	0.000	0.000
15.16 Ratio: Administrative Expenses / Earned Premiums	0.000	0.000	0.000	0.000
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.000	0.000	0.000	0.000
Annualized Medical Trend Factors (%)				
16.1 All benefits combined, composite				
16.2 Due to utilization				
16.3 Due to unit cost				
Ratios: Most Recent Experience Period to Prior Period				
17.1 Member months	0.000	0.000	0.000	0.000
17.2 Earned premiums (\$mpm)	0.000	0.000	0.000	0.000
17.3 Standardized premiums (\$mpm)	0.000	0.000	0.000	0.000
17.4 Paid claims (\$mpm)	0.000	0.000	0.000	0.000
17.5 Incurred claims (\$mpm)	0.000	0.000	0.000	0.000
17.6 Administrative expenses (\$mpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.000	0.000	0.000	0.000
Ratio: Standard Premium to Earned Premium				
18.1 Most Recent Experience Period	0.000	0.000	0.000	0.000
18.2 Prior Experience Period	0.000	0.000	0.000	0.000

CDPHP Universal Benefits, Inc.
500 Patroon Creek Blvd.
Albany, NY 12206-1057



July 21, 2011

[Contact Name]
[Group Name]
[Address]
[City State Zip]

Group ID#

Dear Employer Group Contact:

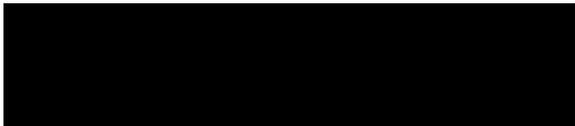
CDPHP Universal Benefits,® Inc. (CDPHP UBI) filed 2012 community-rated premiums with the New York State Insurance Department (NYSID) today. In keeping with state law, we are sending you this notice in advance of an anticipated premium rate change. You have 30 days from the date of this letter to contact CDPHP UBI or NYSID to request information about the rate change, or to submit written comments to NYSID. You can find contact information for CDPHP or NYSID on the reverse side of this letter.

Assuming our filing is approved by NYSID, the change in base medical premium rates for your Crystal Run Focused EPO plan as of your 2012 renewal date will be in the range of 7.6% to 8.3%.

The proposed percentage shown above does not reflect premium changes for drug coverage and other riders (which are also subject to new regulatory requirements), or any changes that you, as the health benefits administrator, may request upon renewal. As a result, your group's actual rate of premium change may be higher or lower than the total percentage shown. You will receive details on your rates at least 60 days before your benefits renewal date.

Enclosed is a copy of a notice which employees enrolled in your Crystal Run Focused EPO plan are required to receive. If, for any reason, you are unable or unwilling to deliver these notices to your employees, please let us know within three business days by contacting us at employerinfo@cdphp.com. We also recommend providing additional information with the notice, such as employee contribution levels, as the notice may be confusing to employees. If you would prefer a PDF of the document, or need additional copies, please contact us as shown below, and indicate the correct contact person, address, and quantity desired.

Sincerely,



CDPHP Universal Benefits, Inc.

CDPHP Universal Benefits, Inc.
Att.: Membership & Billing
500 Patroon Creek Blvd.
Albany, NY 12206-1057

employerinfo@cdphp.com
(518) 641-3900

James Carroll
Health Bureau
New York State Insurance Dept.
One Commerce Plaza
Albany, NY 12257

PremiumRateIncreases@ins.state.ny.us
1-800-342-3736

Charles Lovejoy
Health Bureau
New York State Insurance Dept.
25 Beaver Street
New York, NY 10004



**Important Information for CDPHP Universal Benefits, Inc.
Crystal Run Focused EPO Plan Members**

CDPHP Universal Benefits,® Inc. (CDPHP UBI) filed its 2012 community-rated premiums with the New York State Insurance Department (NYSID) on July 21, 2011. In keeping with state regulations, we are providing this notice in advance of an anticipated premium rate change.

Assuming our filing is approved by NYSID, the change in base medical premium rates for your Crystal Run Focused EPO plan as of your 2012 renewal date will be in the range of 7.6% to 8.3%.

