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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1013				
			Single	N/A	$613.47	$0.00	0.00%
			Double	N/A	$1,226.94	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,042.89	$0.00	0.00%
			Family	N/A	$1,748.38	$0.00	0.00%
Platinum	HMO	N/A	IHPF1014				
			Single	N/A	$623.22	$0.00	0.00%
			Double	N/A	$1,246.44	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,059.47	$0.00	0.00%
			Family	N/A	$1,776.18	$0.00	0.00%
Platinum	HMO	N/A	IHPF1025				
			Single	N/A	$633.40	$0.00	0.00%
			Double	N/A	$1,266.81	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,076.78	$0.00	0.00%
			Family	N/A	$1,805.20	$0.00	0.00%
Platinum	HMO	N/A	IHPF1015				
			Single	N/A	$622.60	$0.00	0.00%
			Double	N/A	$1,245.20	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,058.42	$0.00	0.00%
			Family	N/A	$1,774.41	$0.00	0.00%
Gold	HMO	N/A	IHGF2013				
			Single	N/A	$538.43	$0.00	0.00%
			Double	N/A	$1,076.86	$0.00	0.00%
			Emp/Child(ren)	N/A	$915.33	$0.00	0.00%
			Family	N/A	$1,534.53	$0.00	0.00%
Gold	HMO	N/A	IHGF2014				
			Single	N/A	$555.15	$0.00	0.00%
			Double	N/A	$1,110.29	$0.00	0.00%
			Emp/Child(ren)	N/A	$943.75	$0.00	0.00%
			Family	N/A	$1,582.17	$0.00	0.00%
Gold	HMO	N/A	IHGF2015				
			Single	N/A	$531.72	$0.00	0.00%
			Double	N/A	$1,063.44	$0.00	0.00%
			Emp/Child(ren)	N/A	$903.92	$0.00	0.00%
			Family	N/A	$1,515.40	$0.00	0.00%
Silver	HMO	N/A	IHSF3025				
			Single	N/A	$458.12	$0.00	0.00%
			Double	N/A	$916.25	$0.00	0.00%
			Emp/Child(ren)	N/A	$778.81	$0.00	0.00%
			Family	N/A	$1,305.66	$0.00	0.00%
Silver	HMO	N/A	IHSF3026				
			Single	N/A	$468.80	$0.00	0.00%
			Double	N/A	$937.61	$0.00	0.00%
			Emp/Child(ren)	N/A	$796.96	$0.00	0.00%
			Family	N/A	$1,336.09	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3027				
			Single	N/A	$459.96	$0.00	0.00%
			Double	N/A	$919.92	$0.00	0.00%
			Emp/Child(ren)	N/A	$781.93	$0.00	0.00%
			Family	N/A	$1,310.89	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4013				
			Single	N/A	$391.34	$0.00	0.00%
			Double	N/A	$782.68	$0.00	0.00%
			Emp/Child(ren)	N/A	$665.28	$0.00	0.00%
			Family	N/A	$1,115.32	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4014				
			Single	N/A	$381.91	$0.00	0.00%
			Double	N/A	$763.82	$0.00	0.00%
			Emp/Child(ren)	N/A	$649.24	$0.00	0.00%
			Family	N/A	$1,088.44	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4015				
			Single	N/A	$368.64	$0.00	0.00%
			Double	N/A	$737.28	$0.00	0.00%
			Emp/Child(ren)	N/A	$626.69	$0.00	0.00%
			Family	N/A	$1,050.62	$0.00	0.00%
Platinum	HMO	N/A	IHPF1016				
			Single	N/A	$628.19	$0.00	0.00%
