

SERFF Tracking #:

CAPD-128478124

State Tracking #:

2012070054

Company Tracking #:

NON GROUP RENEWAL

State:

New York

Filing Company:

Capital District Physicians Health Plan Inc

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other

Product Name:

2013 Non Group Renewal

Project Name/Number:

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPR Approved	Dickson Lee	12/17/2012	12/17/2012

**State:** New York **Filing Company:** Capital District Physicians Health Plan Inc  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005C Individual - Other  
**Product Name:** 2013 Non Group Renewal  
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## Disposition

Disposition Date: 09/21/2012  
 Implementation Date: 01/01/2013  
 Status: APPR Approved

HHS Status: HHS Approved  
 State Review: Reviewed by Actuary

Comment: The rate manuals submitted on 07/05/2012 are approved.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Capital District Physicians Health Plan Inc	Increase	5.790%	5.790%	\$205,368	285	\$3,549,036	5.790%	5.790%

### Percent Change Approved:

**Minimum:** 5.790%  
**Maximum:** 5.790%  
**Weighted Average:** 5.790%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum/Actuarial Certification		No
Supporting Document	Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		No
Supporting Document	Consumer Disclosure Form		No
Supporting Document	Final Notice of Proposed Rate Adjustment		No
Supporting Document	Initial Notice of Proposed Rate Adjustment		No
Supporting Document	Rate Summary Worksheet		No

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Redacted Documents for Web Posting		No
Supporting Document	Standard Exhibit 1 - General Information		No
Supporting Document (revised)	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses		No
Supporting Document	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses		No
Supporting Document	Standard Exhibit 3 - Narrative Summary		No
Supporting Document (revised)	Standard Exhibit 4 - Part A - Summary of Proposed Percentage Rate Changes		No
Supporting Document	Standard Exhibit 4 - Part A - Summary of Proposed Percentage Rate Changes		No
Supporting Document	Standard Exhibit 4 - Part B - Summary of Proposed Percentage Rate Changes		No
Supporting Document	Standard Exhibit 4 - Part C - Summary of Proposed Percentage Rate Changes		No
Supporting Document	Standard Exhibit 4 - Part D - Summary of Proposed Percentage Rate Changes		No
Supporting Document (revised)	Standard Exhibit 5 - Part A - Distribution of Contracts Affected by Proposed Rate Adjustments		No
Supporting Document	Standard Exhibit 5 - Part A - Distribution of Contracts Affected by Proposed Rate Adjustments		No
Supporting Document	Standard Exhibit 5 - Part B - Distribution of Contracts Affected by Proposed Rate Adjustments		No
Supporting Document	Standard Exhibit 6 - Summary of Policy Form and Product Changes		No
Supporting Document (revised)	Standard Exhibit 7 - Historical Data		No

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Standard Exhibit 7 - Historical Data		No
Supporting Document	HIOS Exhibit		No
Rate	Rate Manual Direct Pay		No

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual Direct Pay		New		15. 2013 CDPHP Non Group Rate Manual TOC.pdf 15. 2013 CDPHP Non Group Rate Manual.pdf

2013  
Capital District Physicians' Health Plan, Inc.  
HMO/POS Product  
Form # [4221-2007, 5284-2007]  
NYS Standardized Individual HMO and POS  
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\* *No change*

**Capital District Physicians' Health Plan, Inc.**  
**NYS Standardized Individual HMO and POS**  
**Form # [4221-2007, 5284-2007]**  
**Rates Effective January 1, 2013 to December 31, 2013**  
**Grandfathered Rates**

Form #	Contract/Rider	2012 Rate	2013 Rate	Amount of Adjustment	Percent Change
<b>Capital Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 900.71	\$ 952.86	\$ 52.15	5.79%
	Family - TWO TIER	\$ 2,341.86	\$ 2,477.44	\$ 135.58	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,183.41	\$ 1,251.93	\$ 68.52	5.79%
	Family - TWO TIER	\$ 3,076.89	\$ 3,255.02	\$ 178.13	5.79%
<b>Central Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 1,087.39	\$ 1,150.35	\$ 62.96	5.79%
	Family - TWO TIER	\$ 2,827.20	\$ 2,990.91	\$ 163.71	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,421.26	\$ 1,503.55	\$ 82.29	5.79%
	Family - TWO TIER	\$ 3,695.26	\$ 3,909.23	\$ 213.97	5.79%
<b>EHV Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 1,115.12	\$ 1,179.69	\$ 64.57	5.79%
	Family - TWO TIER	\$ 2,899.30	\$ 3,067.19	\$ 167.89	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,454.64	\$ 1,538.86	\$ 84.22	5.79%
	Family - TWO TIER	\$ 3,782.08	\$ 4,001.04	\$ 218.96	5.79%
<b>WHV Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 1,169.52	\$ 1,237.24	\$ 67.72	5.79%
	Family - TWO TIER	\$ 3,040.76	\$ 3,216.82	\$ 176.06	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,523.22	\$ 1,611.41	\$ 88.19	5.79%
	Family - TWO TIER	\$ 3,960.38	\$ 4,189.67	\$ 229.29	5.79%