The proposed percentage shown above does not reflect any changes that are being requested for drug coverage and other riders, or benefit changes that your employer may make. It is also important to note that details on premium cost-sharing are between you and your employer. Therefore, the percentage of change in your payroll deduction may differ from the percentage stated above.

You have 30 days from receipt of this notice to contact CDPHP UBI or NYSID to request additional information about the rate change, or to submit written comments to NYSID.

CDPHP Universal Benefits, Inc.
Att.: Member Services
500 Patroon Creek Blvd.
Albany, NY 12206-1057

James Carroll
Health Bureau
New York State Insurance Dept.
One Commerce Plaza
Albany, NY 12257

Charles Lovejoy
Health Bureau
New York State Insurance Dept.
25 Beaver Street
New York NY 10004

www.cdphp.com
1-877-269-2134

PremiumRateIncreases@ins.state.ny.us
1-800-342-3736



July 1, 2011

Group Number: «Group_ID»

Health Benefits Administrator
«Group_Name»
«Group_Address»
«Group_Address_2»
«Group_City», «Group_State» «Group_Zip»

Re: Notice of Premium Rates for 2011

Dear Health Benefits Administrator:

As you may know, a new law in New York State requires health plans to submit proposed premium rates to the New York State Insurance Department (NYSID) for review and approval.

This letter is to inform you that the premium rates listed on the next page were approved by NYSID and will be effective as of September 1, 2011.

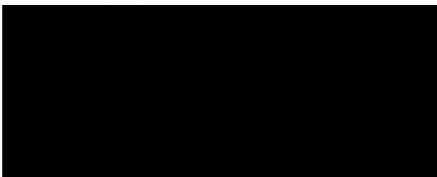
On the reverse side of this letter is a copy of a notice that employees enrolled in your CDPHP plan are required to receive. If, for any reason, you are unable or unwilling to deliver these notices to your employees, please let us know within three business days by contacting us at employerinfo@cdphp.com. We also recommend providing additional information with the notice, such as employee contribution levels, as the notice may be confusing to employees.

If you have questions or wish to request a PDF or extra copies of the member notice, please contact us as shown below, and indicate the correct contact person, address, and quantity desired. Thank you.

CDPHP
Att: Broker/Client Service Unit
500 Patroon Creek Blvd.
Albany, NY 12206

employerinfo@cdphp.com
(518) 641-5000

Sincerely,



Capital District Physicians' Health Plan

Employee Notice

July 1, 2011

Re: Notice of Premium Rates for 2011

As you may know, a new law in New York State requires health plans to submit proposed premium rates to the New York State Insurance Department (NYSID) for review and approval.

This letter is to inform you that the premium rates listed below are approved by NYSID and will be effective as of September 1, 2011.

Proposed 2011 Benefit Package	
Medical Plan:	«Product_Type» «Rider1»
Office Visit Copay:	\$«Office_Visit»
Specialist Visit Copay:	\$«Specialist_Visit»
In-Network Deductible:	«INN_Single_Family_Deductible»
In-Network Coinsurance:	«Coinsurance»
Rx Rider:	«Description2»
Other Riders:	Domestic Partner
	«Description3»
	«Description4»
	«Description5»
	«Description6»
Proposed Monthly Premium on Your 2011 Effective Date	
Individual	\$«rate1»
Employee+1	\$«rate2»
Employee/Child	\$«rate3»
Family	\$«rate4»
Current Monthly Premium	
Individual	\$«Individual_Total_Old»
Employee+1	\$«Employee1_Total_Old»
Employee/Child	\$«EmployeeChild_Total_Old»
Family	\$«Family_Total_Old»

The rates shown above do not reflect any benefit changes that your employer may make for 2011. It is also important to recall that details on premium cost-sharing are between you and your employer.

CDPHP is no longer offering dental coverage as a rider on your medical policy. If you had a CDPHP dental rider, it is important to realize that its cost is included in the current monthly premium above, but is not included in the proposed monthly premium for 2011.

If you have any questions about your benefits, please speak with your employer's health benefits administrator or call the CDPHP member services department at the number on your member ID card. Thank you for your membership in CDPHP.

cc: «Broker_Name»