			Double	N/A	$1,256.38	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,067.92	$0.00	0.00%
			Family	N/A	$1,790.34	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1017				
			Single	N/A	$638.18	$0.00	0.00%
			Double	N/A	$1,276.35	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,084.90	$0.00	0.00%
			Family	N/A	$1,818.80	$0.00	0.00%
Platinum	HMO	N/A	IHPF1026				
			Single	N/A	$648.60	$0.00	0.00%
			Double	N/A	$1,297.21	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,102.63	$0.00	0.00%
			Family	N/A	$1,848.52	$0.00	0.00%
Platinum	HMO	N/A	IHPF1018				
			Single	N/A	$637.54	$0.00	0.00%
			Double	N/A	$1,275.08	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,083.82	$0.00	0.00%
			Family	N/A	$1,816.99	$0.00	0.00%
Gold	HMO	N/A	IHGF2016				
			Single	N/A	$551.35	$0.00	0.00%
			Double	N/A	$1,102.71	$0.00	0.00%
			Emp/Child(ren)	N/A	$937.30	$0.00	0.00%
			Family	N/A	$1,571.36	$0.00	0.00%
Gold	HMO	N/A	IHGF2017				
			Single	N/A	$568.47	$0.00	0.00%
			Double	N/A	$1,136.94	$0.00	0.00%
			Emp/Child(ren)	N/A	$966.40	$0.00	0.00%
			Family	N/A	$1,620.14	$0.00	0.00%
Gold	HMO	N/A	IHGF2018				
			Single	N/A	$544.48	$0.00	0.00%
			Double	N/A	$1,088.96	$0.00	0.00%
			Emp/Child(ren)	N/A	$925.62	$0.00	0.00%
			Family	N/A	$1,551.77	$0.00	0.00%
Silver	HMO	N/A	IHSF3028				
			Single	N/A	$469.12	$0.00	0.00%
			Double	N/A	$938.24	$0.00	0.00%
			Emp/Child(ren)	N/A	$797.50	$0.00	0.00%
			Family	N/A	$1,336.99	$0.00	0.00%
Silver	HMO	N/A	IHSF3029				
			Single	N/A	$479.95	$0.00	0.00%
			Double	N/A	$959.89	$0.00	0.00%
			Emp/Child(ren)	N/A	$815.91	$0.00	0.00%
			Family	N/A	$1,367.85	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3030				
			Single	N/A	$471.00	$0.00	0.00%
			Double	N/A	$942.00	$0.00	0.00%
			Emp/Child(ren)	N/A	$800.70	$0.00	0.00%
			Family	N/A	$1,342.35	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4017				
			Single	N/A	$391.07	$0.00	0.00%
			Double	N/A	$782.15	$0.00	0.00%
			Emp/Child(ren)	N/A	$664.83	$0.00	0.00%
			Family	N/A	$1,114.56	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4018				
			Single	N/A	$377.49	$0.00	0.00%
			Double	N/A	$754.97	$0.00	0.00%
			Emp/Child(ren)	N/A	$641.73	$0.00	0.00%
			Family	N/A	$1,075.84	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4025				
			Single	N/A	$400.73	$0.00	0.00%
			Double	N/A	$801.47	$0.00	0.00%
			Emp/Child(ren)	N/A	$681.25	$0.00	0.00%
			Family	N/A	$1,142.09	$0.00	0.00%
Platinum	HMO	N/A	IHPFC001				
			Single	N/A	$252.75	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Gold	HMO	N/A	IHGFC002				
			Single	N/A	$221.83	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