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**Non Grandfathered Rates**

Form #	Contract/Rider	2012 Rate	2013 Rate	Amount of Adjustment	Percent Change
<b>Capital Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 905.16	\$ 957.57	\$ 52.41	5.79%
	Family - TWO TIER	\$ 2,353.43	\$ 2,489.68	\$ 136.25	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,189.26	\$ 1,258.12	\$ 68.86	5.79%
	Family - TWO TIER	\$ 3,092.10	\$ 3,271.11	\$ 179.01	5.79%
<b>Central Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 1,092.76	\$ 1,156.03	\$ 63.27	5.79%
	Family - TWO TIER	\$ 2,841.16	\$ 3,005.68	\$ 164.52	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,428.28	\$ 1,510.98	\$ 82.70	5.79%
	Family - TWO TIER	\$ 3,713.52	\$ 3,928.55	\$ 215.03	5.79%
<b>EHV Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 1,120.62	\$ 1,185.50	\$ 64.88	5.79%
	Family - TWO TIER	\$ 2,913.62	\$ 3,082.30	\$ 168.68	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,461.82	\$ 1,546.46	\$ 84.64	5.79%
	Family - TWO TIER	\$ 3,800.76	\$ 4,020.80	\$ 220.04	5.79%
<b>WHV Area Region</b>					
<b>4221-2007</b>	<b>Non Group - NYS Standardized HMO</b>				
	Individual - ALL TIERS	\$ 1,175.30	\$ 1,243.35	\$ 68.05	5.79%
	Family - TWO TIER	\$ 3,055.78	\$ 3,232.71	\$ 176.93	5.79%
<b>5284-2007</b>	<b>Non Group - NYS Standardized POS</b>				
	Individual - ALL TIERS	\$ 1,530.75	\$ 1,619.38	\$ 88.63	5.79%
	Family - TWO TIER	\$ 3,979.94	\$ 4,210.39	\$ 230.45	5.79%

**Capital District Physicians' Health Plan, Inc**  
**Non Group All Regions**  
**Student/Dependent Factors**  
**Proposed Factors Effective 1/1/2013**

	<b>Form Number</b>	<b>Benefit</b>	<b>2012 Factor</b>	<b>2013 Factor</b>
<b>HMO</b>	699	Young Adult to 30	1.131	1.131
<b>POS</b>	699	Young Adult to 30	1.131	1.131

\*\* Applied only to Base Medical

Capital District Physicians' Health Plan, Inc  
 Benefit Summary  
 Proposed Premium Rates Effective 1/1/2013

Form Number	Benefit Type	Product	2013 Plan Code	INN Single / Family Deductible	Office/Specialist Visit	Inpatient Hospital	Outpatient Surgery	ER	Ambulance	DME	Coins	INN Single / Family OOP Max	OON Coins	OON Single / Family Deductible	OON Single / Family OOP Max
4221-2007	HMO	Medical	HMO	\$0/\$0	\$15/\$15	\$500	\$75	\$50	\$0	0%	N/A	\$1500/\$3000	N/A	N/A	N/A
5284-2007	HMO	Medical	POS	\$0/\$0	\$10/\$10	\$0	\$0	\$35	\$0	0%	N/A	NA	20%	\$1000/\$2000	\$3000/\$5000

**Capital District Physicians' Health Plan  
Non Group Product  
Regional Area Factors**

*No change from previous filing*

**Capital District Physicians' Health Plan  
Non Group  
Tier Factors**

*No change from previous filing*

**Capital District Physicians' Health Plan  
Non Group Product  
Sample Rate Calculation**

**Rate Calculation**

<i>Sample rate calculation for a POS benefit in the Central region</i>		
<b>Plan Code</b>	<b>Individual</b>	<b>Family</b>
Non Group - NYS Standardized POS	\$ 1,510.98	\$ 3,928.55
ELG30-Form 699- Young adult rider		1.024
<b>Final Rates</b>	<b>\$1,510.98</b>	<b>\$ 4,022.84</b>

^ Applied only to Base Medical

**Capital District Physicians' Health Plan  
Non Group  
Commission Schedule and Incentives**

*No Commissions paid out for Direct Pay products*

**Capital District Physician's Health Plan, Inc.  
Non Group  
Underwriting Guidelines**

**Underwriting Guidelines**

Individuals are eligible to purchase one of CDPHP's Non Group Individual contracts. A subscriber who leaves employment with an employer currently enrolled in CDPHP, is eligible for one of CDPHP's Non Group contracts or may enroll through COBRA if offered by his or her previous employer.

Preexisting condition clauses are applicable to new adult subscribers enrolling through the Non Group product. Preexisting conditions are waived for children newly enrolled in Non Grandfathered Non Group product..

To be eligible to be an individual policyholder with CDPHP, the subscriber must live in CDPHP's approved service area. CDPHP's service area encompasses the following counties:

Rating Region	Counties
Capital	Albany, Schenectady, Rensselaer, Saratoga, Warren, Washington, Schoharie, Columbia, Greene, Fulton and Montgomery
Central	Herkimer, Oneida, Madison, Otsego, Chenango, Delaware, Broome, Tioga, Essex, Hamilton
Eastern Hudson Valley	Dutchess
Western Hudson Valley	Ulster, Orange

Condition of coverage requires the timely payment of premiums.

**Capital District Physicians' Health Plan, Inc  
Non Group  
2013 Expected Loss Ratio**

**Expected Loss Ratio**

**92.60%**