Capital District Physicians' Health Plan

Albany Region

Individual Rates Off-Exchange

Proposed Premium Rates Effective 1/1/2014

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Silver	HMO	N/A	IHSFC003				
			Single	N/A	$188.75	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Bronze	HDHMO	N/A	IHBFC004				
			Single	N/A	$161.23	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1013				
			Single	N/A	$693.53	$0.00	0.00%
			Double	N/A	$1,387.05	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,178.99	$0.00	0.00%
			Family	N/A	$1,976.55	$0.00	0.00%
Platinum	HMO	N/A	IHPF1014				
			Single	N/A	$704.55	$0.00	0.00%
			Double	N/A	$1,409.10	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,197.73	$0.00	0.00%
			Family	N/A	$2,007.97	$0.00	0.00%
Platinum	HMO	N/A	IHPF1025				
			Single	N/A	$716.06	$0.00	0.00%
			Double	N/A	$1,432.12	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,217.31	$0.00	0.00%
			Family	N/A	$2,040.78	$0.00	0.00%
Platinum	HMO	N/A	IHPF1015				
			Single	N/A	$703.85	$0.00	0.00%
			Double	N/A	$1,407.69	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,196.54	$0.00	0.00%
			Family	N/A	$2,005.97	$0.00	0.00%
Gold	HMO	N/A	IHGF2013				
			Single	N/A	$608.70	$0.00	0.00%
			Double	N/A	$1,217.39	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,034.78	$0.00	0.00%
			Family	N/A	$1,734.78	$0.00	0.00%
Gold	HMO	N/A	IHGF2014				
			Single	N/A	$627.59	$0.00	0.00%
			Double	N/A	$1,255.19	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,066.91	$0.00	0.00%
			Family	N/A	$1,788.64	$0.00	0.00%
Gold	HMO	N/A	IHGF2015				
			Single	N/A	$601.11	$0.00	0.00%
			Double	N/A	$1,202.22	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,021.88	$0.00	0.00%
			Family	N/A	$1,713.16	$0.00	0.00%
Silver	HMO	N/A	IHSF3025				
			Single	N/A	$517.91	$0.00	0.00%
			Double	N/A	$1,035.82	$0.00	0.00%
			Emp/Child(ren)	N/A	$880.45	$0.00	0.00%
			Family	N/A	$1,476.04	$0.00	0.00%
Silver	HMO	N/A	IHSF3026				
			Single	N/A	$529.98	$0.00	0.00%
			Double	N/A	$1,059.96	$0.00	0.00%
			Emp/Child(ren)	N/A	$900.97	$0.00	0.00%
			Family	N/A	$1,510.45	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3027				
			Single	N/A	$519.99	$0.00	0.00%
			Double	N/A	$1,039.97	$0.00	0.00%
			Emp/Child(ren)	N/A	$883.97	$0.00	0.00%
			Family	N/A	$1,481.96	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4013				
			Single	N/A	$442.41	$0.00	0.00%
			Double	N/A	$884.82	$0.00	0.00%
			Emp/Child(ren)	N/A	$752.10	$0.00	0.00%
			Family	N/A	$1,260.87	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4014				
			Single	N/A	$431.75	$0.00	0.00%
			Double	N/A	$863.49	$0.00	0.00%
			Emp/Child(ren)	N/A	$733.97	$0.00	0.00%
			Family	N/A	$1,230.48	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4015				
			Single	N/A	$416.75	$0.00	0.00%
			Double	N/A	$833.49	$0.00	0.00%
			Emp/Child(ren)	N/A	$708.47	$0.00	0.00%
			Family	N/A	$1,187.73	$0.00	0.00%
Platinum	HMO	N/A	IHPF1016				
			Single	N/A	$710.17	$0.00	0.00%
			Double	N/A	$1,420.34	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,207.29	$0.00	0.00%
			Family	N/A	$2,023.98	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1017				
			Single	N/A	$721.46	$0.00	0.00%
			Double	N/A	$1,442.92	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,226.48	$0.00	0.00%
			Family	N/A	$2,056.16	$0.00	0.00%
Platinum	HMO	N/A	IHPF1026				
			Single	N/A	$733.25	$0.00	0.00%
			Double	N/A	$1,466.49	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,246.52	$0.00	0.00%
			Family	N/A	$2,089.76	$0.00	0.00%
Platinum	HMO	N/A	IHPF1018				
			Single	N/A	$720.74	$0.00	0.00%
			Double	N/A	$1,441.48	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,225.26	$0.00	0.00%
			Family	N/A	$2,054.11	$0.00	0.00%
Gold	HMO	N/A	IHGF2016				
			Single	N/A	$623.31	$0.00	0.00%
			Double	N/A	$1,246.61	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,059.62	$0.00	0.00%
			Family	N/A	$1,776.42	$0.00	0.00%
Gold	HMO	N/A	IHGF2017				
			Single	N/A	$642.66	$0.00	0.00%
			Double	N/A	$1,285.31	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,092.52	$0.00	0.00%
			Family	N/A	$1,831.57	$0.00	0.00%
Gold	HMO	N/A	IHGF2018				
			Single	N/A	$615.53	$0.00	0.00%
			Double	N/A	$1,231.07	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,046.41	$0.00	0.00%
			Family	N/A	$1,754.27	$0.00	0.00%
Silver	HMO	N/A	IHSF3028				
			Single	N/A	$530.34	$0.00	0.00%
			Double	N/A	$1,060.68	$0.00	0.00%
			Emp/Child(ren)	N/A	$901.58	$0.00	0.00%
			Family	N/A	$1,511.47	$0.00	0.00%
Silver	HMO	N/A	IHSF3029				
			Single	N/A	$542.58	$0.00	0.00%
			Double	N/A	$1,085.16	$0.00	0.00%
			Emp/Child(ren)	N/A	$922.38	$0.00	0.00%
			Family	N/A	$1,546.35	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3030				
			Single	N/A	$532.46	$0.00	0.00%
			Double	N/A	$1,064.93	$0.00	0.00%
			Emp/Child(ren)	N/A	$905.19	$0.00	0.00%
			Family	N/A	$1,517.52	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4017				
			Single	N/A	$442.11	$0.00	0.00%
			Double	N/A	$884.22	$0.00	0.00%
			Emp/Child(ren)	N/A	$751.58	$0.00	0.00%
			Family	N/A	$1,260.01	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4018				
			Single	N/A	$426.75	$0.00	0.00%
			Double	N/A	$853.50	$0.00	0.00%
			Emp/Child(ren)	N/A	$725.47	$0.00	0.00%
			Family	N/A	$1,216.23	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4025				
			Single	N/A	$453.03	$0.00	0.00%
			Double	N/A	$906.06	$0.00	0.00%
			Emp/Child(ren)	N/A	$770.15	$0.00	0.00%
			Family	N/A	$1,291.14	$0.00	0.00%
Platinum	HMO	N/A	IHPFC001				
			Single	N/A	$285.73	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Gold	HMO	N/A	IHGFC002				
			Single	N/A	$250.78	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Silver	HMO	N/A	IHSFC003				
			Single	N/A	$213.38	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Bronze	HDHMO	N/A	IHBFC004				
			Single	N/A	$182.27	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1013				
			Single	N/A	$688.00	$0.00	0.00%
			Double	N/A	$1,376.01	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,169.61	$0.00	0.00%
			Family	N/A	$1,960.81	$0.00	0.00%
Platinum	HMO	N/A	IHPF1014				
			Single	N/A	$698.94	$0.00	0.00%
			Double	N/A	$1,397.88	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,188.20	$0.00	0.00%
			Family	N/A	$1,991.98	$0.00	0.00%
Platinum	HMO	N/A	IHPF1025				
			Single	N/A	$710.36	$0.00	0.00%
			Double	N/A	$1,420.72	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,207.61	$0.00	0.00%
			Family	N/A	$2,024.53	$0.00	0.00%
Platinum	HMO	N/A	IHPF1015				
			Single	N/A	$698.24	$0.00	0.00%
			Double	N/A	$1,396.49	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,187.01	$0.00	0.00%
			Family	N/A	$1,990.00	$0.00	0.00%
Gold	HMO	N/A	IHGF2013				
			Single	N/A	$603.85	$0.00	0.00%
			Double	N/A	$1,207.70	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,026.55	$0.00	0.00%
			Family	N/A	$1,720.97	$0.00	0.00%
Gold	HMO	N/A	IHGF2014				
			Single	N/A	$622.60	$0.00	0.00%
			Double	N/A	$1,245.20	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,058.42	$0.00	0.00%
			Family	N/A	$1,774.40	$0.00	0.00%
Gold	HMO	N/A	IHGF2015				
			Single	N/A	$596.32	$0.00	0.00%
			Double	N/A	$1,192.65	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,013.75	$0.00	0.00%
			Family	N/A	$1,699.52	$0.00	0.00%
Silver	HMO	N/A	IHSF3025				
			Single	N/A	$513.79	$0.00	0.00%
			Double	N/A	$1,027.57	$0.00	0.00%
			Emp/Child(ren)	N/A	$873.44	$0.00	0.00%
			Family	N/A	$1,464.29	$0.00	0.00%
Silver	HMO	N/A	IHSF3026				
			Single	N/A	$525.76	$0.00	0.00%
			Double	N/A	$1,051.52	$0.00	0.00%
			Emp/Child(ren)	N/A	$893.80	$0.00	0.00%
			Family	N/A	$1,498.42	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3027				
			Single	N/A	$515.85	$0.00	0.00%
			Double	N/A	$1,031.69	$0.00	0.00%
			Emp/Child(ren)	N/A	$876.94	$0.00	0.00%
			Family	N/A	$1,470.16	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4013				
			Single	N/A	$438.89	$0.00	0.00%
			Double	N/A	$877.78	$0.00	0.00%
			Emp/Child(ren)	N/A	$746.11	$0.00	0.00%
			Family	N/A	$1,250.84	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4014				
			Single	N/A	$428.31	$0.00	0.00%
			Double	N/A	$856.62	$0.00	0.00%
			Emp/Child(ren)	N/A	$728.13	$0.00	0.00%
			Family	N/A	$1,220.68	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4015				
			Single	N/A	$413.43	$0.00	0.00%
			Double	N/A	$826.86	$0.00	0.00%
			Emp/Child(ren)	N/A	$702.83	$0.00	0.00%
			Family	N/A	$1,178.27	$0.00	0.00%
Platinum	HMO	N/A	IHPF1016				
			Single	N/A	$704.52	$0.00	0.00%
			Double	N/A	$1,409.03	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,197.68	$0.00	0.00%
			Family	N/A	$2,007.87	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1017				
			Single	N/A	$715.72	$0.00	0.00%
			Double	N/A	$1,431.43	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,216.72	$0.00	0.00%
			Family	N/A	$2,039.79	$0.00	0.00%
Platinum	HMO	N/A	IHPF1026				
			Single	N/A	$727.41	$0.00	0.00%
			Double	N/A	$1,454.82	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,236.60	$0.00	0.00%
			Family	N/A	$2,073.12	$0.00	0.00%
Platinum	HMO	N/A	IHPF1018				
			Single	N/A	$715.00	$0.00	0.00%
			Double	N/A	$1,430.00	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,215.50	$0.00	0.00%
			Family	N/A	$2,037.76	$0.00	0.00%
Gold	HMO	N/A	IHGF2016				
			Single	N/A	$618.34	$0.00	0.00%
			Double	N/A	$1,236.69	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,051.18	$0.00	0.00%
			Family	N/A	$1,762.28	$0.00	0.00%
Gold	HMO	N/A	IHGF2017				
			Single	N/A	$637.54	$0.00	0.00%
			Double	N/A	$1,275.08	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,083.82	$0.00	0.00%
			Family	N/A	$1,816.99	$0.00	0.00%
Gold	HMO	N/A	IHGF2018				
			Single	N/A	$610.63	$0.00	0.00%
			Double	N/A	$1,221.27	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,038.08	$0.00	0.00%
			Family	N/A	$1,740.31	$0.00	0.00%
Silver	HMO	N/A	IHSF3028				
			Single	N/A	$526.12	$0.00	0.00%
			Double	N/A	$1,052.24	$0.00	0.00%
			Emp/Child(ren)	N/A	$894.40	$0.00	0.00%
			Family	N/A	$1,499.44	$0.00	0.00%
Silver	HMO	N/A	IHSF3029				
			Single	N/A	$538.26	$0.00	0.00%
			Double	N/A	$1,076.52	$0.00	0.00%
			Emp/Child(ren)	N/A	$915.04	$0.00	0.00%
			Family	N/A	$1,534.04	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3030				
			Single	N/A	$528.23	$0.00	0.00%
			Double	N/A	$1,056.45	$0.00	0.00%
			Emp/Child(ren)	N/A	$897.98	$0.00	0.00%
			Family	N/A	$1,505.44	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4017				
			Single	N/A	$438.59	$0.00	0.00%
			Double	N/A	$877.18	$0.00	0.00%
			Emp/Child(ren)	N/A	$745.60	$0.00	0.00%
			Family	N/A	$1,249.98	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4018				
			Single	N/A	$423.35	$0.00	0.00%
			Double	N/A	$846.70	$0.00	0.00%
			Emp/Child(ren)	N/A	$719.70	$0.00	0.00%
			Family	N/A	$1,206.55	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4025				
			Single	N/A	$449.42	$0.00	0.00%
			Double	N/A	$898.85	$0.00	0.00%
			Emp/Child(ren)	N/A	$764.02	$0.00	0.00%
			Family	N/A	$1,280.86	$0.00	0.00%
Platinum	HMO	N/A	IHPFC001				
			Single	N/A	$283.46	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Gold	HMO	N/A	IHGFC002				
			Single	N/A	$248.79	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Silver	HMO	N/A	IHSFC003				
			Single	N/A	$211.68	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Bronze	HDHMO	N/A	IHBFC004				
			Single	N/A	$180.82	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1013				
			Single	N/A	$660.77	$0.00	0.00%
			Double	N/A	$1,321.53	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,123.30	$0.00	0.00%
			Family	N/A	$1,883.18	$0.00	0.00%
Platinum	HMO	N/A	IHPF1014				
			Single	N/A	$671.27	$0.00	0.00%
			Double	N/A	$1,342.54	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,141.16	$0.00	0.00%
			Family	N/A	$1,913.12	$0.00	0.00%
Platinum	HMO	N/A	IHPF1025				
			Single	N/A	$682.24	$0.00	0.00%
			Double	N/A	$1,364.48	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,159.81	$0.00	0.00%
			Family	N/A	$1,944.38	$0.00	0.00%
Platinum	HMO	N/A	IHPF1015				
			Single	N/A	$670.60	$0.00	0.00%
			Double	N/A	$1,341.20	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,140.02	$0.00	0.00%
			Family	N/A	$1,911.21	$0.00	0.00%
Gold	HMO	N/A	IHGF2013				
			Single	N/A	$579.94	$0.00	0.00%
			Double	N/A	$1,159.89	$0.00	0.00%
			Emp/Child(ren)	N/A	$985.90	$0.00	0.00%
			Family	N/A	$1,652.84	$0.00	0.00%
Gold	HMO	N/A	IHGF2014				
			Single	N/A	$597.95	$0.00	0.00%
			Double	N/A	$1,195.90	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,016.51	$0.00	0.00%
			Family	N/A	$1,704.16	$0.00	0.00%
Gold	HMO	N/A	IHGF2015				
			Single	N/A	$572.71	$0.00	0.00%
			Double	N/A	$1,145.43	$0.00	0.00%
			Emp/Child(ren)	N/A	$973.61	$0.00	0.00%
			Family	N/A	$1,632.24	$0.00	0.00%
Silver	HMO	N/A	IHSF3025				
			Single	N/A	$493.45	$0.00	0.00%
			Double	N/A	$986.89	$0.00	0.00%
			Emp/Child(ren)	N/A	$838.86	$0.00	0.00%
			Family	N/A	$1,406.32	$0.00	0.00%
Silver	HMO	N/A	IHSF3026				
			Single	N/A	$504.95	$0.00	0.00%
			Double	N/A	$1,009.89	$0.00	0.00%
			Emp/Child(ren)	N/A	$858.41	$0.00	0.00%
			Family	N/A	$1,439.10	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3027				
			Single	N/A	$495.42	$0.00	0.00%
			Double	N/A	$990.85	$0.00	0.00%
			Emp/Child(ren)	N/A	$842.22	$0.00	0.00%
			Family	N/A	$1,411.96	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4013				
			Single	N/A	$421.51	$0.00	0.00%
			Double	N/A	$843.03	$0.00	0.00%
			Emp/Child(ren)	N/A	$716.57	$0.00	0.00%
			Family	N/A	$1,201.32	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4014				
			Single	N/A	$411.35	$0.00	0.00%
			Double	N/A	$822.71	$0.00	0.00%
			Emp/Child(ren)	N/A	$699.30	$0.00	0.00%
			Family	N/A	$1,172.36	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4015				
			Single	N/A	$397.06	$0.00	0.00%
			Double	N/A	$794.12	$0.00	0.00%
			Emp/Child(ren)	N/A	$675.00	$0.00	0.00%
			Family	N/A	$1,131.63	$0.00	0.00%
Platinum	HMO	N/A	IHPF1016				
			Single	N/A	$676.62	$0.00	0.00%
			Double	N/A	$1,353.25	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,150.26	$0.00	0.00%
			Family	N/A	$1,928.38	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Platinum	HMO	N/A	IHPF1017				
			Single	N/A	$687.38	$0.00	0.00%
			Double	N/A	$1,374.76	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,168.55	$0.00	0.00%
			Family	N/A	$1,959.03	$0.00	0.00%
Platinum	HMO	N/A	IHPF1026				
			Single	N/A	$698.61	$0.00	0.00%
			Double	N/A	$1,397.22	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,187.64	$0.00	0.00%
			Family	N/A	$1,991.04	$0.00	0.00%
Platinum	HMO	N/A	IHPF1018				
			Single	N/A	$686.70	$0.00	0.00%
			Double	N/A	$1,373.39	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,167.38	$0.00	0.00%
			Family	N/A	$1,957.08	$0.00	0.00%
Gold	HMO	N/A	IHGF2016				
			Single	N/A	$593.86	$0.00	0.00%
			Double	N/A	$1,187.73	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,009.57	$0.00	0.00%
			Family	N/A	$1,692.51	$0.00	0.00%
Gold	HMO	N/A	IHGF2017				
			Single	N/A	$612.30	$0.00	0.00%
			Double	N/A	$1,224.60	$0.00	0.00%
			Emp/Child(ren)	N/A	$1,040.91	$0.00	0.00%
			Family	N/A	$1,745.05	$0.00	0.00%
Gold	HMO	N/A	IHGF2018				
			Single	N/A	$586.46	$0.00	0.00%
			Double	N/A	$1,172.92	$0.00	0.00%
			Emp/Child(ren)	N/A	$996.98	$0.00	0.00%
			Family	N/A	$1,671.41	$0.00	0.00%
Silver	HMO	N/A	IHSF3028				
			Single	N/A	$505.29	$0.00	0.00%
			Double	N/A	$1,010.58	$0.00	0.00%
			Emp/Child(ren)	N/A	$858.99	$0.00	0.00%
			Family	N/A	$1,440.07	$0.00	0.00%
Silver	HMO	N/A	IHSF3029				
			Single	N/A	$516.95	$0.00	0.00%
			Double	N/A	$1,033.90	$0.00	0.00%
			Emp/Child(ren)	N/A	$878.82	$0.00	0.00%
			Family	N/A	$1,473.31	$0.00	0.00%
Silver	HDHMO	N/A	IHSF3030				
			Single	N/A	$507.31	$0.00	0.00%
			Double	N/A	$1,014.63	$0.00	0.00%
			Emp/Child(ren)	N/A	$862.43	$0.00	0.00%
			Family	N/A	$1,445.84	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4017				
			Single	N/A	$421.23	$0.00	0.00%
			Double	N/A	$842.45	$0.00	0.00%
			Emp/Child(ren)	N/A	$716.08	$0.00	0.00%
			Family	N/A	$1,200.49	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4018				
			Single	N/A	$406.59	$0.00	0.00%
			Double	N/A	$813.18	$0.00	0.00%
			Emp/Child(ren)	N/A	$691.20	$0.00	0.00%
			Family	N/A	$1,158.78	$0.00	0.00%
Bronze	HDHMO	N/A	IHBF4025				
			Single	N/A	$431.63	$0.00	0.00%
			Double	N/A	$863.26	$0.00	0.00%
			Emp/Child(ren)	N/A	$733.77	$0.00	0.00%
			Family	N/A	$1,230.15	$0.00	0.00%
Platinum	HMO	N/A	IHPFC001				
			Single	N/A	$272.24	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Gold	HMO	N/A	IHGFC002				
			Single	N/A	$238.94	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Metal Tier	Product Line	Old Name	New Name	2013 01/01/2013-12/31/2014 Current Rate	2014 01/01/2014-12/31/2014 Proposed Rate	2014 Amount of Adjustment	2014 Percent Change
Silver	HMO	N/A	IHSFC003				
			Single	N/A	$203.30	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%
Bronze	HDHMO	N/A	IHBFC004				
			Single	N/A	$173.66	$0.00	0.00%
			Double	N/A	N/A	$0.00	0.00%
			Emp/Child(ren)	N/A	N/A	$0.00	0.00%
			Family	N/A	N/A	$0.00	0.00%

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

Form Number(s)	Size	Product	Metal Tier		2013 Plan Code	2014 Plan Code	OV	SP	INN HOSP	OUT SURG	ER	AMB	DME	COIN	INN Ded Single	INN Ded Family	INN Max Single	INN Max Family	OON COIN	OON Ded Single	OON Ded Family	OON Max Single	OON Max Family	Aggregate/ Embedded	Product Line	Benefit Type	Rx Benefit	Riders
01-0002-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1013	15	35	500	100	100	100	0.1	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$30/$60	No Riders
01-0003-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1014	30	30	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$40/$70	No Riders
01-0003-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1025	20	20	750	200	75	75	0.5	0	0	0	3500	7000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40	No Riders
01-0003-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1015	15	35	500	100	100	100	0.1	N/A	0	0	2000	4000	0.2	1000	2000	3000	5000	Embedded	HMO	Copayment	$10/$30/$60	No Riders
01-0002-2014	Ind	HMO	Gold	Medical	N/A	IHGF2013	25	40	1000	100	150	150	0.2	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70	No Riders
01-0003-2014	Ind	HMO	Gold	Medical	N/A	IHGF2014	25	50	250	50	75	75	0.5	N/A	500	1000	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	No Riders
01-0003-2014	Ind	HMO	Gold	Medical	N/A	IHGF2015	25	50	0.2	0.2	0.2	0.2	0.5	0.2	500	1000	2000	4000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Transitional	$4/50%/50%	No Riders
01-0002-2014	Ind	HMO	Silver	Medical	N/A	IHSF3025	30	50	1500	100	150	150	0.3	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70	No Riders
01-0003-2014	Ind	HMO	Silver	Medical	N/A	IHSF3026	0.2	0.2	0.2	0.2	0.2	0.2	0.5	0.2	1500	3000	4000	8000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Coinsurance	50%/50%/50%	No Riders
01-0003-2014	Ind	HDHMO	Silver	Medical	N/A	IHSF3027	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	No Riders
01-0002-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBF4013	0.5	0.5	0.5	0.5	0.5	0.5	0.5	N/A	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	$10/$35/$70	No Riders
01-0003-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBF4014	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	$4/50%/50%	No Riders
01-0003-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBF4015	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	5000	10000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	50%/50%/50%	No Riders
01-0002-2014;01-0009-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1016	15	35	500	100	100	100	0.1	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$30/$60	Age 29
01-0003-2014;01-0009-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1017	30	30	500	100	100	100	0.5	N/A	0	0	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$40/$70	Age 29
01-0003-2014;01-0009-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1026	20	20	750	200	75	75	0.5	0	0	0	3500	7000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$25/$40	Age 29
01-0003-2014;01-0009-2014	Ind	HMO	Platinum	Medical	N/A	IHPF1018	15	35	500	100	100	100	0.1	N/A	0	0	2000	4000	0.2	1000	2000	3000	5000	Embedded	HMO	Copayment	$10/$30/$60	Age 29
01-0002-2014;01-0009-2014	Ind	HMO	Gold	Medical	N/A	IHGF2016	25	40	1000	100	150	150	0.2	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70	Age 29
01-0003-2014;01-0009-2014	Ind	HMO	Gold	Medical	N/A	IHGF2017	25	50	250	50	75	75	0.5	N/A	500	1000	6350	12700	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$4/$30/$60	Age 29
01-0003-2014;01-0009-2014	Ind	HMO	Gold	Medical	N/A	IHGF2018	25	50	0.2	0.2	0.2	0.2	0.5	0.2	500	1000	2000	4000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Transitional	$4/50%/50%	Age 29
01-0002-2014;01-0009-2014	Ind	HMO	Silver	Medical	N/A	IHSF3028	30	50	1500	100	150	150	0.3	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70	Age 29
01-0003-2014;01-0009-2014	Ind	HMO	Silver	Medical	N/A	IHSF3029	0.2	0.2	0.2	0.2	0.2	0.2	0.5	0.2	1500	3000	4000	8000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Coinsurance	50%/50%/50%	Age 29
01-0003-2014;01-0009-2014	Ind	HDHMO	Silver	Medical	N/A	IHSF3030	0	0	0	0	0	0	0	0	3000	6000	3000	6000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$50/$80	Age 29
01-0003-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBF4017	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	3300	6600	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	$4/50%/50%	Age 29
01-0003-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBF4018	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	5000	10000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	50%/50%/50%	Age 29
01-0002-2014;01-0009-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBF4025	0.5	0.5	0.5	0.5	0.5	0.5	0.5	N/A	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	$10/$35/$70	Age 29
01-0017-2014	Ind	HMO	Platinum	Medical	N/A	IHPFC001	15	35	500	100	100	100	0.1	N/A	0	0	2000	4000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$30/$60	
01-0017-2014	Ind	HMO	Gold	Medical	N/A	IHGFC002	25	40	1000	100	150	150	0.2	N/A	600	1200	4000	8000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70	
01-0017-2014	Ind	HMO	Silver	Medical	N/A	IHSFC003	30	50	1500	100	150	150	0.3	N/A	2000	4000	5500	11000	N/A	N/A	N/A	N/A	N/A	Embedded	HMO	Copayment	$10/$35/$70	
01-0017-2014	Ind	HDHMO	Bronze	Medical	N/A	IHBFC004	0.5	0.5	0.5	0.5	0.5	0.5	0.5	N/A	3000	6000	6350	12700	N/A	N/A	N/A	N/A	N/A	Aggregate	HDHMO	Qualified High Deductible	$10/$35/$70	

Exhibit C

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

IV. Conversion Factor

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

Capital District Physicians' Health Plan
HMO Products
Regional Area Factors

EXEMPTION FROM FOIL REQUESTED

V. Area Factors

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

Capital District Physicians' Health Plan
HMO Product
Tier Factors

VI. Tier Factors

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

Capital District Physicians' Health Plan
Individual HMO Product
Sample Rate Calculation

VI. Rate Calculation

Sample rate calculation for a individual off exchange benefit package in the Albany region				
Plan Code	**Single**	**Double**	**Emp/Child(ren)**	**Family**
IHPF1013	$613.47	$ 1,226.94	$ 1,042.89	$ 1,748.38
Final Rates	**$613.47**	**$1,226.94**	**$1,042.89**	**$1,748.38**

Capital District Physicians' Health Plan
HMO Product
Expected Loss Ratio

All policy forms in all regions

VIII. Expected Loss Ratio

85.50%

Capital District Physicians' Health Plan
Individual HMO Product
Broker Commissions

Individual Coverage. No amount will be due, payable, or paid to Agent/Broker on account of or with respect to any individual or non-group CDPHP coverage, contracts, certificates, or policies, including any individual coverage, contracts, certificates, or policies issued as a result of conversion by a Group or any Group member(s) to individual CDPHP membership coverage, contracts, certificates or policies, or direct pay agreements.